



Offered by:

Word&Brown[®]

AMERITAS *FIRST* PLAN OPTIONS

PPO Dental, Vision, LASIK & Hearing

.....

NEVADA QUOTE PACKET

.....

DISCLAIMER: Complete Underwriting Guidelines and Requirements are attached to the rate sheets. Refer to the Summary of Benefits and Certificate of Coverage for full plan coverage details, exclusions and limitations.

Ameritas *First* Plans - Rates & Benefits good through 12/31/2024

About Ameritas

Who is Ameritas?

We help create beautiful smiles, put life into focus and promote good health by providing innovative and value-added benefit and service solutions.



Financial Strength

The industry's leading independent insurance analysts consistently recognize our efforts.

A+

(Strong) – **Standard & Poor's** for insurer financial strength. The fifth highest of S&P's 21 ratings.

A

(Excellent) – **A.M. Best Company** for insurer financial strength. The third highest of A.M. Best's 13 ratings.

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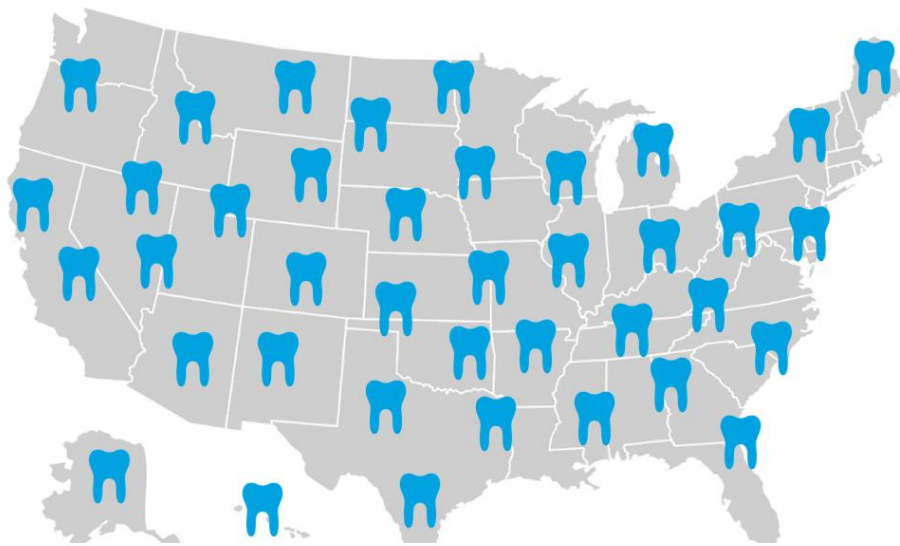
Ameritas *First* Plans

Exceptional Dental Network

The Ameritas Dental PPO Network is one of the largest in the nation.

Access to over 127,000 providers in all 50 states and Mexico.

Ameritas First Dental PPO is available in Nevada where there are over 1,800 contracted providers and is the largest network in the state.



Large Vision Networks

Ameritas vision benefits are backed by the two largest vision networks in the country.



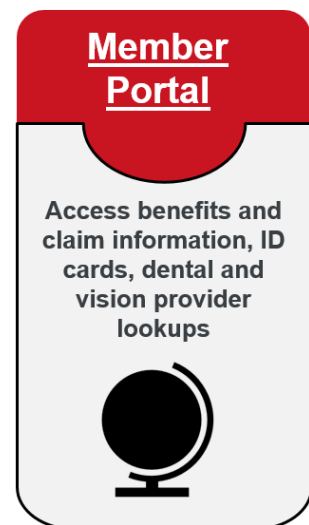
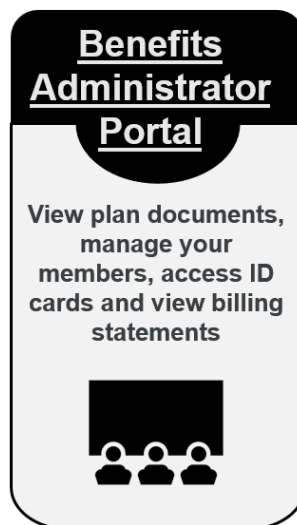
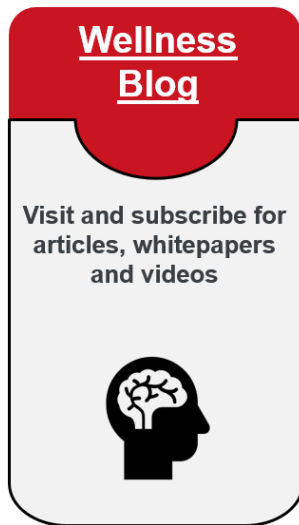
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Ameritas *First* Plans - Rates & Benefits good through 12/31/2024

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Ameritas *First* Plans

Online Resources



Customer Satisfaction



Overall Caller Satisfaction Survey score

English, Spanish and multilingual interpretation services



All call centers are located in the United States, with no outsourcing of customer services

DISCLAIMER: Complete Underwriting Guidelines and Requirements are attached to the rate sheets. Refer to the Summary of Benefits and Certificate of Coverage for full plan coverage details, exclusions and limitations.

Ameritas *First* Plans - Rates & Benefits good through 12/31/2024

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Ameritas *First* Plans

Customer Satisfaction



Our claims contact center associates have earned Benchmark Portal's Center of Excellence award since 2006, an achievement held only by five other companies.

Our utilization review process has been URAC Accredited since 2008 in the Health Utilization module.



