

# Hays Consolidated ISD

## Dental Highlight Sheet



### Low Dental Plan Summary

Effective Date: 9/1/2026

|                               |                                                |
|-------------------------------|------------------------------------------------|
| <b>Plan Benefit</b>           |                                                |
| Type 1                        | 100%                                           |
| Type 2                        | 50%                                            |
| Type 3                        | 25%                                            |
| <b>Deductible</b>             | \$75/Calendar Year Type 2 & 3<br>Waived Type 1 |
| <b>Maximum (per person)</b>   | No Family Maximum<br>\$500 per calendar year   |
| <b>Allowance</b>              | Discounted Fee                                 |
| <b>Waiting Period</b>         | None                                           |
| <b>Annual Open Enrollment</b> | Included                                       |

### 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/>(1 in 6 months)</li><li>• Bitewing X-rays<br/>(1 in 12 months)</li><li>• Cleaning<br/>(1 in 6 months)</li><li>• Fluoride for Children 13 and under<br/>(1 in 12 months)</li></ul> | <ul style="list-style-type: none"><li>• Full Mouth/Panoramic X-rays<br/>(1 in 5 years)</li><li>• Periapical X-rays</li><li>• Sealants (age 13 and under)</li><li>• Space Maintainers</li><li>• Fillings for Cavities</li><li>• Restorative Composites<br/>(anterior and posterior teeth)</li></ul> | <ul style="list-style-type: none"><li>• Onlays</li><li>• Crowns<br/>(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>• Denture Repair</li><li>• Prosthodontics (fixed bridge; removable complete/partial dentures)<br/>(1 in 10 years)</li><li>• Simple Extractions</li><li>• Complex Extractions</li><li>• Anesthesia</li></ul> |

### Monthly Rates

|                                   |         |
|-----------------------------------|---------|
| <b>Employee Only (EE)</b>         | \$13.68 |
| <b>EE + Spouse</b>                | \$26.92 |
| <b>EE + Children</b>              | \$34.84 |
| <b>EE + Spouse &amp; Children</b> | \$48.08 |

### Ameritas Information

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).

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

## 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.

## Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

## 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 June 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 so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

## 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.