# Dental Benefits Tailored for Olympic Benefits Trust Employees

**Groups with as few as three enrolled employees can offer benefits with no waiting periods, annual open enrollment, and lifetime deductibles!**

## Ameritas dental plans feature:

- No waiting periods
- Lifetime deductible
- Coverage for implants and white fillings on back teeth
- Option to add adult and child orthodontia
- Annual open enrollment
- Benefit rewards that carry over to the following year

## Easy implementation

Simply submit our employer application and provide enrollment (enrollment applications or census). It's that simple! No binder check or DE9C required.

| | Network plan | 90th U&C plans | | |
|---|---|---|---|---|
| | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
| **Maximum benefit**<br>Per person per calendar year | $1,500 | $1,000 | $1,500 | $2,000 |
| **Claim allowance** | MAB | 90th U&C | | |
| **Deductible**<br>Lifetime per person | $50 lifetime deductible Types 2 & 3<br>No family maximum | | | |
| **Waiting period** | None | | | |
| **Preventive (Type 1)**<br>Exams, X-rays, cleanings, fluoride, sealants, space maintainers | 100% | | | |
| **Basic (Type 2)**<br>Fillings, root canals, gum disease treatment, denture repair, extractions, anesthesia | 80% | | | |
| **Major (Type 3)**<br>Onlays, crowns, crown repair, bridges, dentures | 50% | | | |
| **Dental Rewards®**<br>Maximum annual carryover<br>PPO Bonus* | Up to $1,000<br>$150 PPO Bonus | | | Up to $1,200<br>$200 PPO Bonus |
| **Optional** | | | | |
| **Adult and child orthodontia**<br>Plan benefit<br>Lifetime maximum per person | 50%<br>$1,500** | | | |

**Members can earn PPO Bonus rewards when visiting an Ameritas Dental Network provider.*
***Maximum not reduced by prior carrier payment.*



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# Plan features

## Dental Rewards®

By using their dental benefits, employees can earn rewards to help pay for more expensive dental services in the future. Here's how.

1. Plan members visit a dental provider each year and submit a claim.
2. If all claims for the year stay under the benefit threshold, plan members qualify to carry over benefit rewards.
3. Members can earn PPO Bonus rewards when visiting an Ameritas Dental Network provider.
4. Members build rewards up to the maximum reward accumulation. They can use their rewards after the initial plan benefit maximum is used.

| | Benefits threshold | Annual carryover | PPO Bonus | Maximum accumulation |
|---|---|---|---|---|
| Network plan | $750 | $250 | $150 | $1,000 |
| $1,000 & $1,500 U&C plans | $500 | $250 | $150 | $1,000 |
| $2,000 U&C plan | $750 | $400 | $200 | $1,200 |

## Lifetime deductible

You and your employees save money with a one-time, per-person deductible at no additional cost. Each member pays the deductible amount only one time for as long as they are covered by the plan, and there is no family maximum.

## Save more with the Ameritas Dental Network

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 helps benefit dollars go further. With 98% provider persistency, members can keep visiting their network dentists year after year. Members can visit any dentist, in or out-of-network. And family members do not need to visit the same provider. Locate network providers in your area at ameritas.com - Find a Health Provider.

## Optional orthodontia coverage for adults and children

The treatment program may begin at any age, but dependent benefits end when a patient is no longer a dependent, even if a treatment program is underway. Plan payments will begin automatically to the party assigned on the claim form. The treatment program is considered at 50% and is made in equal quarterly installments not to exceed two years.

## Claim allowance

**Maximum Allowable Charge (MAC)** In-network claims are paid based on the provider's network fee, which may result in lower out-of-pocket costs.

**Maximum Allowable Benefit (MAB)** Out-of-network providers decide how much they charge per procedure. Insurance will pay up to the lowest contracted network provider fee in your ZIP Code area. You pay the difference between what the plan pays and the dentist's actual charge.

**Usual and Customary (U&C)** Out-of-network providers decide how much they charge per procedure. Out-of-network claims are paid based on what we expect 9 out of 10 charges from out-of-network dentists to be for this service. You pay the difference between what the plan pays and the dentist's actual charge.

# Plan rates

## Contributory

Must contribute 50% of employee-only premium to qualify

*Effective date: 1/1/2026*

| | Network plan | $1,000 U&C plan | $1,500 U&C plan | $2,000 U&C plan |
|---|---|---|---|---|
| EE | $34.45 | $40.66 | $45.84 | $50.05 |
| EE+SP | $67.20 | $79.76 | $89.63 | $97.63 |
| EE+CH | $78.34 | $98.34 | $106.73 | $114.77 |
| EE+FAM | $108.77 | $135.21 | $148.25 | $160.08 |

*Effective date: 1/1/2026*

| Orthodontia add-on | | | |
|---|---|---|---|
| EE only | EE+SP | EE+CH | EE+FAM |
| $2.26 | $4.48 | $19.87 | $22.09 |

## Limitations and exclusions

### Dental and orthodontia

*The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage. The Certificate of Coverage is the governing document if any questions arise.*

*Covered expenses will not include and no benefits will be payable for expenses incurred for:*

- for any procedure except exams, cleaning and fluoride applications for the first 6 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's 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 any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.



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