AMERITAS LIFE INSURANCE CORP. OF NEW YORK

HealthPlan Services

"annual" = calendar year

My Dental Plan® - Plan Details		Proposed Effective Date: 04/01/2014
Plan 1		
		coinsurance (plan pays*)
Preventive (type 1) • exams/cleanings (once per plan year) • fluoride treatment under age 14 (once per plan year) • bitewing films (once per plan year) • full mouth series or panoramic x-ray (once every 5 years)		**80%**
Basic (type 2) • amalgams & resin restorations (fillings) • simple extractions • sealants (under age 14)		**50%**
Major (type 3) • space maintainers • root canals • surgical endodontics • periodontal procedures • surgical extractions • general anesthesia • crowns		**not covered**
Annual Dental Deductible (per person)		**$50**
Waiting Periods If you were previously covered under a dental plan, you may be eligible for takeover benefits, which means waiting periods are waived. You will be asked to complete and submit a replacement form, plus provide an evidence of coverage letter from your prior carrier. The letter must include a termination date of the prior plan that is no more than 30 days prior to the date we receive your application for coverage.		preventive - none basic - 6 months
Annual Maximum Benefit (per person)		**$500**
Monthly Rates		
Individual		$ 20.01
Individual + Spouse		$ 40.02
Individual + Child(ren)		$ 48.21
Individual + Spouse & Child(ren)		$ 68.21
Dental Rewards® with PPO bonus	**Threshold Amount**	$250
	Annual Reward	**$125**
	Maximum Reward (including PPO bonus)	$500
Where PPO is available, if you qualify for your Annual Reward by seeing an Ameritas PPO dentist, we'll add a $50 PPO bonus amount to your Annual Reward.		Boost your annual maximum benefit by submitting at least one dental claim each year and keeping your total benefits received for the year at or below the **Threshold Amount**. You will "earn" an **Annual Reward** that you carry over to increase your annual maximum benefit available the next year. Accumulate rewards up to the total **Maximum Reward** amount. If no dental claims are submitted during a year, no rewards are earned and accumulated rewards are lost. But you can begin building rewards again the next year.

**Claim allowance, or plan payment, in network:* When you visit an Ameritas PPO network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Charge (MAC). The MAC is the network provider's contracted fee, derived and discounted from the array of provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the network dentist's contracted fee.

**Claim allowance, or plan payment, out of network:* When you visit a non-network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Benefit (MAB). The MAB is derived from a blending and discounting of submitted provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the dentist's actual charge.

This Plan Details document is a highlight sheet only. Please review the Outline of Coverage along with the Application Form and see how you can preview a sample policy. Your actual policy will be the full legal description of your benefits.

Certain plans and plan options may not be available in all areas.

The plan described in this document is marketed and insured by Ameritas Life Insurance Corp. of New York and administered by HealthPlan Services.

Limitations and Exclusions

Dental Expenses will not include, and benefits will not be payable, for any of the following.

1. Covered Dental Expenses for Type 2 Procedures in the first 6 months the person is covered under this contract.
2. Covered Dental Expenses 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.
3. Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
    a. Alter vertical dimension.
    b. Restore or maintain occlusion.
    c. Splint or replace tooth structure lost as a result of abrasion or attrition.
4. Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates.
5. Covered Dental Expenses to replace lost or stolen appliances.
6. Covered Dental Expenses for any treatment which is for cosmetic purposes.
7. Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
8. Covered Dental Expenses for orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
9. Covered Dental Expenses for which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment.
10. Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
11. Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
12. Covered Dental Expenses because of war or any act of war, declared or not.
13. Alternative Procedures - Occasionally two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care. In this case, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. This provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. You may choose to apply the alternate benefit amount determined under this provision toward payment of the received treatment.

HealthPlan Services

AMERITAS LIFE INSURANCE CORP. OF NEW YORK

FA 698 Ed. 7-12