Customer Persistency



of members enrolled in Ameritas dental, vision or hearing benefits a year ago are still with Ameritas today



dollar accuracy on processed claims



of claims processed in an average of 10 business days

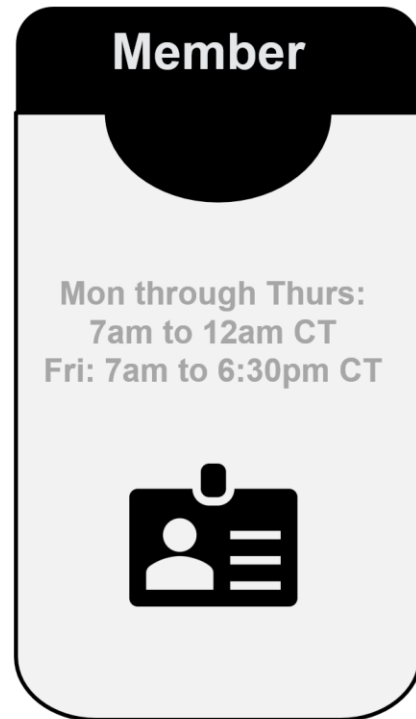
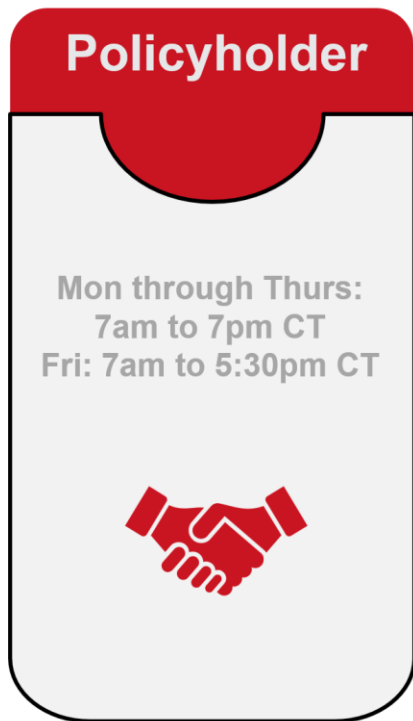
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Ameritas *First* Plans - Rates & Benefits good through 12/31/2024

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Ameritas *First* Plans

Customer Service Hours



Employer Service



Call us at: 800-659-2223



Fax us at: 402-467-7338

Email us about enrollment and billing at:



group_assistants@ameritas.com

Member Claims Customer Service



Call at: 800-487-5553



Email at: group@ameritas.com

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Ameritas *First* Plans - Rates & Benefits good through 12/31/2024

NEVADA AMERITAS **FIRST** DENTAL PLANS
Group Plan Comparison

Employer Sponsored or Voluntary Plans ^{1,2,5}

For Groups of 2 – 199 eligible lives

01/01/23-12/31/2024

PLAN NAME	1100 Plan		1600 Plan		1600 Incentive Plan		2100 Plan	
	In <u>or</u> Out of Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Maximums (per person)	\$1,100		\$1,600		\$1,600		\$2,100	
Office Visit Copay Per Visit & Calendar Year Deductible	\$10 / visit (Type 1) \$50 CY Individual Deductible (Type 2 & 3) No Family Maximum Deductible		\$20 / visit (Type 1, 2 & 3) No Individual or Family CY Deductible	\$25 / visit (Type 1, 2 & 3) No Individual or Family CY Deductible	\$50 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$100 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$50 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$100 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum
Preventive Services – Type 1								
Exams – 2 per calendar year Cleanings – 2 per calendar year Bitewing x-rays – 2 per calendar year Emergency Palliative Treatment Fluoride application - 1 per calendar year up to age 16 Sealants to age 16	100%	80%	100%	80%	100%	80%	100%	90%
Waiting Period	None		None		None		None	
Basic Services – Type 2 ⁽⁶⁾					see note 6			
Basic Oral Surgery (simple non-surgical extractions) Fillings, Space Maintainers to age 14 Endodontics & Periodontics (Nonsurgical) 2100 plan only Nonsurgical and Surgical in (Basic) X-Rays (Complete series/Panoramic; Periapical; Occlusal)	80%	60%	80%	60%	80% 90% 100%	60%	90%	70%
Waiting Period	None		None		None		None	
Major Services – Type 3 ^(2,5)								
Bridges, Dentures, Crowns, Inlays, Onlays Night guards for Bruxism (Basic Service on 2100 Plan only) Complex Oral Surgery Endodontics & Periodontics (Surgical) 2100 Plan in Basic Implants (2100 Plan only)	50%	40%	50%	40%	50%	40%	60%	50%
Waiting Period (1, 2,5)	No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵	
Claim Reimbursement	PPO Fee Schedule		PPO Fee Schedule		PPO Fee	Avg UCR	PPO Fee	Avg UCR
Optional Orthodontic Services (Child Only to age 19) ⁴								
Coinsurance	Not Covered		50%		50%		50%	
Calendar Year Maximum	N/A		N/A		N/A		N/A	
Lifetime Maximum	N/A		\$1000		\$1000		\$2000	
Waiting Period ^{2,5}	N/A		None ^{2,5}		None ^{2,5}		None ^{2,5}	

Notes:

- 1) Rate Options:
Voluntary - Min 2 enrolled PPO lives
Employer Sponsored – Straight PPO: 50% Minimum Contribution and 50% Participation or Minimum 2 enrolled, whichever is greater
Employer Sponsored – Dual Choice: 50% Minimum Contribution for PPO or DHMO and 75% combined (PPO & DHMO) participation with minimum 2 PPO enrolled
- 2) Virgin and Non-takeover groups: option to use 1.15 rate factor (+15%) to waive waiting periods on Major and Ortho for existing and new hires.
- 3) Groups of 10 or more enrolled PPO lives may offer (2) different dental plans as long as they include Ortho Coverage.
- 4) Ortho available when 3 or more employees with children enroll for benefit.
- 5) Dental Plans have 12 month wait for Major and Ortho coverage. Waived with proof of 12 month prior PPO, DHMO or EPO benefits.
- 6) 1600 Incentive Plan: Basic benefits can increase yearly up to 100% by submitting one covered dental claim each year.

