

BRIGHT ONE[®] PLANS

dental insurance for
individuals, families and seniors



*Smart coverage options for today's
health- and cost-conscious consumers*

DENTAL REWARDS[®] INCLUDED ON ALL PLANS

FREEDOM TO USE ANY DENTIST

VISION AVAILABLE

EASY PAYMENT OPTIONS

ADULT AND CHILD ORTHODONTIA AVAILABLE
(PROGRESSIVE PLAN)

A Single-Minded Focus
on your **HEALTH** and
WELL-BEING.



BRIGHTONE[®] PLANS

dental insurance for individuals, families and seniors

TRADITIONAL PLAN

This coverage gives you the freedom to use any dentist you wish, and pays 100% of the amount allowed for Type 1 care after a short elimination period. The plan features high coinsurance levels, low deductibles and a choice of calendar year maximums. Insureds have the option of adding a yearly eye exam covered at 100% if a VSP[®] Vision Care member doctor is selected.*

TYPE 1 CARE (Preventive)	100% 3-month elimination period
TYPE 2 CARE (Basic)	80% 6-month elimination period
TYPE 3 CARE (Major)	50% 12-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000 or \$1500
ORTHODONTIA (adult and child)	NOT COVERED
VISION EXAMS	OPTIONAL (on \$1000 calendar year maximum only)
DENTAL REWARDS[®]	INCLUDED
TAKEOVER	AVAILABLE
CLAIM ALLOWANCE (*AMOUNT ALLOWED)	<p>WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.</p> <p>MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.</p>

PROGRESSIVE PLAN

Visiting a dentist and having a covered procedure completed each year qualifies insureds to increase their coinsurance level the next year. Insureds who do not receive a covered procedure in a calendar year revert to the lowest level. You may use the dentist of your choice. Orthodontia benefits for adults and children are included after a 12-month elimination period. (plan not available in all zip codes)

TYPE 1 CARE (Preventive)	100% No elimination period
TYPE 2 CARE (Basic)	60% — 70% — 80% 6-month elimination period
TYPE 3 CARE (Major)	30% — 40% — 50% 12-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$25 for Type 2 \$100 Lifetime for Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000
ORTHODONTIA (adult and child)	NO DEDUCTIBLE \$600 lifetime maximum \$200 maximum per calendar year 12-month elimination period
VISION EXAMS	NOT AVAILABLE
DENTAL REWARDS[®]	INCLUDED
TAKEOVER	AVAILABLE
CLAIM ALLOWANCE	<p>USUAL AND CUSTOMARY (U&C) - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.</p> <p>MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.</p>

SAVER PLAN

This plan features no elimination period for Type 1 (Preventive) care. Plus, the plan has the shortest elimination periods for Type 2 (Basic) care and Type 3 (Major) care when compared to our other plans. Insureds qualify to increase their coinsurance level annually simply by visiting the dentist of their choice each year and undergoing a covered procedure. Insureds who do not receive a covered procedure in a calendar year revert to the lowest coinsurance level. (plan not available in all zip codes)

TYPE 1 CARE (Preventive)	100% No elimination period
TYPE 2 CARE (Basic)	35% — 50% — 65% 3-month elimination period
TYPE 3 CARE (Major)	10% — 25% — 50% 6-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000 or \$1500
ORTHODONTIA (adult and child)	NOT AVAILABLE
VISION EXAMS	NOT AVAILABLE
DENTAL REWARDS®	INCLUDED
TAKEOVER	AVAILABLE
CLAIM ALLOWANCE	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed. MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.

