PPO PLANS

AMERITAS PEARL PLANS®

group dental insurance

Prepared especially for agents...
Ameritas Group dental plans available through HealthPlan *Services*

- FOR GROUPS OF 3-99
- MONEY-SAVING DENTAL PPO
- EYE CARE
- ORTHODONTIA BENEFITS AVAILABLE FOR CHILDREN AND ADULTS
- OPTIONAL TAKEOVER COVERAGE
- DENTAL REWARDS®
- VOLUNTARY OPTION

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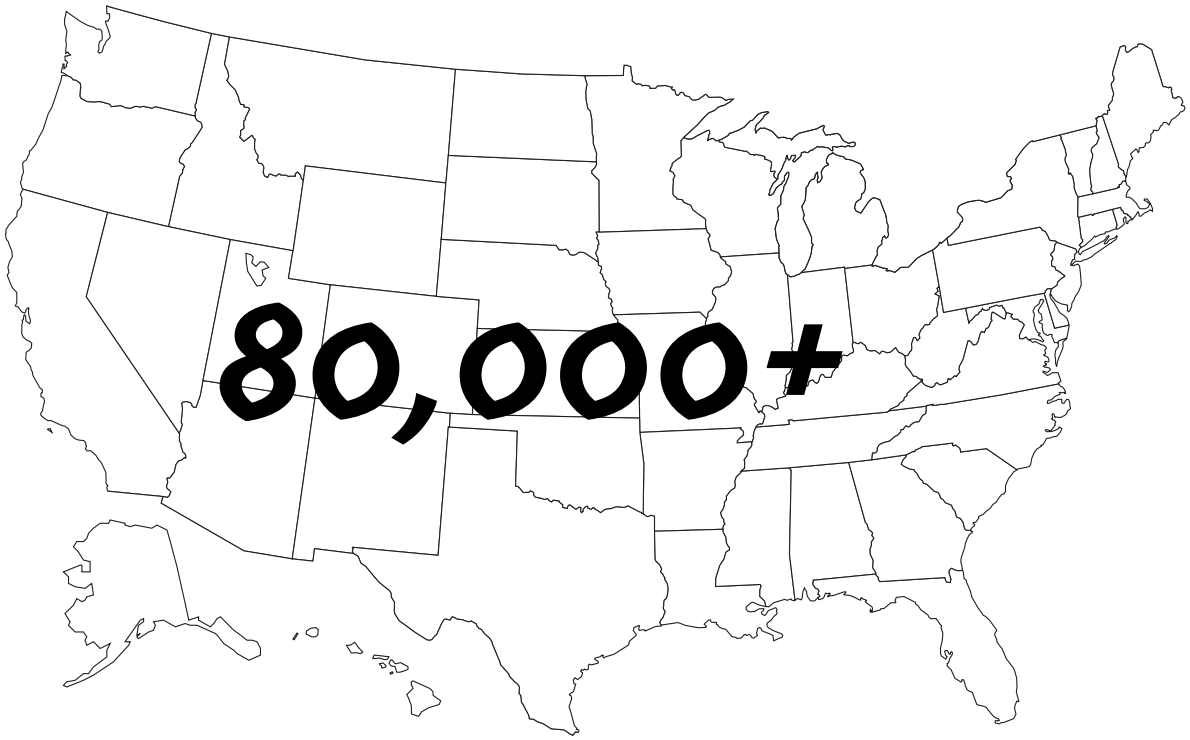
PARTICIPATING PROVIDER ORGANIZATION HIGHLIGHTS

The Ameritas Group PPO Plans offered by HealthPlan Services use the Ameritas Participating Provider Organization. PPO network fees are typically 25% below the average charges in a community. What's more, the PPO has a set of discounted fees for each PPO ZIP Code; they're not lumped together in broad ranges.

- **AMONG THE LARGEST** The number of PPO provider access points available to our members is approximately 80,000.
- **COST CONTAINMENTS** Discounted fees through our PPO General Providers and PPO Specialists on covered dental procedures can almost always reduce out-of-pocket expenses for insureds.
- **COVERED PROCEDURES** The PPO offers discounted fees for virtually all covered procedures, not just a few of the more common ones.
- **EXCEPTIONAL QUALITY** The PPO dentists are professionals who offer the highest standards of care.