Ameritas **First** Vision Plan Options minimum 2 enrolled (Employer picks one plan.) Simple Add-Ons LASIK and Hearing options offered on 10+ groups only.

DISCLAIMER: Complete Underwriting Guidelines and Requirements are attached to the rate sheets.
Refer to the Summary of Benefits and Certificate of Coverage for full plan coverage details, exclusions and limitations.
Ameritas **First** Plans - Rates & Benefits good through 12/31/2024

Ameritas First Dental PPO

- Nevada – Employer Sponsored
- Nevada – Voluntary

Ameritas First Vision Plans – VSP & EyeMed

Nevada – Employer Sponsored or Voluntary

Ameritas First Simple Add-Ons (LASIK & Hearing)

Nevada – Employer Paid Only

WORD & BROWN -- AMERITAS *FIRST* -- NEVADA EMPLOYER SPONSORED DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA ZIP CODES BY AREA BREAKDOWN

Nevada Zip Codes

Area 1: 889, 890, 891, 893, 898

Area 2: 894, 895, 897

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA EMPLOYER SPONSORED DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

REQUIRED:
STRAIGHT PPO - MIN 50% CONTRIBUTION & 50% PARTICIPATION (MIN 2 PPO ENROLLED / WHICHEVER IS GREATER)

NEVADA AREAS AND 2-9 ELIGIBLE LIVES RATES

Rates by Zip Area & Case Size

2-9 eligible lives--Word & Brown - <u>1100 Plan</u> -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	25.56	28.24	none
Employee with Spouse	51.96	57.36	none
Employee with Child(ren)	56.40	62.28	none
Employee with Family	76.48	84.40	none

2-9 eligible lives--Word & Brown - <u>1600 Plan</u> -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	29.20	32.24	-
Employee with Spouse	59.20	65.32	-
Employee with Child(ren)	58.04	64.08	7.14
Employee with Family	79.92	88.20	7.14

2-9 eligible lives--Word & Brown - <u>1600 Incentive Plan</u> -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	32.28	35.64	-
Employee with Spouse	65.52	72.32	-
Employee with Child(ren)	70.72	78.04	7.14
Employee with Family	95.60	105.52	7.14

2-9 eligible lives--Word & Brown - <u>2100 Plan</u> -OON-Avg	Area 1	Area 2
	Gross	Gross
Employee only	35.84	39.56
Employee with Spouse	72.64	80.16
Employee with Child(ren)	78.16	86.28
Employee with Family	105.40	116.36

Ortho
Gross
-
-
13.76
13.76

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA EMPLOYER SPONSORED DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

REQUIRED:
STRAIGHT PPO - MIN 50% CONTRIBUTION & 50% PARTICIPATION (MIN 2 PPO ENROLLED / WHICHEVER IS GREATER)

NEVADA AREAS AND 10-50 ELIGIBLE LIVES RATES

Rates by Zip Area & Case Size

10-50 eligible lives--Word & Brown - <u>1100 Plan</u> -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	22.80	25.08	none
Employee with Spouse	46.40	51.04	none
Employee with Child(ren)	50.32	55.36	none
Employee with Family	68.28	75.12	none

10-50 eligible lives--Word & Brown - <u>1600 Plan</u> -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	26.08	28.72	-
Employee with Spouse	52.88	58.20	-
Employee with Child(ren)	51.04	56.16	7.14
Employee with Family	70.56	77.64	7.14

10-50 eligible lives--Word & Brown - <u>1600 Incentive Plan</u> -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	28.84	31.76	-
Employee with Spouse	58.48	64.36	-
Employee with Child(ren)	62.40	68.64	7.14
Employee with Family	84.56	93.04	7.14

	Area 1	Area 2
10-50 eligible lives--Word & Brown - <u>2100 Plan</u> -OON-Avg	Gross	Gross
Employee only	32.00	35.20
Employee with Spouse	64.84	71.36
Employee with Child(ren)	68.32	75.16
Employee with Family	92.64	101.92

Ortho
Gross
-
-
13.76
13.76

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA EMPLOYER SPONSORED DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

REQUIRED:
STRAIGHT PPO - MIN 50% CONTRIBUTION & 50% PARTICIPATION (MIN 2 PPO ENROLLED / WHICHEVER IS GREATER)

NEVADA AREAS AND 51-199 ELIGIBLE LIVES RATES

Rates by Zip Area & Case Size

51-199 eligible lives--Word & Brown - <u>1100 Plan</u> -MAC	Area 1	Area 2	Ortho	
	Gross	Gross	Gross	
	Employee only	21.48	23.64	none
	Employee with Spouse	43.64	48.04	none
	Employee with Child(ren)	47.36	52.12	none
	Employee with Family	64.16	70.60	none