ACCESS PLAN *not available in all ZIP Codes*

This plan provides the opportunity to reduce your out-of-pocket costs by using an in-network provider, yet you are always free to select a dentist not associated with the Ameritas PPO. The plan also covers a yearly eye exam. Select a VSP® Vision Care member doctor for an eye exam covered at 100% and access to additional discounts. Insureds also have the option of choosing a non-VSP provider (benefits are paid on a scheduled amount per area). (plan not available in all zip codes)

	IN-NETWORK	OUT-OF-NETWORK
TYPE 1 CARE (Preventive)	100% 3-month elimination period	80% 3-month elimination period
TYPE 2 CARE (Basic)	80% 6-month elimination period	60% 6-month elimination period
TYPE 3 CARE (Major)	50% 18-month elimination period	40% 18-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$5 per visit Type 2 and Type 3	\$0 for Type 1 \$50 Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000 or \$1500	\$1000 or \$1500
ORTHODONTIA	NOT COVERED	NOT COVERED
VISION EXAMS	INCLUDED 3-month elimination period	INCLUDED 3-month elimination period
DENTAL REWARDS®	INCLUDED	INCLUDED
TAKEOVER	AVAILABLE	AVAILABLE
CLAIM ALLOWANCE	MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.	USUAL AND CUSTOMARY (U&C) - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

ADVANTAGE II PLAN

This plan offers 100% of the amount allowed* for preventive care coverage with no elimination period, and includes Dental Rewards®. Insureds have the option of adding a yearly eye exam covered at 100% if a VSP® Vision Care member doctor is selected.

TYPE 1 CARE (Preventive)	100% No elimination period
TYPE 2 CARE (Basic)	50% 3-month elimination period
TYPE 3 CARE (Major)	25% 6-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000
ORTHODONTIA (adult and child)	NOT AVAILABLE
VISION EXAMS	OPTIONAL
DENTAL REWARDS®	INCLUDED
TAKEOVER	AVAILABLE
CLAIM ALLOWANCE (*AMOUNT ALLOWED)	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed. MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.

SMART PLANS

The Smart I and Smart II plans are the most affordable of our BrightOne plan designs. They include no elimination period for Type 1 care, and Dental Rewards is automatically included. These plans don't offer coverage for Type 3 care. However, they do cover Endodontics (root canals) and Periodontics (gum disease) under Type 2 care. (plan not available in all zip codes)

	SMART I	SMART II not available in all ZIP Codes	
		IN-NETWORK	OUT-OF-NETWORK
TYPE 1 CARE (Preventive)	50% No elimination period	100% No elimination period	80% No elimination period
TYPE 2 CARE (Basic)	50% 6-month elimination period	50% 6-month elimination period	40% 6-month elimination period
TYPE 3 CARE (Major)	0%	0%	0%
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$50 Type 1 and Type 2	\$50 Type 1 and Type 2	\$50 Type 1 and Type 2
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000	\$1000	\$1000
ORTHODONTIA (adult and child)	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
VISION EXAMS	NOT AVAILABLE	NOT AVAILABLE	NOT AVAILABLE
DENTAL REWARDS®	INCLUDED	INCLUDED	INCLUDED
TAKEOVER	AVAILABLE	AVAILABLE	AVAILABLE
CLAIM ALLOWANCE	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed. MAXIMUM ALLOWABLE CHARGE (MAC) - when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.	MAXIMUM ALLOWABLE CHARGE (MAC) - A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP Code area. MAC fees are associated with a PPO plan and are accepted by participating providers.	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

COVERED SERVICES

1] TYPE 1 CARE (Preventive)

- Oral exams
- Prophylaxis (cleanings)
- Fluoride treatments (for children under 14)
- X-rays: full-mouth series, bitewings, panoramic

2] TYPE 2 CARE (Basic)

- Amalgams (fillings)
- Simple extractions
- Endodontics (root canals) - Smart I and Smart II plans only
- Periodontics (gum disease) - Smart I and Smart II plans only
- Sealants (for children under 14)

3] TYPE 3 CARE (Major) - Not covered on Smart I and Smart II plans

- Endodontics (root canals)
- Periodontics (gum disease)
- Crowns, bridges, onlays, pontics, general anesthesia (if medically necessary)
- Space maintainers

VISION

BrightOne Traditional, Access and Advantage II plans provide optional access to the VSP® Vision Care doctor network to maximize cost savings. By going to a VSP member doctor, each covered person receives:

- 1] One eye exam per calendar year covered in full
- 2] 20% off the cost of lenses and frames when a complete pair of prescription glasses is purchased
- 3] 15% discount on contact lens exam (fitting and evaluation) when purchasing contacts
- 4] No up front paperwork
- 5] Savings averaging 15% off contracted laser center's prices for laser vision correction surgery or an additional 5% off the center's promotional price

Insureds also have the option of choosing their own vision provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about vision benefits, including a list of network doctors, call VSP Customer Service at 1-800-877-7195 or visit them online at www.vsp.com.

