ORMAT TECHNOLOGIES, INC.

Policy #: 010-302091



Dental Plan Benefits

Networks: Classic & Plus

Type 1 Preventive No Waiting Period	Routine Exam (2 per Benefit Period) Bitewing X-rays (1 per Benefit Period) Cleaning (2 per Benefit Period) Fluoride for Children 15 and under (1 per Benefit Period) Sealants 15 and under (1 in 3 years permanent molars)			
Type 2 Basic No Waiting Period	80%			
	Surgical Extractions			
	Simple Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Endodontics (surgical)			
	Periodontics (surgical)			
Type 3 Major No Waiting Period	50%			
	Crowns (1 in 10 years per tooth)			
	Prosthodontics (Bridges, Dentures) (1 in 10 years)			
	Implants (1 in 10 years)			
Deductible				
Type 1	\$0			
Type 2 and 3	\$50 per person, per calendar year			
Family Maximum	\$150 per Calendar Year			
Benefit Year Maximum				
Type 1, 2, and 3	\$2,000			
(per person, per calendar year)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Orthodontia Benefits (adult ortho included)				
No waiting period	 02/			
Plan Benefit	50%			

Lifetime Maximum (per person)

Lifetime Deductible

Claims Allowance
Type 1, 2 and 3 90th U&C

In network allowance is discounted fee

Open Enrollment

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

\$0 \$2,000

LASIK Advantage

Your dental plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK).

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As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 12 months from enrollment to be eligible for LASIK coverage; after 12 months the LASIK benefit starts at the year one amount. The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit Earned per Eye:	Year One	Year Two	Year Three	Year Four	
	\$350	\$350	\$700	\$700	

Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest.

Network providers have agreed to charge **25-50% less** than their regular rates which can lower your out-of-pocket costs.

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. No additional cost. Only savings.

Extra Value

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

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - http://www.emsmed.com/vendors/pharmacy.aspx

Look up a price - http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



 top quality frames for the entire family including today's most popular brands.



 wide selection of lens options; all lenses come with scratch resistant coating for no additional charge.



Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections 800-487-5553 www.Ameritas.com Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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.