51-199 eligible lives--Word & Brown - <u>1600 Plan</u> -MAC	Area 1	Area 2	Ortho	
	Gross	Gross	Gross	
	Employee only	24.56	27.04	-
	Employee with Spouse	49.76	54.76	-
	Employee with Child(ren)	47.56	52.32	7.14
	Employee with Family	65.92	72.52	7.14

51-199 eligible lives--Word & Brown - <u>1600 Incentive Plan</u> -OON-Avg	Area 1	Area 2	Ortho	
	Gross	Gross	Gross	
	Employee only	27.16	29.88	-
	Employee with Spouse	55.00	60.52	-
	Employee with Child(ren)	58.24	64.08	7.14
	Employee with Family	79.12	87.04	7.14

	Area 1	Area 2
51-199 eligible lives--Word & Brown - <u>2100 Plan</u> -OON-Avg	Gross	Gross
Employee only	32.88	36.20
Employee with Spouse	61.00	67.12
Employee with Child(ren)	63.40	69.76
Employee with Family	86.32	94.96

Ortho
Gross
-
-
13.76
13.76

Summarized Rating Assumptions:

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA EMPLOYER SPONSORED DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

REQUIRED:

STRAIGHT PPO - MIN 50% CONTRIBUTION & 50% PARTICIPATION (MIN 2 PPO ENROLLED / WHICHEVER IS GREATER)

DUAL CHOICE - MIN 50% CONTRIBUTION FOR PPO OR DHMO & 75% COMBINED PARTICIPATION (MIN 2 PPO ENROLLED / WHICHEVER IS GREATER)

NEVADA

Word & Brown - AMERITAS **FIRST** -- Dental Rate/Quote Assumptions:

1. Plans are available only to groups situated in Nevada.
2. Straight PPO - Minimum of 50% contribution and 50% PPO participation or two (2) enrolled PPO lives, whichever is greater, is required to place and maintain coverage.
Dual Choice - Minimum of 50% contribution for PPO or DHMO and 75% combined participation, with minimum two (2) PPO enrolled, is required to place and maintain coverage.
3. Maximum of 199 Total eligible lives (combined PPO & DHMO enrollment) to be eligible for coverage under these Ameritas Plans and Rates
4. New Business rates are good through December 31, 2024 effective dates.
5. New Business and Renewal rates will be developed every year assuming a 1/1 effective date.
6. Rates are guaranteed for 12 months from the effective date of coverage.
7. All plans will have a 12 month wait for Major & Ortho coverages on all case sizes for initial enrollees, unless proof of prior PPO or DHMO coverage is provided for initial enrollees. New Hires after effective date will always have 12 month wait for Major & Ortho coverages.
8. Virgin & Non-takeover groups will have the option to use a 1.150 rate factor (+15.0%) to waive waiting periods on Major & Ortho coverages for Initial enrolled employees and future New Hires.
9. Commission is Flat 10% for writing agent.
10. Renewal information will be mailed to each group at their respective renewal date, with proper notification to the broker.
11. These Word & Brown -Ameritas Plan and rates cannot replace groups with current coverage through Ameritas, including Edge products.
12. Price segments are based on number of eligible lives.

13. Area rates are based on 3 digit zip code of the group's situs location.
14. A minimum of 3 PPO children/family dependent units required to offer and maintain PPO Orthodontia coverage.
15. To offer a High/Low PPO Dental offering, group must have 10+ enrolled PPO lives. One DHMO plan is also allowed alongside the (2) PPO Plans.
16. Orthodontia rates are shown as separate Add-on rates per group. Each Employer Group is allowed one plan offering per group. If a group of 10+ enrolled PPO lives selects to have multiple PPO plans, then each plan must have Ortho as an optional plan. The 1100 Dental Plan (without Ortho) cannot be used as part of Multiple plan selection.

WORD & BROWN -- AMERITAS *FIRST* -- NEVADA VOLUNTARY DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA ZIP CODES BY AREA BREAKDOWN

Rates for Min 2 enrolled Lives, No Participation % required - Dual Choice allowed

Nevada Zip Codes

Area 1: 889, 890, 891, 893, 898

Area 2: 894, 895, 897

WORD & BROWN -- AMERITAS *FIRST* -- NEVADA VOLUNTARY DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA AREAS AND 2-9 ELIGIBLE LIVES RATES

Rates for Min 2 PPO enrolled Lives, No Participation % required - Dual Choice allowed

2-9 eligible lives--Word & Brown -1100 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
	Employee only	29.2032.24	none
	Employee with Spouse	59.4465.60	none
	Employee with Child(ren)	64.5271.24	none
	Employee with Family	87.4896.56	none
2-9 eligible lives--Word & Brown -1600 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
	Employee only	33.4036.88	-
	Employee with Spouse	67.7674.76	-
	Employee with Child(ren)	66.4073.28	7.24
	Employee with Family	91.44100.92	7.24
2-9 eligible lives--Word & Brown -1600 Incentive Plan -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
	Employee only	36.9240.72	-
	Employee with Spouse	74.9682.72	-
	Employee with Child(ren)	80.7689.12	7.24
	Employee with Family	109.20120.56	7.24

<i>2-9 eligible lives--Word & Brown -2100 Plan -OON-Avg</i>	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	41.00	45.24	-
Employee with Spouse	83.12	91.72	-
Employee with Child(ren)	89.12	98.36	14.00
Employee with Family	120.28	132.76	14.00

