

By Veterinarians. For Veterinarians.

DENTAL COVERAGE MONTHLY RATES

Valuable Benefits.
Remarkable Service.

LOW PLAN

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$23.76	\$28.28	\$33.04	\$35.72	\$35.68
Applicant + 1	\$44.68	\$52.52	\$61.20	\$65.68	\$71.96
Applicant + 2 or more	\$78.84	\$90.20	\$104.20	\$108.68	\$123.92

HIGH PLAN

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$41.00	\$47.04	\$53.64	\$60.36	\$60.08
Applicant + 1	\$78.48	\$89.40	\$101.80	\$113.44	\$120.44
Applicant + 2 or more	\$139.24	\$155.12	\$175.64	\$190.72	\$210.56

Rates are effective April 1, 2014.

The rate for each applicant is the rate established for his or her Area, which is determined by the employer's situs state (i.e. the state in which the employer is legally considered to be located). These plans are not available to Alaska, New Hampshire and New York residents.

Area 1 is defined as AL, AR, KY, MO, MS, SC, SD, TN and WV

Area 2 is defined as AZ, FL, GA, IA, ID, IN, KS, LA, ME, MI, MN, MT, NC, ND, NE, NM, NV, OH, OK, PA, TX, UT, VT, WI and WY

Area 3 is defined as CO, IL, MD, OR, RI and VA

Area 4 is defined as CT, DC, DE, HI, MA, and NJ

Area 5 is defined as CA and WA

This rate sheet accompanies brochure 15225. The plans are underwritten by Ameritas Life Insurance Corp.

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

All Plans

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when a member or employee or dependent becomes classified as a late entrant. A member or 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.
- 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 the contract.)

- for 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 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.

Limitations for High Plan

- for Type 3 Procedures in the first six months that the plan member is covered under the dental expense benefit.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five 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.
- before the plan member has been covered under the orthodontic expense benefits for at least 12 consecutive months.
- 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.

Alternate Benefit Provision

If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.