

(BRIGHT ONE[®] PLANS)

dental insurance for
individuals, families and seniors



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

NEW AND IMPROVED PLANS

DENTAL REWARDS[®] INCLUDED ON ALL PLANS

FREEDOM TO USE ANY DENTIST

EYE CARE 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 comprehensive 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
EYE CARE EXAMS	OPTIONAL (on \$1000 calendar year maximum only)
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.

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.

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
EYE CARE EXAMS	NOT AVAILABLE
DENTAL REWARDS[®]	INCLUDED
TAKEOVER	AVAILABLE
CLAIM ALLOWANCE	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.

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.

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
EYE CARE 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.

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
EYE CARE 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.

SMART I PLAN

The Smart I plan is the most affordable of our BrightOne plan designs. It includes no elimination period for Type 1 care, and Dental Rewards is automatically included. This plan doesn't offer coverage for Type 3 care. However, it does cover Endodontics (root canals) and Periodontics (gum disease) under Type 2 care.

TYPE 1 CARE (Preventive)	50% No elimination period
TYPE 2 CARE (Basic)	50% 6-month elimination period
TYPE 3 CARE (Major)	0%
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$50 for Type 1 and Type 2
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000
ORTHODONTIA (adult and child)	NOT AVAILABLE
EYE CARE 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.

Enjoy the **BENEFITS**
of **BUILT-IN**
EYE CARE
coverage.



Available on the Traditional and Advantage II plans.

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 plan only
- Periodontics (gum disease) - Smart I plan only
- Sealants (for children under 14)

3] TYPE 3 CARE (Major) - Not covered on Smart I plan

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

EYE CARE

BrightOne Traditional 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 eye care provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about eye care 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®

Automatically included on all plans, this feature rewards qualifying insureds who care for their teeth by rolling over a portion of their unused annual maximum. "Earn" a bonus to add to next year's maximum by making your annual visit to one of Ameritas' Participating Provider Organization (PPO) dentists, who offer a discount on services provided.

PLAN OPTIONS

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 plan.
- 2] For Type 2 procedures, in the first six months that the Insured is covered under this section for Traditional, Progressive and Smart I 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. Not applicable to Smart I plan.
- 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 plan.
- 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 plan.
- 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.
- 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

ALASKA

995-999 AREA B

DELAWARE

199 AREA 4

197 AREA 7

198 AREA 8

DISTRICT OF COLUMBIA

200, 202-205 AREA 5

GEORGIA

304, 307, 310, 315-317 AREA 1

305-306, 312, 318-319 AREA 2

308-309, 313-314 AREA 3

301-302 AREA 4

300, 303, 311 AREA 5

LOUISIANA

703-706, 710, 712-714 AREA 1

700, 707 AREA 2

701, 708 AREA 3

711 AREA 4

MISSISSIPPI

386-389, 393-397 AREA 2

390-391 AREA 3

392 AREA 4

MONTANA

590, 592-597, 599 AREA 3

591, 598 AREA 5

NORTH DAKOTA

580, 582-588 AREA 2

581 AREA 4

SOUTH CAROLINA

293, 295-299 AREA 1

290-292 AREA 2

294 AREA 4

SOUTH DAKOTA

570-576 AREA 2

577 AREA 3

TEXAS

768-769, 780-781, 783, 785,

788, 792-793, 795, 798-799 AREA 1

754-759, 762-767, 776-779,

782, 784, 786, 789-790,

794, 796-797 AREA 2

791 AREA 3

761, 773, 775 AREA 4

751-753, 760, 770-772, 774 AREA 5

750, 787 AREA 6

WEST VIRGINIA

247-268 AREA 1

WYOMING

820-831 AREA 2

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

QUARTERLY TREND FACTOR

For all states EXCEPT CO, FL, ME, NH, NV, PA, RI and WA

EFFECTIVE DATE	TREND FACTOR
7/1/11 – 9/1/11	1.120
10/1/11 – 12/1/11	1.140

For FL only

EFFECTIVE DATE	TREND FACTOR
7/1/11 – 9/1/11	1.090
10/1/11 – 12/1/11	1.105

For PA only

EFFECTIVE DATE	TREND FACTOR
7/1/11 – 12/1/11	1.040

For CO, ME, NH, NV, RI and WA

See the BrightOne Trend Factors insert or contact your HealthPlan Services sales consultant.

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

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

EYE CARE 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

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 + Eye Care
- ☐ Traditional \$1500 Annual Maximum
- ☐ Progressive \$1000 Annual Maximum
- ☐ Saver \$1000 Annual Maximum
- ☐ Saver \$1500 Annual Maximum
- ☐ Advantage II \$1000 Annual Maximum
- ☐ Advantage II \$1000 Annual Maximum + Eye Care
- ☐ Smart I \$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 eye care, (Traditional \$1000 Annual Maximum and Advantage II \$1000 Annual Maximum only) determine your eye care monthly premium from the Eye Care 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)

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

MONTHLY BASE PREMIUM \$ _____

TREND FACTOR x ____.

MONTHLY PAYMENT OPTION

MONTHLY PAYMENT = \$ _____ (OR)

EYE CARE (IF APPLICABLE) + \$ _____

MONTHLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

QUARTERLY PAYMENT OPTION

QUARTERLY PAYMENT = \$ _____

(MONTHLY x 3)

EYE CARE (IF APPLICABLE) + \$ _____

(MONTHLY x 3)

QUARTERLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

SEMI-ANNUAL PAYMENT OPTION

SEMI-ANNUAL PAYMENT = \$ _____ (OR)

(MONTHLY x 6)

EYE CARE (IF APPLICABLE) + \$ _____

(MONTHLY x 6)

SEMI-ANNUAL ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ _____

ANNUAL PAYMENT OPTION

ANNUAL PAYMENT = \$ _____

(MONTHLY x 12)

EYE CARE (IF APPLICABLE) + \$ _____

(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 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.

*2007 NADP Consumer Survey

HealthPlan Services
Gain the advantage.



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

HealthPlan Services Plans are marketed and administered by HealthPlan Services, Gain the advantage. 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.



Plans are insured by Ameritas Life Insurance Corp. Ameritas Group, a division of Ameritas Life, has served customers since the mid-1970s and today provides dental, eye care and hearing care products and services for more than 65,000 employer groups, insuring or administering benefits for more than 4.8 million people nationwide. Ameritas has one of the largest dental PPO networks in the country. Its customer service claims contact center earned BenchmarkPortal's prestigious Center of Excellence certification for 2009, the third year in a row.

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