

Low Plan Dental Summary

Effective Date: 1/1/2021

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	60%	50%
Type 3	60%	50%
Deductible	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$1,200 per calendar year	\$1,200 per calendar year
Allowance	Discounted Fee	80th U&C
Dental Rewards®	Included	Included
Waiting Period	12 months - Type 3 New Enrollees Only	12 months - Type 3 New Enrollees Only
Annual Open Enrollment	None	None

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

Type 1	In Network 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 3 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia
Type 1	Out of Network 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 3 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

Monthly Rates

Employee Only (EE)	\$26.33
EE + Spouse	\$54.01
EE + Children	\$52.87
EE + Spouse & Children	\$87.73

BULLOCH COUNTY BOARD OF EDUCATION

Low Plan Dental Highlight Sheet



Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **BULLOCH COUNTY BOARD OF EDUCATION**. 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.

Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be 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 network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus

Type 3 Waiting Period - new enrollees only

Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive Type 3 benefits.

Dental Network 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. When prompted to select your network, choose the Classic Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

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.

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.

High Plan Dental Summary

Effective Date: 1/1/2021

	In Network	Out of Network
Plan Benefit		
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum	\$10/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
Maximum (per person)	\$2,000 per calendar year	\$2,000 per calendar year
Allowance	Discounted Fee	80th U&C
Dental Rewards®	Included	Included
Waiting Period	12 months - Type 3 New Enrollees Only	12 months - Type 3 New Enrollees Only
Annual Open Enrollment	None	None

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500
Waiting Period	12 months New Enrollees Only	12 months New Enrollees Only

**Maximum is lifetime for both in network and out of network.

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

Type 1	In Network 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 3 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia
Type 1	Out of Network 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 3 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) 	<ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

BULLOCH COUNTY BOARD OF EDUCATION

High Plan Dental Highlight Sheet



Monthly Rates

Employee Only (EE)	\$36.71
EE + Spouse	\$70.00
EE + Children	\$99.04
EE + Spouse & Children	\$132.15

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Dental Rewards®

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Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Dental Rewards and PPO Bonus

Type 3 Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for Type 3 benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive Type 3 benefits.

Orthodontia Waiting Period - new enrollees only

Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

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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.

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