Our PPO Plans deliver important savings through powerful, state-of-the-art claims payments, and discounted fees through the Participating Provider Organization (PPO) network. PPO providers have agreed not to charge patients for fees exceeding the Maximum Allowable Charge (MAC), which reduces insureds' out-of-pocket expenses. The plans also deliver flexibility. While PPO dentists can usually save insureds money, the choice of dentist is always theirs, and there is no specialty referral requirement.

To find a provider please visit www.ameritasgroup.com.



PPO PLAN DESIGNS AVAILABLE IN MOST STATES

Ameritas Group's Dental Rewards is included on all plans. This valuable benefit rewards qualifying insureds who care for their teeth by rolling over a portion of their unused annual maximum. Ask a sales associate for details. The EssentialDental® program has been implemented on these plans to offer benefits and services used most. This is ideal for groups who want to contain costs, but still cover the essentials plus a few extras.

PLAN 1	**IN-NETWORK**	**OUT-OF-NETWORK**
COINSURANCE TYPE 1 (Preventive)	100%	100%
COINSURANCE TYPE 2 (Basic)	80%	50%
COINSURANCE TYPE 3 (Major)	50%	25%
DEDUCTIBLE	$50 calendar year Waived for preventive	$50 calendar year Not waived for preventive
DENTAL ELIMINATION PERIOD	12 months on major care Waived on groups of 10+	12 months on major care Waived on groups of 10+
MAXIMUM	$1,000 or $1,500	$1,000 or $1,500
EYE CARE	Optional	Optional
ORTHODONTIA (Optional) Adult and Child	50% (no deductible) $1,000 lifetime max 12 month elimination period	50% (no deductible) $1,000 lifetime max 12 month elimination period

PLAN 2	**IN-NETWORK**	**OUT-OF-NETWORK**
COINSURANCE TYPE 1 (Preventive)	100%	100%
COINSURANCE TYPE 2 (Basic)	80%	50%
COINSURANCE TYPE 3 (Major)	50%	25%
DEDUCTIBLE	$50 calendar year Waived for preventive	$50 calendar year Not waived for preventive
DENTAL ELIMINATION PERIOD	12 months on major care Waived on groups of 10+	12 months on major care Waived on groups of 10+
MAXIMUM	$1,000	$1,000
EYE CARE	N/A	N/A
ORTHODONTIA (Optional) Adult and Child	50% (no deductible) $1,000 lifetime max 12 month elimination period	50% (no deductible) $1,000 lifetime max 12 month elimination period

PLAN 3	**IN-NETWORK**	**OUT-OF-NETWORK**
COINSURANCE TYPE 1 (Preventive)	100%	100%
COINSURANCE TYPE 2 (Basic)	90%	80%
COINSURANCE TYPE 3 (Major)	60%	50%
DEDUCTIBLE	$50 calendar year Waived for preventive	$100 calendar year Not waived for preventive
DENTAL ELIMINATION PERIOD	12 months on major care Waived on groups of 10+	12 months on major care Waived on groups of 10+
MAXIMUM	$1,000 or $1,500	$1,000 or $1,500
EYE CARE	Optional	Optional
ORTHODONTIA (Optional) Adult and Child	50% (no deductible) $1,000 lifetime max 12 month elimination period	50% (no deductible) $1,000 lifetime max 12 month elimination period

Usual & Customary (U&C) *Benefits for a given dental procedure are calculated according to the U&C charge for that procedure within a particular ZIP Code area. Plan 1 utilizes the 75th percentile of U&C for the out-of-network benefits, which means that 7 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.* ***Maximum Allowable Charge (MAC)*** *Benefits are paid according to the Maximum Allowable Charge for each procedure; the discounted fee per offered through the Ameritas Participating Provider Organization (PPO), known as in-network providers. MAC is utilized on all in-network plans and on out-of-network Plans 2 and 3.*

Deductibles and maximums for in- and out-of-network are cumulative, not separate, for all plans.

WHAT KINDS OF SERVICES ARE COVERED?

