

Gold Plan



BUILD CONFIDENCE WITH A BEAUTIFUL SMILE AND LOOK YOUR BEST IN A PAIR OF PERFECT FRAMES!

INSURANCE VALUE?

Build a confident bright smile and look great by having Core Dental and Vision Insurance. Did you know that the number one reason people do not go to the dentist is a lack of dental insurance? Don't let financial reasons stand between you and the smile you deserve.

Core Dental Insurance can help pay for preventive care like routine exams, cleanings, fluoride treatments, sealants, xrays, and even more! Visit CoreDentalInsurance.com to see a full list of benefits and plan options.

SEE THE DIFFERENCE

Participants can see a **savings of 55%*** vs not having insurance.

Core Dental Insurance (In-Network)		Without Insurance (Based on Zip 60600)	
Exam & Cleaning	\$0 (100% Preventive coverage 2x per year)	Exam & Cleaning	\$161 (each visit, based on 2x per year)
Bitewing X-Ray	\$0 (100% coverage on x-rays once per year)	Bitewing X-Ray	\$70
Filling (one surface)	\$87	Filling (one surface)	\$147
Crown	\$575 (including \$25 deductible)	Crown	\$900
Total	\$662	Total	\$1,439

HERE ARE MANY OF THE WAYS WE PROTECT YOUR SMILE AND YOUR WALLET

NEW DENTAL INSURANCE PLANS

PLAN HIGHLIGHTS

Coverage for over 370+ procedures.



Preventive

Gold and Platinum plans include **twice** a year benefits with no deductible. 80% Preventive Dental Benefits (Value Plan) and **100% Preventive Dental Benefits when using in-network providers (Silver, Gold, and Platinum Plans)**: Routine exams, cleanings, fluoride treatments, sealants, and more. Coverage for x-rays once a year.



Basic - 100% Maximum Covered Expenses (MCE) on Value, Silver and Gold plans. 70% Coinsurance (Platinum Plan) Filling restoration, extractions - surgical removal of teeth, deep sedation - general anesthesia, and more.



Major* - 100% Maximum Covered Expenses (MCE) on Value, Silver, and Gold plans. 40% Coinsurance on Platinum Plan Onlays, maxillary partial denture - resin base, denture repair, endodontics - root canal, periodontal scaling and root planing, crown and crown repairs, pontics, fixed bridges, and more.

PPO Savings overall 18% of covered charges

EXTRA PLAN BENEFITS

Separating ourselves from the competition.



Vision Insurance

Get an annual vision benefit of \$100 available towards any covered eye care expense. Also save money when using one of the many providers that are a part of the EyeMed Provider Network.



Dental Rewards

Dental Rewards is an innovative plan design that was developed to reward members who visit the dentist yearly and use little of their annual maximum. It allows qualifying members to carryover as much as an additional \$1000 of their unused annual maximum for future claims.



Orthodontia (Gold Plan only)

A lifetime-maximum benefit is available to dependent children under the age of 17 who are covered under the plan.



Large Nationwide Network

Our dental network is one of the largest in the nation. When visiting one of our 425,000+ network providers, members can enjoy discounted fees on dental procedures covered by their plan.



PROTECT YOUR SMILE AND YOUR SIGHT WITH CORE DENTAL INSURANCE PLANS

Plans	Gold Plan
Annual Maximum Benefit	\$2,000
Potential Maximum Benefit with Dental Rewards (Year 4)	\$3,000
Dental Rewards (PPO bonus not available in all states)	Threshold Amount: \$500
	Annual Reward: \$250
	Maximum Reward (including PPO bonus) \$1000
Waiting Periods	Preventive - none Basic - none Major -6 months
Deductible (per person)	\$25 per visit Type 1, 2 and 3
Preventive (Type 1) Benefit	Plan Benefit 100% Member Coinsurance 0%
Basic (Type 2) Benefit	Plan Benefit 100% of Schedule Sample Schedule Amounts: Filling: One Surface \$60 Filling: Multi Surface \$85 Extraction: \$80
Major (Type 3) Benefit	Plan Benefit 100% of Schedule Sample Schedule Amounts: Crown: \$350 Root Canal: \$335
Capacity	No family maximum
Orthodontia	Yes (\$500 benefit)
Vision Insurance Benefit	\$100 towards any covered eye care expense (deducted from annual maximum)
Next Day Coverage	Yes
Guaranteed Rates	12 months