DENTAL REWARDS®

This feature allows qualifying insureds to carry over a portion of their unused annual maximum for future use. To qualify, insureds submit at least one dental claim during the benefit year while staying at or under the threshold amount for benefits received that year. If you qualify for this Annual Dental Reward by using an Ameritas PPO network dentist, we'll add a \$50 PPO Bonus amount to your Annual Reward.

YOUR PLAN'S ANNUAL MAXIMUM	ANNUAL BENEFIT THRESHOLD	ANNUAL DENTAL REWARD	ANNUAL PPO BONUS	MAXIMUM REWARD ACCUMULATION
\$1000	\$250	\$125	\$50	\$500
\$1500	\$500	\$250	\$50	\$1000

TAKEOVER

Takeover is included for qualifying insureds only. This benefit waives your waiting periods if you have had dental insurance within the past 30 days prior to your policy effective date. Proof of prior coverage is required and will be reviewed by Ameritas prior to acceptance.

RX DISCOUNT

Automatically included on all plans, this feature lets you and your covered dependents (even your pets) save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount, which is not insurance, is offered at no additional cost.

LIMITATIONS & EXCLUSIONS

BrightOne Plans coverage does not provide benefits:

- 1] For Type 1 procedures, in the first three months that the Insured is covered under this section for Traditional and Access plans.
- 2] For Type 2 procedures, in the first six months that the Insured is covered under this section for Traditional, Progressive, Access, Smart I and Smart II plans and in the first three months on the Saver and Advantage II plans.
- 3] For Type 3 procedures, in the first 12 months that the Insured is covered under this section for Traditional and Progressive plans, and in the first six months on the Saver and Advantage II plans and in the first 18 months for Access plans. Not applicable to Smart I and Smart II plans.
- 4] For any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic.
- 5] To replace any prosthetic appliance, crown, onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this section, it will be a Covered Expense. Not applicable to Smart I and Smart II plans.
- 6] For initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the Insured person is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth. Not applicable to Smart I and Smart II plans.
- 7] For any procedure begun before the Insured person was covered under this section.
- 8] For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
- 9] To replace lost or stolen appliances.
- 10] For appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
- 11] For any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply. Please see the Table of Dental Procedures for details.)
- 12] For orthodontic treatment under this benefit provision.
- 13] For which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- 14] For charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- 15] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 16] Because of war or any act of war, declared or not.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

ORTHODONTIA LIMITATIONS for Progressive Plan, as noted in the policy.

Covered Expenses will not include and benefits will not be payable for expenses incurred:

- 1] For a Program which was begun before the Insured became covered under this section.
- 2] Before the Insured has been insured under this section for at least 12 consecutive months.
- 3] In any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- 4] After the Insured's insurance under this section terminates.
- 5] For which the Insured is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- 6] For charges which the Insured is not legally required to pay or which would not have been made had no insurance been in force.
- 7] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 8] Because of war or any act of war, declared or not.

ELIGIBILITY

APPLICANT Any individual age 18 or older.

DEPENDENT Any dependent who is a spouse, or an unmarried child under age 19, or to age 25 for unmarried, full-time students dependent on the applicant for support. (The limiting age for dependent children may vary by state).

ZIP CODE & AREA CHART

ALL PLANS ARE NOT AVAILABLE IN ALL ZIP CODES. PLEASE VERIFY WITH YOUR AGENT.

