

Membership Comparison

<i>SERVICE</i>	<i>Access I (covered Yes or No)</i>	<i>Access II (covered Yes or No)</i>	<i>Access III (covered Yes or NO)</i>
Benefits paid based on Ameritas Schedule of Eligible Expenses	NO	YES - See Class Number 3 Schedule	YES - See Class Number 4 Schedule
Pays based on % of the PPO Contracted Fee	YES	NO	NO
Maximum Benefit Amount	\$2,500	\$2,500	\$2,500
Major Services Covered	YES, with no waiting period	YES, with 12 month waiting period	NO
Deductible Amounts for Preventative services	\$70 annual for all services	\$50	none
Deductible Amounts for Basic services	\$70 annual for all services	\$100	\$50
Deductible Amounts for Major services	\$70 annual for all services	\$100	NO
Benefits paid based on Yr. 1 Incentive Coinsurance, Yr. 2 Coinsurance and Yr. 3 Incentive Coinsurance	YES	NO	NO
Required to use an Ameritas Participating Provider	NO	NO	NO
Can choose any Dentist Nationwide	YES	YES	YES
Benefits are based on a Benefit Period / Anniversary Date / Calendar Year	The first Benefit Period begins on the effective date of the membership and ends after 12 months have elapsed. Subsequent Benefit Periods begin on the member's anniversary date.	Based on Benefit Periods; 1st=Membership Effective date through 12/31 of that same year; 2nd and subsequent benefit periods 1/1 through 12/31 each year	Based on Benefit Periods; 1st=Membership Effective date through 12/31 of that same year; 2nd and subsequent benefit periods 1/1 through 12/31 each year
Missing Tooth Clause	YES	YES	YES
Orthodontic Treatment	NO	NO	NO
Increased Dental Maximum Carryover Benefit Amount	\$1,000	\$1,000	\$1,000
Member has a 30 day evaluation period to request a full refund.	YES	YES	YES
Free Eye Exam At VSP Providers	YES	YES	YES
Maximum Payable for the vision exam if a non participating provider is used.	Up to \$47	Up to \$47	Up to \$47
Lasik Benefits	NO	Lifetime Maximum Benefit per Eye, 1st Benefit Period \$0 per eye, 2nd Benefit Period \$100 per eye, 3rd Benefit Period \$250 per eye, 4th + Benefit Period \$500 per eye	NO
Age Limit	NO	NO	NO
Dependent Maximum Age	Children less than age 26	Children less than age 26	Children less than age 26
Notice of Claim	30 days	30 days	30 days
Proof of Loss (time to file a claim)	90 days	90 days	90 days
Time Frame to file first claim to move to 2nd yr. Coinsurance level	Within 1st Benefit Period	NO	NO
Monthly Dues - Individual	\$74	\$49	\$39
Monthly Dues - Member + 1 dependent	\$119	\$59	\$49
Monthly Dues - Member + 2 or more dependents	\$169	\$69	\$59

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