Coverage	Gold Plan
Periodic Oral Evaluation - Established Patient	100%
Limited Oral Evaluation - Problem Focused	100%
Comprehensive Oral Evaluation - New or Estab Patient	100%
Intraoral - Complete Series (Including Bitewings)	100%
Intraoral - Periapical First Film	100%
Intraoral - Periapical Each Additional Film	100%
Bitewings - Two Films	100%
Bitewings - Four Films	100%
Panoramic Film	100%
Prophylaxis - Adult	100%
Prophylaxis - Child	100%
Periodontal Maintenance	100%
Amalgam - One Surface - Primary or Permanent	\$60
Amalgam - Two Surfaces - Primary or Permanent	\$85
Amalgam - Three Surfaces - Primary or Permanent	\$85
Resin-Based Composite - One Surface, Anterior	\$60
Resin-Based Composite - Two Surfaces, Anterior	\$85
Resin-Based Composite - Three Surfaces, Anterior	\$85
Resin-Based Comp-4+ Surfaces or Incisal, Anterior	\$85
Resin-Based Composite - One Surface, Posterior	\$60
Resin-Based Composite - Two Surfaces, Posterior	\$85
Resin-Based Composite - Three Surfaces, Posterior	\$85
Resin-Based Composite - 4+ Surfaces, Posterior	\$85
Crown - Porcelain/Ceramic Substrate	\$350
Crown - Porcelain with Gold	\$350
Crown - Porcelain with Nonprecious Metal	\$350
Crown - Porcelain with Semiprecious Metal	\$350
Recement Crown	\$45
Core Build-Up, Including Any Pins	\$45
Prefabricated Post and Core in Addition to Crown	\$45
Root Canal, Molar, Excluding Final Restoration	\$335
Periodontal Scaling and Root Planing - 4+ TTH	\$75
Extraction, Erupted Tooth or Exposed Root	\$80
Surgical Removal of Erupted Tooth Requiring Elevation	\$80

ABOUT CORE DENTAL AND VISION INSURANCE



Ameritas offers a competitive array of insurance, employee benefits and financial products and services in a highly welcoming, ethical and professional manner that builds lasting trust and enduring relationships. Ameritas is rated A (Excellent) for financial strength and operating performance by A.M. Best Company.

Ameritas allows you to stretch your money even further by taking advantage of the more than **425,000 participating providers** in network with deep discounts and rewards. They are the company that customers, partners and associates are proud to work with.



It's not by chance that EyeMed has more than 36 million members. They're delivering what people really want – benefits that easily fit into your busy life. Because the network is so large and diverse, EyeMed members can make appointments and shop for eyewear when it fits their schedules. Daytime or evening, weekday or weekend – EyeMed's network is open. Access the national EyeMed network and save on exams and quality name brand eyewear.

Choose from as many as **94,000 vision care providers** nationwide. Because the network is large and diverse, members can make appointments and shop for eyewear when it fits their schedules. Daytime or evening, weekday or weekend – the network is open. Eyewear should reflect your personal style. You should enjoy your glasses as much as what you see when wearing them. Our benefits help you stretch your budget to better afford what you want as well as what you need.



Here at Core Dental and Vision Insurance, we know that choosing insurance can be difficult. That's why we strive to provide a product that is smart and simple to use. Our products are built to help keep your smile bright, your eyes healthy, and to be affordable on any budget. Our mission is

Core Dental and Vision Insurance is administered by InsuranceTPA.com, a licensed third party administrator serving all 50 states. Focused on education, retention, and efficiency, we provide unparalleled insurance premium billing and customer service. Our mission is to make insurance simple for our members to understand, purchase, and manage their plans.