ALABAMA

354-356, 359-360, 362-365,
367-369 AREA 1
357-358 AREA 2
350-351, 361, 366 AREA 3
352 AREA 4

ARIZONA

855-857, 859-860, 863-865 AREA 3
850-853 AREA 5

ARKANSAS

725-726, 728 AREA 1
716-721, 723-724, 727, 729 AREA 2
722 AREA 3

CALIFORNIA

932-933, 935, 937, 953 AREA 6
919, 922, 930, 936, 939,
952, 955-956, 958 AREA 7
920-921, 923-925,
934, 957, 959-961 AREA 8
910, 917, 926-927, 931,
945-947, 954 AREA 9
906-908, 911-912, 918, 928,
941, 943-944, 948, 950 AREA A
900, 902, 904-905, 913,
915-916, 940, 942, 949, 951 AREA B
901, 903, 914 AREA C

COLORADO

804-816 AREA 5
800-803 AREA 7

FLORIDA

323-326, 340-341, 343-345 AREA 2
320-321, 327-328,
336-339, 347 AREA 3
322, 335, 342, 346 AREA 4
329, 349 AREA 5
334 AREA 6
333 AREA 7
330 AREA 8
331-332 AREA A

HAWAII

967-968 AREA 8

IDAHO

832 AREA 4
833-838 AREA 5

INDIANA

467-479 AREA 1
461, 463-466 AREA 2
460, 462 AREA 3

IOWA

504-508, 510, 512-523,
525, 526 AREA 1
500-502, 509, 511, 524,
527, 528 AREA 2
503 AREA 3

KANSAS

664-665, 667-671, 673-679 AREA 2
660, 666, 672 AREA 3
661-662 AREA 4

KENTUCKY

400-401, 403-404,
406-409, 412-418, 420-427 AREA 2
402 AREA 3
405, 410-411 AREA 4

MAINE

042-049 AREA 3
039-041 AREA 5

MICHIGAN

498-499 AREA 2
495 AREA 3
484, 486-488,
490-494, 496-497 AREA 4
489 AREA 5
485 AREA 6
480-483 AREA 7

MINNESOTA

561 AREA 3
556-557, 560, 562-567 AREA 4
550, 553, 558-559 AREA 5
551, 554-555 AREA 7

MISSOURI

634-639, 644-648,
650-651, 653-658 AREA 1
652 AREA 2
630, 633, 640 AREA 3
631, 641 AREA 4

NEBRASKA

680-681, 683-684, 686-699 AREA 1
685 AREA 2

NEVADA

890, 898 AREA 1
891, 893 AREA 2
894-895, 897 AREA 4

NEW HAMPSHIRE

032-038 AREA 3
030-031 AREA 7

NEW JERSEY

081, 083 AREA 5
080, 082, 084 AREA 6
085-087 AREA 7
072, 077-078 AREA 8
071, 073-075, 088-089 AREA 9
070, 076, 079 AREA A

NEW MEXICO

873-874, 877-884 AREA 3
870-872, 875 AREA 4

NORTH CAROLINA

283-284, 287-289 AREA 2
270, 272-282, 285-286 AREA 3
271 AREA 4

OHIO

430-431, 433-435, 437-439,
448-451, 456-458 AREA 2
436, 442-447, 453, 455 AREA 3
432, 440, 452, 454 AREA 4
441 AREA 6

OKLAHOMA

734-739, 743-749 AREA 1
730-731, 740-741 AREA 3

OREGON

970-976, 978-979 AREA 7
977 AREA 8

PENNSYLVANIA

153-155, 158, 162-163,
166-179 AREA 3
150-151, 156-157, 159-161,
182-188 AREA 4
152, 164-165, 195-196 AREA 5
180-181 AREA 6
189, 193-194 AREA 7
190-191 AREA 8

