Dental Plan EPO 3500, PPO 4000 & 5000 by Ameritas Group
Benefits and Copays

This is a summary of benefits for the EPO 3500 and PPO 4000 & 5000 underwritten by Ameritas Group, a division of Ameritas Life Insurance Corp.

<table>
<thead>
<tr>
<th>Plan Benefits</th>
<th>EPO Dental 3500</th>
<th>PPO Dental 4000</th>
<th>PPO Dental 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Ded. waived</td>
<td>Ded. applies</td>
<td>Ded. waived</td>
</tr>
<tr>
<td>Preventive</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major (12 mo. wait period)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endo/Perio</td>
<td>80%*</td>
<td>50%*</td>
<td>80%</td>
</tr>
<tr>
<td>Restorative</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

`^` Out-of-Network benefits are covered at the maximum allowable or scheduled charge.
`+` Out-of-Network benefits are covered at U & C.
`*` The following are subject to a 12 month waiting period for major services:
- A group without a prior comparable group dental plan
- Newly hired employees

A group qualifies for a credit toward the waiting period if the following requirements are satisfied:
- A group has a prior comparable group dental plan with no lapse in coverage
- A group submits prior dental plans most recent billing statement and statement from up to 12 months prior, 24 months for ortho

Please Note:
1. Employer must contribute at least 50% of the employee premium of the lowest cost dental plan being offered.
2. Employee participation must equal 100%, if the employer pays 100% of the employee premium.
3. All new hires are subject to the waiting periods for major and ortho.
4. All groups without comparable dental coverage are subject to the waiting periods for major and ortho.

NEW! Dental Rewards® by Ameritas Group

Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year’s annual maximum benefit – if they use less than half of the annual maximum, they can increase their next year’s coverage by $250 and earn an additional $100 to $150 if they visit a network provider. For more information on Dental Rewards®, please visit www.ameritasgroup.com/products/rewards.htm. (Dental Rewards is a registered service mark of Ameritas Life Insurance Corp. and is used with permission.)

<table>
<thead>
<tr>
<th>Carry Over Amount</th>
<th>Plan 3500</th>
<th>Plan 4000</th>
<th>Plan 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Bonus</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Benefit Threshold</td>
<td>$500</td>
<td>$500</td>
<td>$750</td>
</tr>
<tr>
<td>Maximum Carry Over Amount</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

For orthodontia, please see next page.
Orthodontia is an employer optional benefit selected for the entire group.

Orthodontia benefits are available to children only. Treatment must begin prior to their 19th birthday.

The following are subject to a 24 month waiting period for orthodontia services:
- A group without a prior comparable group dental plan
- Newly hired employees

A group qualifies for credit towards the waiting period if the following requirements are satisfied:
- Group has a prior comparable group dental plan with no lapse in coverage
- Group submits prior dental plans most recent billing statement and statement from up to 24 months prior

<table>
<thead>
<tr>
<th>Optional Orthodontia*</th>
<th>Plan 3500</th>
<th>Plan 4000</th>
<th>Plan 5000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontia (24 mo. wait period)**</td>
<td>In Network</td>
<td>Out-of-network</td>
<td>In Network</td>
</tr>
<tr>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>$ 1,000</td>
<td>$ 1,000</td>
<td>$ 1,000</td>
<td>$ 1,000</td>
</tr>
</tbody>
</table>
EPO 3500, PPO 4000 & 5000 Exclusions and Limitations Summary

No benefits will be paid for expenses incurred:

- For overdentures and associated procedures.
- For charges in excess of those considered reasonable and customary.
- For cosmetic procedures.
- For the replacement of dentures, bridge inlays, onlays or crowns that can be repaired or restored to normal function.
- For implants and:
  - Replacement of lost or stolen appliances
  - Replacement of retainers
  - Athletic mouthguards
  - Precision or semi-precision attachments
  - Dental duplication or sealants
- For oral hygiene instructions and:
  - Plaque control
  - Completion of a claim form
  - Acid etch
  - Missed appointments
  - Prescription of take home fluoride
  - Diagnostic photographs
- For services not completed when insurance ends, except that certain services which began while insured may be covered if completed within 31 days of termination of coverage.
- For procedures that have begun but have not been completed.
- For services and treatment provided at no charge, with or without insurance coverage.
- For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.

- For a condition covered under any Workers’ Compensation Act or similar law.
- That are applied toward satisfying a deductible.
- That are generally considered by the dental profession as experimental or investigational.
- For the treatment of cleft palate and anodontia.
- For services or supplies payable under any medical expense plan.
- For orthodontia, unless included within Coverage Schedule.
- Prior to the date the insured is covered under the policy.
- For the diagnosis or treatment of TMJ.
- For hospital services.
- For any unmarried child 19 years of age and over unless he or she is dependent upon you for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 25.
- During any waiting period we require, when you voluntarily end your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date your coverage first ended.
- Charges for infection control, sterilization and waste disposal.

This is a summary of Exclusions & Limitations Only. For a complete listing, please see the Evidence of Coverage.