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA VOLUNTARY DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA AREAS AND 10-50 ELIGIBLE LIVES RATES

Rates for Min 2 PPO enrolled Lives, No Participation % required - Dual Choice allowed

10-50 eligible lives--Word & Brown -1100 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	26.08	28.72	none
Employee with Spouse	53.08	58.40	none
Employee with Child(ren)	57.60	63.36	none
Employee with Family	78.12	96.64	none

10-50 eligible lives--Word & Brown -1600 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	29.80	32.80	-
Employee with Spouse	60.52	66.60	-
Employee with Child(ren)	58.36	64.20	7.24
Employee with Family	80.76	88.84	7.24

10-50 eligible lives--Word & Brown -1600 Incentive Plan -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	33.00	36.32	-
Employee with Spouse	66.92	73.64	-
Employee with Child(ren)	71.24	78.40	7.24
Employee with Family	96.64	106.32	7.24

10-50 eligible lives--Word & Brown -2100 Plan -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	36.56	40.24	-
Employee with Spouse	74.20	81.64	-
Employee with Child(ren)	77.88	85.68	14.00
Employee with Family	105.72	116.32	14.00

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA VOLUNTARY DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA AREAS AND 51-199 ELIGIBLE LIVES RATES

Rates for Min 2 PPO enrolled Lives, No Participation % required - Dual Choice allowed

51-199 eligible lives--Word & Brown -1100 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	24.56	27.04	none
Employee with Spouse	49.92	54.92	none
Employee with Child(ren)	54.16	59.60	none
Employee with Family	73.40	80.76	none

51-199 eligible lives--Word & Brown -1600 Plan -MAC	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	28.08	30.92	-
Employee with Spouse	56.92	62.64	-
Employee with Child(ren)	54.44	59.92	7.24
Employee with Family	75.40	82.96	7.24

51-199 eligible lives--Word & Brown -1600 Incentive Plan -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	31.08	34.20	-
Employee with Spouse	62.92	69.24	-
Employee with Child(ren)	66.48	73.16	7.24
Employee with Family	90.36	99.40	7.24

51-199 eligible lives--Word & Brown -2100 Plan -OON-Avg	Area 1	Area 2	Ortho
	Gross	Gross	Gross
Employee only	34.44	37.92	-
Employee with Spouse	69.80	76.80	-
Employee with Child(ren)	72.28	79.52	14.00
Employee with Family	98.48	108.36	14.00

Summarized Rating Assumptions:

WORD & BROWN -- AMERITAS **FIRST** -- NEVADA VOLUNTARY DENTAL PLANS

RATES EFFECTIVE: UP TO 12/31/2024

NEVADA

Word & Brown -- AMERITAS **FIRST** -- Dental Rate/Quote Assumptions:

1. Plans are available only to groups situated in Nevada.
2. Require a minimum of two (2) enrolled PPO lives to place and maintain coverage.
3. Maximum of 199 Total eligible lives (PPO & DHMO) to be eligible for coverage under these Ameritas Plans and Rates
4. New Business rates are good through December 31, 2024 effective dates.
5. New Business and Renewal rates will be developed every year assuming a 1/1 effective date.
6. Rates are guaranteed for 12 months from the effective date of coverage.
7. All plans will have a 12 month wait for Major & Ortho coverages on all case sizes for initial enrollees, unless proof of prior PPO or DHMO coverage is provided for initial enrollees. New Hires after effective date will always have 12 month wait for Major & Ortho coverages.
8. Virgin & Non-takeover groups will have the option to use a 1.150 rate factor (+15.0%) to waive waiting periods on Major & Ortho coverages for Initial enrolled employees and future New Hires.
9. Commission is Flat 10% for writing agent.
10. Renewal information will be mailed to each group at their respective renewal date, with proper notification to the broker.
11. These Word & Brown -Ameritas Plan and rates cannot replace groups with current coverage through Ameritas, including Edge products.
12. Price segments are based on number of eligible lives.
13. Area rates are based on 3 digit zip code of the group's situs location.

14. A minimum of 3 PPO children/family dependent units required to offer and maintain PPO Orthodontia coverage.
15. To offer a High/Low PPO Dental offering, group must have 10+ enrolled PPO lives. One DHMO plan is also allowed alongside the (2) PPO Plans.
16. Orthodontia rates are shown as separate Add-on rates per group. Each Employer Group is allowed one plan offering per group. If a group of 10+ enrolled PPO lives selects to have multiple PPO plans, then each plan must have Ortho as an optional plan. The 1100 Dental Plan (without Ortho) cannot be used as part of Multiple plan selection.



AMERITAS **FIRST** VISION PLAN OPTIONS

Employer Sponsored or Voluntary Rates for 1/1/2023 to 12/31/2024

2 - 199 Eligible Employees



Network	VSP	VSP	VSP	EyeMed	EyeMed	EyeMed	N/A
Plan Name	Focus Plan 1	Focus Plan 2	Focus Plan 3	Viewpoint Plan 1	Viewpoint Plan 2	Viewpoint Plan 3	Flat Max Vision Perfect
SUMMARY OF BENEFITS							
Frequency - Exam / Lenses / Frames	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	N/A
Exam Deductible *	\$10	\$10	\$10	\$10	\$10	\$10	All eligible services subject to \$150 / Calendar Year
Eye Glass Lenses or Frames Deductible * & **	\$25	\$25	\$25	\$25	\$25	\$25	
Frame Allowance *	\$100	\$130	\$150	\$100	\$130	\$150	
Contact Lense Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	
RATES							
4-Tier							
Employee Only	\$7.24	\$8.28	\$8.60	\$6.56	\$7.48	\$7.76	\$7.04
Employee + Spouse	\$16.16	\$17.88	\$18.56	\$14.60	\$16.12	\$17.20	\$15.64
Employee + Child(ren)	\$13.12	\$14.48	\$15.00	\$11.88	\$13.04	\$14.00	\$12.72
Employee + Family	\$22.08	\$24.08	\$24.96	\$19.88	\$21.68	\$23.48	\$21.32