STOP WORRYING ABOUT EXPENSIVE DENTAL PROCEDURES.

Enroll in affordable, next day coverage, in just 5 minutes!



1 Shop
Shop for the perfect plan.
It takes seconds to obtain a quote.

2 Choose
Once you select your insurance plan, you gain access to deep discounts and our network of over 390,000+ dental providers.

3 Save
Our plans offer rewards, 100% coverage of preventive care, no annual spending limits.



HAVE QUESTIONS? WE HAVE ANSWERS!

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas Dental plan. You can request coverage for your spouse or dependents; dependents eligibility varies based on state law.

Can I see the dentist I have now?

Yes, you are always free to visit the dentist of your choice. The Ameritas Dental Network offers more than 425,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided. Find a network provider at ameritas.com.

Are my rates guaranteed?

Your rates are guaranteed for 12 months following your plan's effective date. After that, you will receive at least 30 days' notice (more if required by law) if your rates change.

Does my Dental Plan offer takeover benefits?

If you were previously covered under a dental plan, you may be eligible for takeover benefits, which means waiting periods are waived. You will be asked to complete and submit a replacement form, plus provide an evidence of coverage letter from your prior carrier. The letter must include termination date of the prior plan that is no more than 30 days prior to the date we receive your application for coverage.

May I take advantage of coupons or special offers from retail locations?

Yes! With Core Vision you can take advantage of special offers, promotions, or coupons. You still qualify for your vision benefit amount.

What are some cosmetic options I should expect to pay for myself?

Lens options such as ultra-violet coating, scratch resistant coating and tinting are not reimbursable with your vision benefit.

Do I have coverage outside of the state I live in?

Yes, if you are traveling or have a covered dependent living in a different state, you will still have coverage.

What if your Provider is not in the EyeMed Network?

That's ok, you may choose any vision provider for your vision services. You pay the provider at the time of service and get reimbursed up to your annual vision dollar amount.

How often may I receive vision services?

Because there is no frequency limitations with this vision benefit, you may use your set annual vision dollar amount for covered vision procedures such as frames, prescription lenses and contacts.

What type of contact lenses may I purchase with this plan?

All contact lenses containing prescription, including disposables, are reimbursable up to your set annual vision dollar amount.



LIMITATIONS AND EXCLUSIONS

This Plan Details document is a highlight sheet only. Please review the Outline of Coverage along with the Application Form or send an email to service@insuranceTPA.com to request a sample policy. Your actual policy will be the full legal description of your benefits. Certain plans and plan options may not be available in all areas. The plan described in this document is administered by InsuranceTPA.com.

Limitations and Exclusions

Dental Expenses will not include, and benefits will not be payable, for any of the following.

1. Covered Dental Expenses for Type 3 Procedures in the first 6 months the person is covered under this contract. (Silver, Gold and Platinum plans)
2. Covered Dental Expenses for initial placement of any prosthetic crown, 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 contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
3. Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
 - a. Alter vertical dimension.
 - b. Restore or maintain occlusion.
 - c. Splint or replace tooth structure lost as a result of abrasion or attrition.
4. Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
5. Covered Dental Expenses to replace lost or stolen appliances.
6. Covered Dental Expenses for any treatment which is for cosmetic purposes.
7. Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
8. Covered Dental Expenses for orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
9. Covered Dental Expenses 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 employment.
10. Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
11. Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
12. Covered Dental Expenses because of war or any act of war, declared or not.
13. Alternative Procedures – Occasionally two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care. In this case, 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. 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. You may choose to apply the alternate benefit amount determined under this provision toward payment of the received treatment.

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This highlights brochure is not a contract, certificate of insurance or guarantee of coverage. Waiting periods, exclusions and limitations may apply. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. Not available in Washington. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2016 Ameritas Mutual Holding Company. Billing administration provided by InsuranceTPA.com.