

PREMIER DENTAL PLAN

Effective Date: 11/1/2025

Dental Plan Summary

Plan Benefit	
Type 1	MCE
Type 2	MCE
Type 3	MCE
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	MCE
Dental Rewards®	Included
Waiting Period	None
SoundCare	Included
Annual Open Enrollment	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Monthly Rates

Employee Only (EE)	\$39.86
EE + Spouse	\$84.46
EE + Children	\$100.46
EE + Spouse & Children	\$145.10

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

For questions about the plans or to enroll please contact:

Federated Marketing, Inc.

Servicing Agent

1-800-880-6542

www.federatedmarketing.com

Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

SoundCare Summary

Coinurance	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	
	None
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.