

LOW PLAN

Group #22694

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to \$1,000 toward any covered dental expense.
- The member can use up to \$100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,000.

Dental Plan Summary *subject to FUSION plan design listed above*

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Contracted Fee
Waiting Period	None for New Hires or Qualifying Event

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Coinsurance	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None for New Hires or Qualifying Event

Eye Care Summary *subject to FUSION plan design listed above*

Maximum	\$100
Deductible	None
Frequency	None

Dental Procedure Summary

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) 	<ul style="list-style-type: none"> • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Periodontics (nonsurgical) • Denture Repair • Simple Extractions 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (surgical) • Periodontics (surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Current Dental Terminology © American Dental Association.

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **ARIZONA'S CHILDREN ASSOCIATION**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. 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/member.

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Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at 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 15% 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 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 Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. 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
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

PPO Information

To find a provider, visit 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 **PPO 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.

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.

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 PPO 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.

VISION BENEFITS CLAIM FORM

PLEASE BE AS THOROUGH & ACCURATE AS POSSIBLE WHEN COMPLETING THIS FORM. ERRORS OR OMISSIONS MAY DELAY CLAIM PAYMENTS.

TO BE COMPLETED BY THE CARDHOLDER

1. PATIENT'S NAME (Last, First, Middle)		2. CARDHOLDER'S GROUP # 22694		3. CARDHOLDER'S ID#	
4. PATIENT'S BIRTH DATE	5. PATIENT'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. RELATIONSHIP TO CARDHOLDER <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		7. CARDHOLDER'S NAME (Last, First, Middle)	
8. CARDHOLDER'S ADDRESS (No., Street, City, State and Zip Code)				9. HOME NUMBER () ()	WORK NUMBER () ()
10. NAME OF INSURANCE CARRIER Ameritas		11. NAME OF EMPLOYER Arizona's Children Association		12. CARDHOLDER'S STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARIED	
13. CARDHOLDER'S BIRTH DATE		15. NAME AND ADDRESS OF THE OTHER CARRIER			
14. PATIENT IS COVERED FOR VISION CARE COMPLETE BY ANOTHER PLAN <input type="checkbox"/> YES IF YES, PLEASE BOXES 15 THROUGH 16 <input type="checkbox"/> NO					
16. POLICY HOLDER'S NAME		17. RELATIONSHIP TO CARDHOLDER <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		18. POLICY HOLDERS' DATE OF BIRTH	
19. POLICYHOLDER'S S.S. #/GROUP					

SIGNATURE OF CARDHOLDER _____ DATE SIGNED _____

PLEASE CHECK ALL ITEMS BELOW THAT APPLY TO THE SERVICES RENDERED BY YOUR EYE CARE PROVIDER

DATE OF SERVICE _____

- EXAM
- CONTACT LENS FITTING/EXAM
- CONTACT LENSES
- EYE GLASS LENSES
- SINGLE VISION
 - BIFOCAL
 - TRIFOCAL
 - PROGRESSIVE (NO LINE BIFOCAL)
 - OTHER _____
- FRAME

PLEASE SUBMIT THIS FORM WITH YOUR ITEMIZED RECEIPT (S) TO THE FOLLOWING

Send claims to: Ameritas Group Claim Office P.O. Box 82520 Lincoln, NE 68501 Toll Free (800) 487-5553 www.ameritas.com	<h2>\$100 Flat Max</h2>
<input type="checkbox"/> Check to send payment directly to provider.	Member Signature _____