Network	VSP	VSP	VSP	EyeMed	EyeMed	EyeMed	N/A
Plan Name	Focus Plan 1	Focus Plan 2	Focus Plan 3	Viewpoint Plan 1	Viewpoint Plan 2	Viewpoint Plan 3	MCE Vision Perfect
SUMMARY OF BENEFITS							
Frequency - Exam / Lenses / Frames	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12
Exam Deductible *	\$10	\$10	\$10	\$10	\$10	\$10	Up to \$50
Eye Glass Lenses or Frames Deductible * & **	\$25	\$25	\$25	\$25	\$25	\$25	Up to \$30 - \$130
Frame Allowance *	\$100	\$130	\$150	\$100	\$130	\$150	Up to \$80
Contact Lense Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	Up to \$110
RATES							
4-Tier							
Employee Only	\$7.88	\$9.04	\$9.40	\$7.16	\$8.16	\$8.44	\$6.00
Employee + Spouse	\$17.60	\$19.52	\$20.20	\$15.92	\$17.60	\$18.76	\$12.96
Employee + Child(ren)	\$14.32	\$15.80	\$16.40	\$12.92	\$14.24	\$15.28	\$10.48
Employee + Family	\$24.08	\$26.24	\$27.24	\$21.68	\$23.68	\$25.60	\$17.44

RATE / QUOTE ASSUMPTIONS

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Plans are available only to groups situated in California or Nevada 2. New Business Rates are good until December 31, 2024 3. Commission is Flat 10% for Writing Agent 4. Ameritas will administer the benefits 5. Each individual group will be the policy holder 6. Rates are guaranteed for 12 months from the effective date of coverage. | <ol style="list-style-type: none"> 7. Renewal information will be sent individually to the group and mailed with proper notification to the group and broker 8. Plans are quoted and sold as is no deviations from final plan design 9. Minimum of two enrolled lives to be eligible for coverage, no case size rating 10. Above Plan and Rates can not replace groups with current coverage through Ameritas 11. No Contribution requirements to be eligible for coverage |
|---|---|

NOTE: A \$15 monthly administration fee will apply. The fee will be waived if the group elects to pay by electronic funds transfer and accepts online billing.

Group must register online at: <https://www.ameritas.com/service/register.asp>

* Deductible and Allowances are for In Network Services

** Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Ameritas **FIRST** LASIK and Hearing Care Can Make You Stand Out

Enhance your current benefits package with simple add-ons.

LASIK and hearing care are simple add-on benefits for Ameritas dental and vision plans that offer high value at a low cost.

These easy-to-use plans are not tied to a network so members can seek services from any LASIK or hearing care provider. The benefits can even be used in conjunction with discounts or specials offered by the provider.



77% of employees who understand their benefits offering said they saw themselves staying at their organization for the foreseeable future.¹

Eyesight and hearing play a big role in productivity and accuracy on the job. Adding these simple, robust benefits help employees improve the quality of their vision and hearing, and has a direct impact on your organization's success.

The LASIK benefit makes it more affordable for your employees to obtain laser vision correction and reduce their dependency on glasses or contacts.



Research reports **99%** of patients achieve better than 20/40 vision and more than 90% achieve 20/20 or better. In addition, LASIK has an unprecedented 96% patient satisfaction rate.²

The hearing benefit provides coverage for an annual hearing exam and help cover the cost of hearing devices and maintenance.



30% of all employees suspect that they have a hearing problem.³

Simple Add-on plans

Reward loyal employees with amounts that increase over time. Members who wait to use their LASIK or hearing aid benefits until the third year on the plan will receive a greater benefit.

	Plan 1	Plan 2
LASIK Lifetime Benefit Per Eye		
Lifetime maximum per person	\$175 year 1 \$175 year 2 \$350 year 3	\$350 year 1 \$350 year 2 \$700 year 3
The maximum is per eye and cannot be combined toward double coverage for a single eye		
Annual Hearing Exam Benefit	\$75	\$75
Hearing Aid Benefit Per Ear*		
Plan pays 50% of hearing aid cost up to the maximum benefit amount	\$100 year 1 \$300 year 2 \$400 year 3	\$400 year 1 \$600 year 2 \$800 year 3
The maximum is per ear and cannot be combined toward double coverage for a single ear		
Hearing Aid Maintenance Batteries, service contracts, fittings, ear mold and repairs	\$40	\$40
Waiting Period	Members who enroll after the initial enrollment period has ended will be considered a late entrant; late entrants are eligible for hearing exams during their first 12 months of coverage— after this, coverage will begin at the Year 1 benefit.	

Monthly rates	Plan 1	Plan 2
Employee	\$1.50	\$3.00
Employee and spouse	\$3.00	\$6.00
Employee and children	\$2.26	\$4.50
Employee and family	\$3.76	\$7.50

These plans are not available in MA, MT, NH, NM, NY and WA. These plans are not available in FL for groups of less than 51 lives.