TENNESSEE

370-371, 373-380, 382-385 AREA 2
372, 381 AREA 3

UTAH

843-844, 846-847 AREA 5
840-841 AREA 6

VERMONT

050-059 AREA 4

VIRGINIA

227-228, 239, 242-246 AREA 1
224-226, 229 AREA 2
240-241 AREA 3
220-223, 230-231, 236-238 AREA 4
232-235 AREA 5

WASHINGTON

991, 993-994 AREA 6
982-986, 988-990, 992 AREA 8
980-981 AREA A

WISCONSIN

535, 538-539, 541, 544-548 AREA 2
530, 531, 534, 537, 542-543 AREA 3
532, 549 AREA 4

MONTHLY PREMIUM CHART

TRADITIONAL PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	34.71	69.42	75.91	110.62
2	37.35	74.70	81.92	119.27
3	40.25	80.50	89.02	129.27
4	43.09	86.19	95.55	138.65
5	46.47	92.95	103.85	150.33
6	49.85	99.69	111.48	161.33
7	53.84	107.67	120.77	174.60
8	57.84	115.69	129.35	187.20
9	61.34	122.69	138.29	199.63
A	64.83	129.65	145.73	210.55
B	68.68	137.36	155.70	224.37
C	77.05	154.09	174.35	251.40

\$1500 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	39.22	78.44	85.78	125.00
2	42.21	84.41	92.57	134.78
3	45.48	90.96	100.59	146.07
4	48.70	97.39	107.97	156.67
5	52.52	105.03	117.35	169.87
6	56.33	112.65	125.97	182.30
7	60.83	121.67	136.47	197.30
8	65.36	130.73	146.17	211.53
9	69.32	138.64	156.27	225.59
A	73.25	146.51	164.67	237.93
B	77.61	155.21	175.94	253.54
C	87.06	174.12	197.02	284.08

PROGRESSIVE PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	34.65	69.29	82.63	117.28
2	37.21	74.42	88.58	125.79
3	40.02	80.04	95.62	135.64
4	42.78	85.55	102.09	144.87
5	46.05	92.11	110.32	156.38
6	49.32	98.64	117.88	167.20
7	53.19	106.38	127.08	180.27
8	57.08	114.15	135.57	192.65
9	60.47	120.94	144.44	204.91
A	63.85	127.69	151.80	215.64
B	67.58	135.16	161.69	229.27
C	75.69	151.38	180.16	255.85

SAVER PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	27.32	54.63	62.41	89.73
2	29.39	58.79	67.36	96.75
3	31.68	63.35	73.22	104.89
4	33.92	67.83	78.60	112.51
5	36.58	73.15	85.45	122.02
6	39.23	78.46	91.73	130.95
7	42.37	84.74	99.38	141.75
8	45.52	91.05	106.43	151.95
9	48.28	96.56	113.82	162.10
A	51.02	102.04	119.93	170.94
B	54.05	108.10	128.17	182.22
C	60.64	121.27	143.52	204.15

\$1500 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	30.87	61.73	70.52	101.39
2	33.22	66.43	76.12	109.33
3	35.79	71.59	82.73	118.53
4	38.32	76.65	88.81	127.14
5	41.33	82.66	96.56	137.89
6	44.33	88.66	103.65	147.98
7	47.88	95.75	112.30	160.18
8	51.44	102.88	120.27	171.71
9	54.55	109.11	128.61	183.17
A	57.65	115.30	135.52	193.17
B	61.08	122.15	144.83	205.91
C	68.52	137.04	162.17	230.69

ACCESS PLAN (PLAN NOT AVAILABLE IN ALL ZIP CODES)

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	28.60	57.20	60.83	89.43
2	30.78	61.55	65.64	96.42
3	33.17	66.33	71.31	104.48
4	35.51	71.02	76.54	112.05
5	38.30	76.59	83.18	121.47
6	41.07	82.15	89.28	130.36
7	44.36	88.72	96.71	141.08
8	47.66	95.33	103.60	151.26
9	50.55	101.10	110.73	161.28
A	53.42	106.84	116.70	170.11
B	56.59	113.18	124.65	181.25
C	63.49	126.97	139.60	203.08

\$1500 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	32.32	64.64	68.74	101.06
2	34.78	69.56	74.17	108.95
3	37.48	74.96	80.58	118.06
4	40.13	80.25	86.49	126.62
5	43.27	86.55	93.99	137.26
6	46.41	92.83	100.89	147.30
7	50.13	100.26	109.29	159.42
8	53.86	107.72	117.06	170.93
9	57.12	114.24	125.13	182.25
A	60.36	120.73	131.87	192.23
B	63.95	127.90	140.86	204.81
C	71.74	143.48	157.74	229.49

