

Plan 1

Policy #32783

FUSION: THE ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION allows the flexibility to combine any or all of the following dental and eye care features: annual exam frequencies, deductibles, or annual maximums.

Combined Features Summary

	Dental	Eye Care	FUSION
Maximum	\$1,000	None	No more than \$1,000

Dental/Orthodontia Summary subject to FUSION plan design listed above

Maximums	Dental: \$1,000/Calendar Year	Ortho: \$1,000 Lifetime	Dental Rewards®:	Included	
			LASIK Advantage SM	None	
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum - Non PPO \$0/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum - PPO		PPO:	Deductible Reduction	
Coinsurance	Type 1 In network / Out 100%/100%	Type 2 In network / Out 60-70-80%/60-70-80%	Type 3 In network / Out 50%/50%	Type 4 In network / Out None	Ortho In network / Out Child only 50%
Allowance	Contracted Fee/90th U&C	Contracted Fee/90th U&C	Contracted Fee/90th U&C		Discounted fee / U&C
Waiting Periods	None	None	None		12 months New Hires Only

Eye Care Summary subject to FUSION plan design listed above

	Allowances	Frequencies Based on date of service
Exam	Up to \$25	Exam 1 in 12 months
Lenses (per pair)		Lenses 1 in 12 months
Single	Up to \$35	Frames 1 in 24 months
Bifocal	Up to \$50	
Trifocal	Up to \$65	
Lenticular	Up to \$70	
Progressive	Up to \$70	
Contacts		Maximum None
Elective/Medically Necessary	Up to \$65	Deductibles (Lifetime deductible) \$0*
Frames	\$30	

*Deductible applies to the first service received

Dental Procedure Summary

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

EyeMed Discount Overlay (This is not insurance but can be added to a Vision Perfect plan for discounts through the EyeMed network.)

Exam	\$5 off routine exam	<p>LASIK or PRK</p> <p>Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.</p> <p>LIMITATIONS AND EXCLUSIONS</p> <p>Also known as a discount overlay, these EyeMed Access Network provider discounts are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discount program may not be combined with any other discounts or promotional offers. Retail prices may vary by location.</p> <p>Discounts are not available for the following procedures, material or services.</p> <ul style="list-style-type: none"> • Orthoptic or vision training, subnormal vision aids, and any associated supplement testing. • Medical and/or surgical treatment of the eye, eyes, or supporting structures. • Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan. • Services provided as a result of any Worker's Compensation law. • Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount). • EyeMed's providers' professional services or disposable contact lenses. • Two pairs of glasses in lieu of bifocal.
with dilation as necessary	\$10 off contact lens exam	
Standard Plastic Lenses		
Single Vision	Member pays \$50	
Bifocal	Member pays \$70	
Trifocal	Member pays \$105	
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	
Standard Progressive Lenses	\$65 + Standard Plastic Lens cost	
Premium Progressive Lenses	20% discount	
Standard Polycarbonate	Member pays \$40	
Tint (Solid & Gradient)	Member pays \$15	
Scratch Resistant Coating	Member pays \$15	
Anti-Reflective Coating	Member pays \$45	
Ultraviolet Coating	Member pays \$15	
Other Add-Ons	20% discount	
Contact Lenses	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com .	
Conventional		

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Otterbase, Inc.. 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 ameritasgroup.com/member.

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

Orthodontia Waiting Period - new hires only

The group of initial employees who enroll in this plan have no waiting period for orthodontia 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 orthodontia benefits.

PPO Information

Go online to ameritasgroup.com/member to find the participating network dentists who are most convenient for you. The plan you belong to is PPO - Nationwide. While using a PPO dentist will almost always lower your out of pocket costs, every Ameritas Group plan gives you the freedom to visit any dentist you choose.

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.

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.

Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay in the plan, the richer their coverage. As long as plan members visit the dentist and have at least one covered procedure performed each benefit period, they continue to advance one coinsurance level until they reach the plan's highest coinsurance level. If a plan member fails to have at least one dental procedure performed during any benefit year, he or she will revert back to the beginning coinsurance level but can begin again to advance through the levels.

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.