

### CHOICE Dental Plan Summary

Effective Date: 1/1/2021

<b>Coinsurance</b>	
Type 1	100%
Type 2	75%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 , 3 Waived Type 1 No Family Maximum
<b>Maximum (per person) Allowance</b>	\$1,500 per calendar year 90th U&C
<b>Waiting Period</b>	None
<b>Annual Vision Allowance</b>	<b>\$100</b>
<b>Dental Rewards</b>	Included
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (1 in 5 months)</li> <li>• Bitewing X-rays (1 in 5 months)</li> <li>• Cleaning (1 in 5 months)</li> <li>• Fluoride for Children 18 and under (1 in 5 months)</li> <li>• Space Maintainers</li> <li>• Full Mouth/Panoramic X-rays (1 in 2 years)</li> <li>• Periapical X-rays</li> <li>• Sealants (age 16 and under)</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Crown Repair</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

### Monthly Rates

<b>Employee Only (EE)</b>	\$38.04
<b>EE + Spouse</b>	\$98.48
<b>EE + Children</b>	\$107.68
<b>EE + Spouse &amp; Children</b>	\$122.12

[www.Ameritas.com](http://www.Ameritas.com)

Customer Service (800) 487-5553

### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of ROCKDALE COUNTY BOARD OF EDUCATION. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com/member](http://ameritas.com/member).

### Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and 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 are 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 PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

### PPO Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. When prompted to select your network, choose **Classic Network**.

### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

### Covered Vision Expenses will not include and no benefits will be payable for expenses incurred for:

1. examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
2. subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
3. sub-normal eye care aids; orthoptic or eye care training or any associated testing.
4. non-prescription lenses.
5. replacement or repair of lost or broken lenses or frames except at normal intervals.
6. any eye examination or corrective eyewear required by an employer as a condition of employment.
7. medical or surgical treatment of the eyes.
8. any service or supply not shown on the Schedule of Eye Care Procedures.
9. coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
10. No benefits are payable for a service which is not listed under the list of eye care services.

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.

**NETWORK Dental Plan Summary**

**Effective Date: 1/1/2021**

\*\*\*IMPORTANT\*\*\* - The "Network Plan" pays claims based on negotiated fees accepted by our PPO network. Out of network utilization will result in much higher out of pocket costs. Enrollees in the Network plan should intend to use network dentists whenever possible.

<b>Coinsurance</b>	
Type 1	100%
Type 2	75%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 , 3 & 4 Waived Type 1 No Family Maximum
<b>Maximum (per person) Allowance</b>	\$1,500 per calendar year <b>Contracted Fee</b>
<b>Waiting Period</b>	None
<b>Annual Vision Allowance</b>	<b>\$100</b>
<b>Dental Rewards</b>	Included
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

**Sample Procedure Listing (Current Dental Terminology © American Dental Association.)**

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (1 in 5 months)</li> <li>• Bitewing X-rays (1 in 5 months)</li> <li>• Cleaning (1 in 5 months)</li> <li>• Fluoride for Children 18 and under (1 in 5 months)</li> <li>• Space Maintainers</li> <li>• Full Mouth/Panoramic X-rays (1 in 2 years)</li> <li>• Periapical X-rays</li> <li>• Sealants (age 16 and under)</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Crown Repair</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

**Monthly Rates**

<b>Employee Only (EE)</b>	\$28.80
<b>EE + Spouse</b>	\$77.44
<b>EE + Children</b>	\$77.72
<b>EE + Spouse &amp; Children</b>	\$91.96

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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 PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

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## VISION Plan Summary

Effective Date: 1/1/2021

	EyeMed Access Network	Out of Network
<b>Deductibles</b>	\$10 Exam \$25 Eye Glass Lenses	No deductible
<b>Annual Eye Exam</b>	Covered in full	Up to \$35
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$55
<b>Lenticular</b>	20% discount	No benefit
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>		
<b>Standard</b>	Standard: Member cost up to \$55	No benefit
<b>Premium (Allowance)</b>	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$130	Up to \$104
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frames</b>	\$130	Up to \$65
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

### Lens Options (member cost)

	EyeMed Access Network	Out of Network
<b>Progressive Lenses</b>		No benefit
<b>Standard</b>	Standard: \$65 + lens deductible	
<b>Premium</b>	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Tint (solid and gradient)</b>	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>	\$45	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

### Monthly Rates

<b>Employee Only (EE)</b>	\$ 7.28
<b>EE + Spouse</b>	\$14.04
<b>EE + Children</b>	\$11.84
<b>EE + Spouse &amp; Children</b>	\$18.64

**EyeMed Customer Service: (866) 289-0614**

## Additional ViewPointe® H Features

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

## Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

### **EyeMed Customer Care Center: 1-866-289-0614**

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [ameritas.com/member](http://ameritas.com/member)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)