SMART I PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	10.94	21.88	25.58	36.52
2	11.82	23.65	27.80	39.63
3	12.79	25.58	30.39	43.18
4	13.68	27.36	32.62	46.31
5	14.84	29.67	35.76	50.60
6	15.94	31.88	38.52	54.46
7	17.33	34.65	42.18	59.50
8	18.63	37.25	45.28	63.90
9	19.85	39.69	48.80	68.65
A	20.90	41.79	51.16	72.05
B	22.21	44.42	55.08	77.29
C	24.93	49.85	61.71	86.64

SMART II PLAN (PLAN NOT AVAILABLE IN ALL ZIP CODES)

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	16.09	32.17	38.04	54.13
2	17.39	34.78	41.36	58.75
3	18.80	37.59	45.20	64.00
4	20.12	40.24	48.53	68.65
5	21.82	43.64	53.21	75.03
6	23.44	46.87	57.32	80.76
7	25.47	50.95	62.76	88.23
8	27.38	54.77	67.36	94.74
9	29.19	58.38	72.63	101.82
A	30.72	61.45	76.11	106.84
B	32.67	65.33	81.98	114.65
C	36.66	73.31	91.83	128.49

ADVANTAGE II PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	27.32	54.63	62.41	89.73
2	29.39	58.79	67.36	96.75
3	31.68	63.35	73.22	104.89
4	33.92	67.83	78.60	112.51
5	36.58	73.15	85.45	122.02
6	39.23	78.46	91.73	130.95
7	42.37	84.74	99.38	141.75
8	45.52	91.05	106.43	151.95
9	48.28	96.56	113.82	162.10
A	51.02	102.04	119.93	170.94
B	54.05	108.10	128.17	182.22
C	60.64	121.27	143.52	204.15

VISION MONTHLY PREMIUM

APPLICANT	\$1.25
APPLICANT + SPOUSE	\$2.50
APPLICANT + CHILD(REN)	\$2.25
APPLICANT + SPOUSE & CHILD(REN)	\$3.50

PREMIUM PAYMENT METHOD

PAYMENT METHOD	ADMINISTRATION FEE
EZ PAY (EFT)	NONE
DIRECT BILL	\$8.00 PER BILL

QUARTERLY TREND FACTOR

For all states EXCEPT AR, FL, KS, KY, ME, NJ,OR, OH, PA, TN, UT, VA, VT and WA

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 3/1/13	1.24
4/1/13 – 6/1/13	1.26
7/1/13 – 9/1/13	1.28
10/1/13 – 12/1/13	1.30

For AR, OR and VT only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 3/1/13	1.24
4/1/13 – 6/1/13	1.26
7/1/13 – 9/1/13	1.28
10/1/13 – 12/1/13	1.28

For FL only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 3/1/13	1.09
4/1/13 – 6/1/13	1.11
7/1/13 – 9/1/13	1.12
10/1/13 – 12/1/13	1.12

For KS, KY, ME, TN and VA only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 3/1/13	1.24
4/1/13 – 6/1/13	1.26
7/1/13 – 9/1/13	1.26
10/1/13 – 12/1/13	1.26

For OH and UT only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 12/1/13	1.20

For NJ only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 3/1/13	1.24
4/1/13 – 6/1/13	1.25
7/1/13 – 9/1/13	1.27
10/1/13 – 12/1/13	1.29

For PA only

EFFECTIVE DATE	TREND FACTOR
1/1/13 – 12/1/13	1.040

For WA only

EFFECTIVE DATE	TREND FACTOR
1/1/13-3/1/13	1.18
4/1/13-6/1/13	1.20
7/1/13-9/1/13	1.20
10/1/13-12/1/13	1.20

HOW TO CALCULATE YOUR BRIGHTONE PLAN PREMIUM

1] Determine which plan* design you would like to apply for.

