

## High Dental Plan Summary

Effective Date: 9/1/2025

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,500 per calendar year
<b>Allowance</b>	95th U&C
<b>Dental Rewards®</b>	Included
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

## Orthodontia Summary - Adult and Child Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$2,000
<b>Waiting Period</b>	None
<b>Takeover Benefit</b>	Initial Insureds Only

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 in 12 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (4 in 12 months)</li> <li>Fluoride for Children 18 and under (1 in 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 13 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Onlays</li> <li>Crowns (1 in 7 years per tooth)</li> <li>Crown Repair</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>

## Monthly Rates

<b>Employee Only (EE)</b>	\$31.56
<b>EE + Spouse</b>	\$68.36
<b>EE + Children</b>	\$98.68
<b>EE + Spouse &amp; Children</b>	\$135.24

## Ameritas Information

**We're Here to Help:** This plan was designed specifically for the associates of Splendora ISD. 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. To receive the eyewear savings identification card, visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account.

### **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

### **Orthodontia - Initial Insureds Only**

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. These takeover benefits only apply to initial employees and their dependents on the plan's effective date and are not available to new enrollees who enroll after case implementation.

### **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**

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.

### **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**

Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator). 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.**