Offer benefits employees value and be an employer of choice.

Simple Add-ons guidelines, exclusions and limitations

- LASIK and hearing care benefits are available for fully insured or Administrative Services Only (ASO) groups—ASO for 120+ enrolled only
- Minimum of 10 or more enrolled lives required; employees and their eligible dependents must enroll in the same plan—dependent age limitations apply; no more than 20% of participating eligible employees can be retired.
- Participation is tied to an eligible group dental or vision plan; in no event can a person be covered for the LASIK and/or SoundCare add-on and not be covered in the group dental or vision plan or vice versa.
- The late entrant provision applies unless the group has a Section 125 plan and annual open enrollment. In VT, the waiting period cannot exceed 6 months.
- Members can change coverage during the annual election period; however, if members terminate coverage, they must wait until the next annual election period to re-enroll.
- A \$15 monthly administrative fee will apply for groups with 15 or fewer enrolled employees, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer.

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

- Charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- Exams performed, any procedure begun, or supplies furnished before the member was covered under the LASIK or hearing expense benefit, or after the member's coverage ceases.
- Any procedure not shown in the Schedule of LASIK Services or Schedule of Hearing Care Services.
- LASIK or hearing care services or supplies in the first 12 months that a person is insured if the person is a late entrant, except hearing exams; after this 12-month period, the maximum amount payable per plan member will begin at the 1st Benefit Period as shown in the Schedule of Benefits.
- Laser vision correction procedures other than LASIK, LASIK with Wavefront Technology, LASIK with IntraLase Technology, Photorefractive Keratectomy (PRK), Advanced Surface Ablation (ASA) and LASEK.
- No LASIK benefit will be payable for any insured under the age of 18.
- Cases in which the plan member is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.

- Any hearing exam or supply required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- Replacement of hearing aids except once every 5 years from the date of placement of the hearing aid; this replacement interval is waived and 50% of the benefit that would be otherwise payable will be considered if all of the following conditions are met: the plan member is diagnosed with a significant deterioration of hearing since placement of the previous hearing aid, a statement from the provider is furnished indicating that the hearing aid being replaced cannot be modified to correct the loss, and at least 3 years has passed since placement of the previous hearing aid.
- Medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants or tubes in the ears.
- Assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- Charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- Services or supplies not related to a conductive or sensorineural hearing loss, such as any non-organic hearing loss or occupational hearing loss.
- Charges for a hearing screening performed as a part of, or in the course of, any non-hearing routine exam.
- Hearing aid dispensed without the direction and supervision of a provider licensed to perform hearing aid exams and/or hearing aid dispensing.
- Any procedure performed as a result of war or any act of war, declared or not.
- Removal of foreign bodies or ear wax from the ear or any part of the ear.

¹ HR Tech Weekly, *Earn Employee Loyalty through Benefits Technology*, 2018

² American Refractive Surgery Council, 2017

³ Listen Hear! Employee Survey, 2013

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by, and group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2020 Ameritas Mutual Holding Company.

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Ameritas 
fulfilling life.

Ameritas **First** Dental, Vision, LASIK and Hearing Options
through 12/31/2024

NEVADA GROUP PLAN SELECTION FORM

COMPLETED FORM MUST BE ATTACHED TO THE AMERITAS GROUP APPLICATION

Date Completed:		Requested Effective Date:	
Group Name:		Broker Name:	
Group State and Zip Code:		Broker State and Zip Code:	
# of Eligible Employees:		Broker Phone #:	

☐ **DENTAL** (May be offered stand-alone or with Vision and/or LASIK & Hearing add-on)

1) **Select ONE** Ameritas **First** Dental PPO Plan
& Ortho Option (if desired):

- Ameritas **First** PPO Dental Rates are 4-Tier
- Requires minimum 2 enrolled (participation requirements below)
- Ortho Option minimum 3 or more enrolled with children/family dependent units in the Ameritas **First** PPO Plan

DENTAL PPO PLAN:	OPTIONAL ORTHO:
<input type="checkbox"/> 1100 Plan	N/A
<input type="checkbox"/> 1600 Plan	<input type="checkbox"/> Add Ortho
<input type="checkbox"/> 1600 Incentive Plan	<input type="checkbox"/> Add Ortho
<input type="checkbox"/> 2100 Plan	<input type="checkbox"/> Add Ortho

2) **Select ONE** Ameritas **First** Dental PPO Rate Segment:

- Select one Dental Rate Segment –
 - This is determined by the total # of eligible employees

DENTAL PPO RATE SEGMENT:
<input type="checkbox"/> 2– 9 PPO eligible
<input type="checkbox"/> 10 – 50 PPO eligible
<input type="checkbox"/> 51 – 199 PPO eligible

3) **Select ONE** Ameritas **First** Dental PPO Contribution/Participation Option:

<input type="checkbox"/> Voluntary: Minimum 2 Enrolled PPO Lives, NO Participation % Required (Dual Choice allowed for CA sitused groups)
<input type="checkbox"/> Employer Sponsored – Straight PPO: Minimum 50% Employer Contribution / Minimum 50% participation or two (2) Enrolled PPO Lives, whichever is greater
<input type="checkbox"/> Employer Sponsored – Dual Choice: Minimum 50% Employer Contribution of PPO or DHMO / Minimum 75% combined (PPO & DHMO) participation with a minimum of 2 enrolled PPO lives. (Enrollment Breakdown: PPO _____ / DHMO _____)

4) **Select ONE** Ameritas **First** Dental PPO Waiting Period for Major & Ortho Option:

