

**Dental Plan Summary**

**Effective Date: 1/1/2022**

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$15/Calendar Year
	Type 1,2,3
	3 Family Maximum
<b>Maximum (per person)</b>	\$1,500 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	None
<b>LASIK Advantage®</b>	Included
<b>SoundCare<sup>SM</sup></b>	Included
<b>Annual Open Enrollment</b>	Included

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<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 (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Sealants (age 16 and under)</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>

**Ameritas Information**

**We're Here to Help**

This plan was designed specifically for the associates of **Middle Georgia RESA**. 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](http://ameritas.com).

### LASIK Advantage®

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a three-year period, with the highest coverage provided at year three. Members earn benefits for each eye and can't combine benefits for both eyes to use for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. Adult and child coverage is allowed - adult only and child only coverage are not. LASIK Advantage is only available with dental plans with preventive, basic and major coverage. There is no network tied to this coverage.

Lifetime Benefit Earned Per Eye	Year One	Year Two	Year Three
	\$350	\$350	\$700

### SoundCare<sup>SM</sup>

Plan Benefit	
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 (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

### Dental Network 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 the Ameritas Classic Network found on your ID Card or contact Customer Connections at 800-487-5553.

### 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.