1] **TYPE 1 [PREVENTIVE CARE]**
- Cleanings, exams, fluorides
- Bitewings
- All x-rays

2] **TYPE 2 [BASIC CARE]**
- Sealants
- Extractions
- Amalgams and composite filling restorations

3] **TYPE 3 [MAJOR CARE]**
- Gold, acrylic, and porcelain fillings, onlays, or crown restorations
- Partial or full dentures
- Bridgework

4] **PERIODONTICS** (gum disease care) and **ENDODONTICS**
- Covered under Type 3 Care
- Optional Type 2 coverage on plans 1 and 3 for groups with 10+ lives or groups with 3-9 lives that elect and qualify for takeover benefits. However, surgical periodontics and surgical endodontics are always in Type 3 Care.

WHAT ALLOWANCES IMPACT MY PLAN?

1] **USUAL & CUSTOMARY (U&C)**
Benefits for a given dental procedure are calculated according to the U&C charge for that procedure within a particular ZIP Code area. PPO Plan 1 out-of-network benefits are paid at the 75th percentile of U&C.

2] **MAXIMUM ALLOWABLE CHARGE (MAC)**
A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP Code area. MAC fees are associated with a PPO plan and are accepted by participating providers.

DENTAL PLAN LIMITATIONS

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

1] Before satisfying elimination period
2] In the first 12 months except for cleaning, exam, and fluoride when a person is a late entrant
3] For cosmetic purposes
4] To replace prosthetics within 5 years and onlays within 10 years
5] For initial placement of prosthetics unless extraction while insured
6] For any procedure started prior to coverage effective
7] For any procedure started after coverage terminates
8] To replace lost or stolen appliances
9] For appliances, restorations or procedures that alter vertical dimension, restore or maintain occlusion, or splint or replace tooth structure lost as a result of abrasion or attrition
10] For any procedure not shown on Table of Dental Procedures
11] For education or training
12] For the completion of claim forms
13] For sealants not applied to permanent molar, or over age 16, or reapplied within 3 years
14] For injury from work
15] If eligible for Worker's Compensation
16] For charges for which insured is not liable
17] For services not recommended by physician or not necessary
18] Due to war or any act of war, declared or not
19] If payment is not legal where insured resides when incurred

ORTHODONTIC LIMITATIONS

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

1] For a program which was begun before the insured became covered under this section
2] Before the insured has been insured under this section for at least 12 consecutive months
3] In any quarter of a program if the insured was not covered under this section for the entire quarter
4] After the insured's insurance under this section terminates
5] Because of an injury arising out of, or in the course of, any work for wage or profit
6] By an insured because of a sickness for which he or she is eligible for benefits under any Worker's Compensation Act or similar laws
7] For charges which the insured is not legally required to pay or which would not have been made had no insurance been in force
8] For services which are not recommended by a physician or which are not required for necessary care and treatment
9] Due to war or any act of war, declared or not
10] By an insured if payment is not legal where the insured is living when the expenses are incurred
11] In the first twelve months that a person is insured if the person is a late entrant

EYE CARE

Pearl Plans provide optional access to the Vision Service Plan (VSP) Network to maximize cost savings. By going to a VSP member doctor, each covered person receives:

1] One eye exam per calendar year covered at 100%
2] 20% discount on glasses and spectacle lens options
3] 15% discount on professional services associated with contact lenses
4] No up-front paperwork
5] Laser VisionCare℠ - VSP has arranged for members to receive discounts that can add up to hundreds of dollars in savings on plan-approved LASIK or PRK laser correction surgery when coordinated by a VSP doctor and performed at a contracted laser surgery center.

Insureds also have the option of choosing their own eye care provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about eye care benefits, including a list of network doctors, call VSP Customer Service at **1-800-877-7195 or visit them online at www.vsp.com.**

This brochure is a general overview highlighting the features of our PPO Plans. A complete description is in the certificate of insurance issued to each employee.

UNDERWRITING GUIDELINES

The PPO PLAN designs effective 8-1-2005 will be under the employer-developed Trust known as the "Trustees of Consolidated Group Trust." The plans are insured by Ameritas Life Insurance Corp., with marketing and administration performed by third-party administrator HealthPlan Services Inc.