<input type="checkbox"/> Include the 12 month waiting period for Dental and Ortho (no prior coverage)
<input type="checkbox"/> Takeover Group - Waiting Period Waived - Group has existing dental PPO/DHMO/EPO coverage that has been in force for 12 or more months (attach proof of prior coverage)
<input type="checkbox"/> Virgin and Non-Takeover Group – 1.150% Rate Factor (+15.0%) to Waive Waiting Periods on Major and Ortho Coverages for Existing Employees and New Hires

Group Name:

☐ **VISION** (May be offered stand-alone or with Dental and/or LASIK & Hearing add-on)

Select ONE Ameritas First Vision Plan:

- Select **ONE** Plan and Benefit Frequency (Check one box)
- NV Sitused Groups
- Requires minimum of 2 enrolled lives
- **Ameritas First** Vision Rates are 4-Tier

PLAN NAME:	Benefit Frequency: Exam-Lenses-Frames	
	12-12-12	12-12-24
VSP Focus Plan 1	<input type="checkbox"/>	<input type="checkbox"/>
VSP Focus Plan 2	<input type="checkbox"/>	<input type="checkbox"/>
VSP Focus Plan 3	<input type="checkbox"/>	<input type="checkbox"/>
EYEMED ViewPoint Plan 1	<input type="checkbox"/>	<input type="checkbox"/>
EYEMED ViewPoint Plan 2	<input type="checkbox"/>	<input type="checkbox"/>
EYEMED ViewPoint Plan 3	<input type="checkbox"/>	<input type="checkbox"/>
Vision Perfect MCE Plan	<input type="checkbox"/>	N/A
Vision Perfect Flat Max Plan \$150	N/A	<input type="checkbox"/>

☐ **LASIK & HEARING Add-on** (May be offered with Dental and/or Vision)

Select ONE Ameritas First LASIK & Hearing Plan:

- Select Plan 1 or Plan 2 (Check one box)
- **Ameritas First** LASIK & Hearing Rates are 4-Tier
- **THIS IS AN EMPLOYER PAID OPTION FOR EVERYONE COVERED ON AMERITAS DENTAL OR VISION**
- Minimum of 10 or more enrolled lives in an eligible **Ameritas First Dental or Vision Plan**
- **In NO event can a person be covered for Ameritas Simple Add-Ons LASIK & Hearing and not be covered on the Group Dental or Vision plan**
- Refer to the **Ameritas** LASIK and Hearing Care Coverage document on the Word & Brown Forms page for covered services, exclusions and limitations.

LASIK & HEARING PLAN SELECTION:	PLAN 1 <input type="checkbox"/>	PLAN 2 <input type="checkbox"/>
LASIK Lifetime Benefit (per Eye)	\$175 year 1 \$175 year 2 \$350 year 3	\$350 year 1 \$350 year 2 \$700 year 3
Annual Hearing Exam Benefit	\$75	\$75
Hearing Aid Benefit (per Ear)	\$100 year 1 \$300 year 2 \$400 year 3	\$400 year 1 \$600 year 2 \$800 year 3
Hearing Aid Maintenance	\$40	\$40



PLEASE NOTE: This checklist is provided as a guide. The carrier may require additional items and documentation. Please refer to the carrier's underwriting guidelines (rate/quote assumptions) for a complete list of requirements. Please use the latest version of forms.

Our goal is to process your new group enrollment easily and efficiently in order to provide you and your client with a quick approval. The following list outlines the health plan's case submission requests:

Selling Group Dental, Vision, LASIK and Hearing Benefits

- ☐ Completed Ameritas Group Master Application signed by employer and agent
- ☐ Ameritas First Group Dental, Vision, LASIK and Hearing Options - Group Plan Selection Form
- ☐ An Ameritas Employee Enrollment form completed and signed by each person enrolling (minimum of 2 enrolled lives per plan) or submit a completed census (Ameritas census template is on the Word & Brown forms page)
- ☐ If the employer elects to pay for LASIK and Hearing Coverage, employees who enroll in a Dental or Vision plan will be enrolled in the LASIK and Hearing plan selected by the employer (minimum of 10 or more enrolled lives in an Ameritas Dental or Vision plan required)

Submitting a Group with "Takeover" Benefits

- ☐ All of the above plus a copy of the prior carrier's benefits

Documentation Requirements (check box)

- ☐ Ameritas Group Master Application - Dental And/or Eye Care Insurance** (signed by agent & officer of group)
- ☐ Nevada Ameritas First Group Dental, Vision, LASIK and Hearing -Nevada Group Plan Selection Form**
- ☐ Enrollment/Change/Waiver Form - Dental Only
- ☐ Enrollment/Change/Waiver Form - Vision Only
- ☐ Enrollment/Change/Waiver Form - Dental & Vision
- ☐ A copy of the prior carrier's benefits* (Required for all plans)
- ☐ Ameritas Agent Appointment Form (if broker not already appointed) by Ameritas
- ☐ Ameritas EFT form

* Only required when selling "takeover."

** When submitting new business online, simply retain signed copies of the Group Master Application and Ameritas First Group Plan Selection Form for your records.

IMPORTANT

A \$15 monthly administration fee will apply.

The fee will be waived if the group elects to pay by electronic funds transfer and accepts online billing.

(Submit a voided check for applicable account.) Group must register online at <https://www.ameritas.com/service/register.asp>.

After approval, prior carrier termination letter must be submitted by the employer or broker.