- ☐ Traditional \$1000 Annual Maximum
- ☐ Traditional \$1000 Annual Maximum + Vision
- ☐ Traditional \$1500 Annual Maximum
- ☐ Progressive \$1000 Annual Maximum
- ☐ Saver \$1000 Annual Maximum
- ☐ Saver \$1500 Annual Maximum
- ☐ Access \$1000 Annual Maximum + Vision
- ☐ Access \$1500 Annual Maximum + Vision
- ☐ Advantage II \$1000 Annual Maximum
- ☐ Advantage II \$1000 Annual Maximum + Vision
- ☐ Smart I \$1000 Annual Maximum
- ☐ Smart II \$1000 Annual Maximum

2] Determine whom you want to insure under the plan.

- ☐ Applicant Only
- ☐ Applicant + Spouse
- ☐ Applicant + Child(ren)
- ☐ Applicant + Spouse & Child(ren)

3] Locate your residence address ZIP Code on the ZIP Code & Area Chart to determine your Area.

4] Match your area number/letter listed in the ZIP Code & Area Charts, to the same area number/letter listed on the Monthly Premium Chart for the plan you have chosen. This is your Monthly Base Premium. Enter it on the Premium Calculation Worksheet.

5] Choose a desired effective date and corresponding trend factor number. Enter this number on the Premium Calculation Worksheet and multiply the monthly premium by this number to obtain your monthly payment.

6] If requesting vision, (Traditional \$1000 Annual Maximum and Advantage II \$1000 Annual Maximum only; required on Access plans) determine your vision monthly premium from the Vision Monthly Premium Chart. Enter it on the Premium Calculation Worksheet.

7] Select a premium payment method and add the monthly, quarterly, semi-annual or annual administration fee on the Premium Calculation Worksheet to obtain your total payment.

EZ Pay (EFT) = No Charge

Direct Bill** = \$8.00 per bill

To apply online go to www.healthplan.com.

*All plans are not available in every state. Ask about our group dental for groups of three or more.

PREMIUM CALCULATION WORKSHEET

PREMIUM PAYMENT FREQUENCY: ☐ MONTHLY ☐ QUARTERLY ☐ SEMI-ANNUAL ☐ ANNUAL

PREMIUM PAYMENT METHOD: ☐ EZ PAY (EFT) ☐ DIRECT BILL** (CHECK) ☐ CREDIT CARD

IF DIRECT BILL, AN \$8 BILLING FEE PER PAYMENT FREQUENCY APPLIES.

MONTHLY BASE PREMIUM \$ _____

TREND FACTOR x ____.

MONTHLY PAYMENT OPTION

MONTHLY PAYMENT = \$ _____ (OR)

VISION (IF APPLICABLE; REQUIRED ON ACCESS PLANS) + \$ _____

MONTHLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

QUARTERLY PAYMENT OPTION

QUARTERLY PAYMENT (MONTHLY x 3) = \$ _____

VISION (IF APPLICABLE; REQUIRED ON ACCESS PLANS) (MONTHLY x 3) + \$ _____

QUARTERLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

SEMI-ANNUAL PAYMENT OPTION

SEMI-ANNUAL PAYMENT (MONTHLY x 6) = \$ _____ (OR)

VISION (IF APPLICABLE; REQUIRED ON ACCESS PLANS) (MONTHLY x 6) + \$ _____

SEMI-ANNUAL ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

ANNUAL PAYMENT OPTION

ANNUAL PAYMENT (MONTHLY x 12) = \$ _____

VISION (IF APPLICABLE; REQUIRED ON ACCESS PLANS) (MONTHLY x 12) + \$ _____

ANNUAL ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

Make checks payable to: **HealthPlan Services**

**The direct billing options are not available in Colorado, Kentucky, Michigan and Tennessee.

DID YOU KNOW:

People with dental insurance are 2.5 times more likely to visit a dentist than those without insurance?*

TRANSLATION:

People without the protection of dental coverage are more likely to suffer through a painful oral problem than to get the corrective care they need.

APPLY TODAY: Contact your agent or visit www.healthplan.com.

This brochure highlights the features of our BrightOne Plans. A complete description is in the Policy of Insurance issued to each subscriber.

