

# ESC Region 12 Cooperative

## Dental Highlight Sheet



### High Dental Plan Summary

Effective Date: 9/1/2026

|                                     |                                                              |
|-------------------------------------|--------------------------------------------------------------|
| <b>Plan Benefit</b>                 |                                                              |
| Type 1                              | 100%                                                         |
| Type 2                              | 80%                                                          |
| Type 3                              | 50%                                                          |
| <b>Deductible</b>                   | \$50 Lifetime Type 2,3<br>Waived Type 1<br>No Family Maximum |
| <b>Maximum (per person)</b>         | \$1,500 per calendar year                                    |
| <b>Preventive Plus<sup>SM</sup></b> | Included                                                     |
| <b>Allowance</b>                    | 90th U&C                                                     |
| <b>Dental Rewards®</b>              | Included                                                     |
| <b>Waiting Period</b>               | None                                                         |
| <b>LASIK Advantage®</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> | \$1,500                          |
| <b>Waiting Period</b>                | None                             |
| <b>Takeover Benefit</b>              | Initial Insureds & New Enrollees |

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1                                                                                                                                                                                                                                                                                                                                                                                                                               | Type 2                                                                                                                                                                                                                                                                                                                                                                                                      | Type 3                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Routine Exam<br/>(2 per benefit period)</li> <li>• Bitewing X-rays<br/>(2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays<br/>(1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning<br/>(2 per benefit period)</li> <li>• Fluoride for Children 18 and under<br/>(1 per benefit period)</li> <li>• Sealants (age 13 and under)</li> <li>• Space Maintainers</li> </ul> | <ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites<br/>(anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</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<br/>(1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures)<br/>(1 in 5 years)</li> </ul> |

### Monthly Rates

|                                   |          |
|-----------------------------------|----------|
| <b>Employee Only (EE)</b>         | \$39.44  |
| <b>EE + Spouse</b>                | \$75.35  |
| <b>EE + Children</b>              | \$93.20  |
| <b>EE + Spouse &amp; Children</b> | \$142.24 |

### Ameritas Information

Our customer relations associates will be pleased to assist you from 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).

### Dental Rewards®

Employees and their covered dependents 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       | \$500   | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$250   | Dental Rewards amount is added to the following year's maximum  |
| Maximum Carryover       | \$1,000 | Maximum possible accumulation for Dental Rewards                |

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### 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. The LASIK Advantage benefit is available to members aged 18 and older.

| Lifetime Benefit Earned Per Eye | Year One | Year Two | Year Three |
|---------------------------------|----------|----------|------------|
|                                 | \$175    | \$175    | \$350      |

### Orthodontia - Initial Insureds and New Enrollees

Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier.

### Preventive Plus<sup>SM</sup>

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

### 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. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553. Your provider network is Ameritas Classic and Plus Network.

### Pretreatment

It's best for you to know your share of the cost up front. Ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform you both of the amount your insurance covers and the amount you are responsible for.

### 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 September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

### Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator). After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate to see exactly how the proposed service would be covered and avoid any surprises.

### Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

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.