

**FUSION** combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

- The member can use up to \$2,000 toward any covered dental expense.
- The member can use up to \$250 toward any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$2,000.

**Dental Plan Benefits** *subject to FUSION plan design listed above*

Type 1 Preventive No Waiting Period	100%	Routine Exam (2 per Benefit Period) Bitewing X-rays (2 per Benefit Period) Cleaning (2 per Benefit Period)
Type 2 Basic No Waiting Period	80%	Surgical Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical) Simple Extractions
Type 3 Major No Waiting Period	50%	Crowns (1 in 5 years per tooth) Prosthodontics (Bridges, Dentures) (1 in 5 years)

**Deductible**

Type 1	\$0
Type 2 and 3	\$50 per person, per calendar year
Family Maximum	When 2 family members satisfy their Deductible Amounts for this Benefit Period, no additional Deductibles will apply to any family members for the rest of this Benefit Period.

**Benefit Year Maximum**

Type 1, 2, and 3 (per person, per calendar year)	\$2,000
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**Claims Allowance**

Type 1, 2 and 3	90th U&C
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*In network allowance is discounted fee*

**Vision Plan Benefits** *subject to FUSION plan design listed above*

<i>Allowances</i>		<i>Frequencies Based on date of service**</i>	
Exam	Subject to Maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to Maximum	Frames	None
Bifocal	Subject to Maximum		
Trifocal	Subject to Maximum		
Lenticular	Subject to Maximum		
Progressive	Subject to Maximum		
Contacts			
Elective/Medically Necessary	Subject to Maximum		

Frames	Subject to Maximum	
		Maximum \$250
		Deductibles (Lifetime deductible) \$0

*\*Deductible applies to the first service received*

*\*\*Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).*

**Member Cost for Vision Discounts** (may vary by prescription, option chosen and retail location)

Exam	\$5 off routine exam
With dilation as necessary	\$10 off contact lens exam
The following lenses, frame and lens options discounts and fees apply only if a complete pair of glasses is purchased.	
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Frame	35% of retail price
Lens Options	
Standard Progressive	\$65 plus standard plastic lens cost
Premium Progressive	20% discount
Standard Polycarbonate	\$40
Tint (solid or gradient)	\$15
Scratch-Resistant Coating	\$15
Anti-Reflective Coating	\$45
Ultraviolet coating	\$15
Other Add-ons	20% discount
Contact Lenses	
Conventional	15% off retail price (does not apply to fitting) After initial purchase, replacement contacts by mail are offered at substantial savings online through eyemedvisioncare.com.
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.
Items Not included	See limitations and exclusions

**Limitations and Exclusions**

Discounts are not available for the following procedures material or services.
Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
Medical and/or surgical treatment of the eye, eyes, or supporting structures.
Corrective eye wear required by your employer as a condition of employment, includes safety eye wear unless specifically covered under your plan.
Worker's Compensation injury claims (or similar injury laws.)
Plano non-Prescription lenses and non-prescription sunglasses, but you receive 20% off retail for items purchased separately.
EyeMed provider professional services, or disposable contact lenses.
Two pairs of glasses in lieu of bifocals.

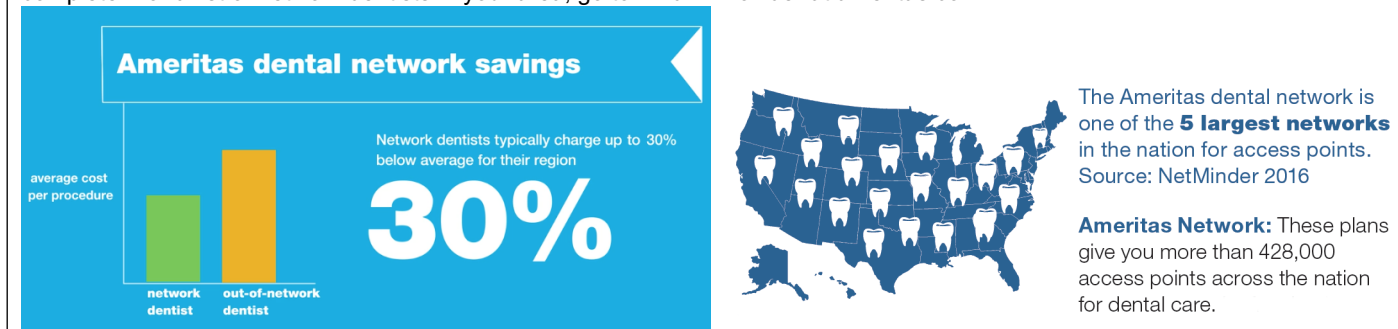
**Dental Rewards**

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.
Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under \$500 you qualify to carry over \$250 in rewards to the following year. When your dental visit is to an Ameritas network

provider, you earn an extra \$100 PPO Bonus. You may accumulate rewards up to the maximum amount of \$1000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

## Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at [ameritas.com](http://ameritas.com).



## Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declining, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

## Customer Service

Customer Connections **800-487-5553** [www.Ameritas.com](http://www.Ameritas.com)  
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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.