ELIGIBLE FIRMS

Sole proprietor, partnerships and corporations with at least 3 full-time employees. There must be an employee/employer relationship. Employers are required to pay a minimum of 25% toward the total premium amount, unless in a voluntary plan. Owners and partners are considered eligible for coverage.

INELIGIBLE INDUSTRIES

1] Voluntary arrangements where no employer/employee relationship exists
2] Groups involved in the sale of gems and precious metals*
3] Dentist's offices or clinics*
4] Unions
5] Ineligible carve-out groups — any business firm which indicates that a portion of their employees are not eligible for coverage
6] Trust — any organization of business firms involving a trust agreement
7] Trade and business associations — does not apply to the paid administrative staffs of such associations
8] Fraternal organizations

* These types of groups will be considered eligible in Michigan, Florida and Wisconsin with appropriate loads to the rates. For groups of 26-99 lives, these type of groups may also be considered with appropriate loads to rates.

Ameritas reserves the right to request employment verification through state unemployment compensation records.

ELIGIBILITY

1] Employees: Any employee who works for a participating employer in an eligible class at least 30 hours or more per week and isn't seasonally employed.
2] Dependents: Any dependent who is a spouse, or an unmarried child under the age of 18, or the age of 25 for unmarried, full-time students dependent on the employee for support. (May vary by state.)

PARTICIPATION REQUIREMENTS:

*3 to 9 Lives***

100% of all eligible employees except those covered elsewhere

*10 to 99 Lives***

75% of all eligible employees except those covered elsewhere

Tied to medical for groups of 3-99

Dental enrollment for employee and dependents must match the medical enrollment exactly. Choosing this participation requirement will provide a discount in rates.

Voluntary for groups of 3-99

At least 20% of the total number of eligible employees or 3 enrolled employees, whichever is greater, including employees covered by another dental plan, must enroll in order to place and maintain coverage. Choosing this participation will increase the rates.

** A waiver form must be submitted for each eligible employee who is covered elsewhere or who is waiving coverage for any reason. 50% of all eligible dependents except those covered elsewhere must enroll.

Eligibility Period

There is no eligibility period for initial employees. Employer will choose from 0, 30, 60 or 90 calendar day eligibility period for employees hired after the plan effective date.

Orthodontia

Available as an option to groups with 10-99 enrolled employees.

TAKEOVER PROVISIONS

This option gives you "credit" for calendar year deductibles satisfied on your previous plan. If a quarterly deductible is elected, the deductible credit will apply only to the first quarter covered under the new plan. If takeover is approved, the elimination period will be waived for initial enrollees. A six-month limited extraction provision is also included in takeover.

Orthodontia takeover is available as an option to groups with 10+ enrolled employees.

TAKEOVER REQUIREMENTS

Takeover is not available for groups with fewer than 3 enrolled employees. If dental and orthodontia coverage is requested and the prior plan did not have orthodontia coverage, then dental takeover is not available. Dental takeover is optional for groups with 3 or more enrolled employees. Takeover is available with 18 months of continuous prior coverage with one carrier. Benefits must be similar to the plan selected. Proof of prior coverage will be required.

For orthodontia takeover, proof of 18 months of continuous orthodontia coverage with one carrier must be provided. The burden of providing proof of prior coverage rests on the group requesting the takeover benefits for dental and orthodontia. Ameritas reserves the right to refuse takeover benefits regardless of submission.

For more information visit us at www.healthplan.com.

Marketed and Administered by:

HealthPlan *Services* HealthPlan Services is a leading managed health care services company, providing distribution, enrollment, billing and collection, claims administration, and risk management services for health care payors and providers. HPS customers include insurance companies, HMOs and other managed care organizations, and organizations with self-funded health care plans. Based in Tampa, Florida, the company serves over 100,000 businesses, covering over 1.6 million members in the United States.

Insured by:

AMERITAS GROUP
We're Ameritas. We're for people.®
A Division of Ameritas Life Insurance Corp.
A UNIFI Company

Ameritas Group offers the flexible, affordable dental and eye care coverage that today's employers demand. Highlights include superior customer service, choice of plan designs, Dental Rewards maximum rollover, quality PPO network, accurate and fast claims payment, and a parent company with consistently high ratings for financial strength and stability from independent insurance industry analysts.