All benefits are subject to provisions in the policy.

To find a provider in your area, visit www.ameritasgroup.com.

 **HealthPlan Services**SM
Gain the advantage.

AMERITAS GROUP

We're Ameritas. We're for people.[®]
A Division of Ameritas Life Insurance Corp.

*2007 NADP Consumer Survey

For more information visit us at www.healthplan.com.



HealthPlan ServicesSM

Gain the advantage.

Plans are marketed and administered by HealthPlan Services, a leading managed health care services company, providing distribution, enrollment, billing and collection, claims administration, and risk management services for health care payors and providers. HPS customers include insurance companies, HMOs and other managed care organizations, and organizations with self-funded health care plans. Based in Tampa, Florida, the company serves over 100,000 businesses, covering over 1.4 million members in the United States.



We're Ameritas. We're for people.[®]
A Division of Ameritas Life Insurance Corp.

Plans are insured by Ameritas Life Insurance Corp. Ameritas Group, a division of Ameritas Life, has served customers since 1959. Today Ameritas Group and subsidiaries of Ameritas Life provide dental, vision and hearing care products and services for nearly 110,000 employer groups, insuring or administering benefits for more than 5.4 million people nationwide. Ameritas has one of the largest PPO dental networks in the country with more than 235,000 access points. Its customer service claims contact center earned BenchmarkPortal's prestigious Center of Excellence certification for 2012, the sixth year in a row.

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Plan Design Summary	<p align="center">BrightOne Smart I Plan</p> <p align="center">50/50/0 \$50/Calendar Year Type 1 and Type 2 No Family Maximum \$1,000 per calendar year</p>
Type 1 Elimination Period	<p align="center">None</p>
Procedures (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Cleaning (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Fluoride for Children (age 13 and under; 1 per benefit period)
Type 2 Elimination Period	<p align="center">6 Months</p>
Procedures (Frequency)	<ul style="list-style-type: none"> • Restorative Amalgams (fillings) • Restorative Composites • Simple Extractions • Endodontics (surgical & non-surgical) • Periodontics (surgical & non-surgical) • Periodontal Maintenance • Sealants (age 13 and under; 1 per lifetime) (permanent molars, occlusal surface)
Takeover	<p>Takeover is included for qualifying insureds only. The takeover provision waives the dental elimination periods if you have had dental insurance within the past 30 days prior to the date you apply for coverage. Proof of prior coverage is required and will be reviewed by Ameritas prior to acceptance.</p>

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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, to add to the following year's maximum. Members 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	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Dental Rewards amount is added to the following years' maximum
Annual PPO Bonus Amount	\$50	PPO Bonus amount is added to the following years' maximum
Maximum Carryover	\$500	Maximum possible accumulation for Dental Rewards

Smart I Plan Reimbursement

Wise Buyer claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

Participating Provider Organization Highlights

The Ameritas Group PPO Plans offered by HealthPlan Services use the Ameritas Participating Provider Organization. The PPO Network fees are typically 25% below the average charges in the community. What's more, the PPO has a set of contract fees that are appropriate for each PPO ZIP Code; they're not lumped together in broad ranges.

- **AMONG THE LARGEST** When including group plan customers, the number of PPO provider access points for dental care available to plan members nationwide exceeds 160,000.
- **COST CONTAINMENTS** Discounted fees through our PPO General Providers and PPO Specialists on covered dental procedures can almost always reduce out-of-pocket expenses for insureds. PPO providers have agreed not to charge plan members amounts exceeding the Maximum Allowable Charge (MAC).
- **COVERED PROCEDURES** The PPO offers discounted fees for virtually all covered procedures, not just a few of the more common ones.
- **FLEXIBILITY** The plans also deliver flexibility. While PPO dentists can usually save insureds money, the choice of dentist is always theirs, and there is no specialty referral requirement.

This document is a highlight of plan benefits administered by HealthPlan Services and insured by Ameritas Life Insurance Corp. It is not an insurance policy or guarantee of coverage and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, refer to the policy of insurance issued to each subscriber. An \$8 administrative fee applies to direct billing options only.