

Summary of Benefits for:

Total Joint Orthopedics

Co Insurance MAC Classic - MaxRewards

Platinum Network

Contracted Dentist		Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of Fee Schedule
Basic		
Composite fillings, extractions, oral surgery, space maintainers, sealants	80%	80% of Fee Schedule
No Waiting Period		
Major		
Crowns, bridges, dentures, endodontics, periodontics, implant alternate	50%	50% of Fee Schedule
12 Month Waiting Period		
Orthodontics		
All Members:	0% (Discounts May Apply; See Plan Notes)	0% (No Benefit)
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is:	\$1,000.00
	Per Calendar Year	
Deductible		
<i>Applies to Basic and Major Services</i>	Per Benefit Period	
	Per Person:	\$25.00
	Family Maximum:	\$75.00

Dental Notes for:

Total Joint Orthopedics

Dental Plan Notes

Co-Insurance R&C Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- Non-Contracted: Dental Select will allow up to the Reasonable & Customary (R&C) amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Co-Insurance MAC Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- Non-Contracted: Dental Select will allow up to the contracted dental fee schedule amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

MAC refers to the Maximum Allowable Charge in Utah and Texas.

MAB refers to the Maximum Allowable Benefit in all other states.

R&C refers to the Reasonable & Customary amount in Utah and Texas.

U&C refers to or Usual & Customary amount in all other states.

* Please contact Dental Select's Customer Care at 800-999-9789 or consult your provider to confirm availability.

This summary of benefits is current as of 11/03/2022. To verify up to date benefits, please contact Dental Select Customer Care at 800-999-9789.

Co-Pay Plans (Available in Texas and Utah only)

- Contracted: All payments made to contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. Contracted General Dentists accept a combination of fixed co-payments and insurance plan payments as payment in full. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law*.
- Non-Contracted: All payments made to non-contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. The member is responsible for paying the difference between the plan payment and the General Dentist's usual charges.

MaxRewards

For every consecutive year on the plan, each member will receive increased maximums by the schedule outlined below. The annual maximum benefit of each member will never exceed \$2,000.

Year 2 - \$100

Year 3 - \$200

Year 4 - \$300

Year 5 - \$400

Contracted Dentist refers to a network dentist in UT and TX.

Participating Provider refers to a network dentist in all other states.

Non-Contracted Dentist refers to a non-network dentist in UT and TX.

Non-Participating Provider refers to a non-network dentist in all other states.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Group dental and vision products are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2020 Ameritas Mutual Holding Company.

Summary of Benefits for:

Total Joint Orthopedics

Discount Vision

In-Network Only

Member Cost	
Exam with Dilation as Necessary	
	\$5 off routine exam
	\$10 off contact lens exam
<i>Complete pair of glasses (frame, lenses, and lens options) must be purchased in the same transaction to receive full discount. Items purchased separately will be discounted 20% off the retail price</i>	
Frames	
Any frame at provider location	35% off retail price
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
Lens Options	
UV Coating	\$15
Tint(Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective	\$45
Other Add-ons and Services	20% off retail price
Contact Lenses	
(Discount Applied to Materials Only)	
Conventional	15% off retail price
Laser Correction (US Laser Network)	
Lasik or PRK	15% off retail price -or- 5% off promotional price

Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6).