

**Apprentice Dental Plan Summary**

**Effective Date: 9/1/2024**

<b>Plan Benefit</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Type 1</b>	100%	100%
<b>Type 2</b>	90-95-100%	75%
<b>Type 3</b>	50%	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$100/family	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$100/family
<b>Maximum (per person)</b>	\$1,500 per calendar year	\$1,500 per calendar year
<b>Allowance</b>	Discounted Fee	90th U&C
<b>Ameritas Rewards®</b>	Included	Included
<b>Waiting Period</b>	None	None

**Orthodontia Summary - Adult and Child Coverage**

	<b>In Network</b>	<b>Out of Network</b>
<b>Allowance</b>	Discounted Fee	U&C
<b>Plan Benefit</b>	90%	75%
<b>Lifetime Maximum (per person)</b>	\$2,500	\$2,500
<b>Ameritas Rewards<sup>SM</sup> Lifetime (per person)</b>	\$400 New Treatment Plan and Services Only	\$400 New Treatment Plan and Services Only
<b>Waiting Period</b>	None	None

*\*\*Maximum is lifetime for both in network and out of network combined.*

**Sample Procedure Listing** (Current Dental Terminology © American Dental Association.)

<b>Type 1</b>	<b>In Network Type 2</b>	<b>Type 3</b>
<ul style="list-style-type: none"> <li>• Routine Exam (3 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (3 per benefit period)</li> <li>• Fluoride (2 per benefit period)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Sealants (age 15 and under)</li> <li>• Fillings for Cavities</li> <li>• Restorative Composites (anterior and posterior teeth)</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Denture Repair</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>
<b>Type 1</b>	<b>Out of Network Type 2</b>	<b>Type 3</b>
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## Apprentice Dental Plan Summary

### Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level. If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert back to the beginning coinsurance benefit. If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

### Ameritas Rewards<sup>SM</sup>

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is **Ameritas Classic & Plus Network**.

### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of San Mateo Electrical Workers Health and Welfare Trust Fund. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 5 a.m. to 10:00 p.m. (Pacific Time) Monday through Thursday, and 5 a.m. to 4:30 p.m. on Friday.

You can speak to them by calling toll-free: **800-487-5553**.

For plan information any time, access our automated voice response system or go online to **[ameritas.com](http://ameritas.com)**.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.