

Low Dental Plan Summary

Effective Date: 10/1/2008

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| Coinsurance | |
| Type 1 | MCE |
| Type 2 | MCE |
| Type 3 | MCE |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) | \$1,000 per calendar year |
| Allowance | MCE |
| Waiting Period | Type 3 – 12 months New Hires Only |

Orthodontia Summary - Child Only Coverage

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|--------------------------------------|--------------------------|
| Allowance | U&C |
| Coinsurance | 50% |
| Lifetime Maximum (per person) | \$750 |
| Waiting Period | 12 months New Hires Only |

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

| Type 1 | Type 2 | Type 3 |
|---|--|---|
| <ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 and under (1 per benefit period) Sealants (age 13 and under) | <ul style="list-style-type: none"> Space Maintainers Restorative Amalgams Restorative Composites Denture Repair Simple Extractions Complex Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 10 years) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prostodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) |

Monthly Rates

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|----------------------------------|---------|
| Employee Only (EE) | \$20.10 |
| EE + 1 Dependent | \$36.60 |
| EE + 2 or more Dependents | \$57.60 |

Ameritas Information

We're Here to Help
This plan was designed specifically for the associates of **Midlothian ISD**. 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 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 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 ameritasgroup.com/member.

Orthodontia Waiting Period - new hires only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Contracted Provider Information

Go online to ameritasgroup.com/member to find the contracted network providers who are most convenient for you. While using a contracted provider will almost always lower your out of pocket costs, every Ameritas Group plan gives you the freedom to visit any dentist you choose.

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.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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.

High Dental Plan Summary

Effective Date: 10/1/2008

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|-----------------------------|--|
| Coinsurance | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) | \$1,000 per calendar year |
| Allowance | 80th U&C |
| Waiting Period | Type 3 - 12 months New Hires Only |

Orthodontia Summary - Adult and Child Coverage

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|--------------------------------------|--------------------------|
| Allowance | U&C |
| Coinsurance | 50% |
| Lifetime Maximum (per person) | \$1,000 |
| Waiting Period | 12 months New Hires Only |

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

| Type 1 | Type 2 | Type 3 |
|---|--|--|
| <ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 13 and under) | <ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia | <ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) |

Monthly Rates

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|----------------------------------|----------|
| Employee Only (EE) | \$32.60 |
| EE + 1 Dependent | \$66.90 |
| EE + 2 or more Dependents | \$107.30 |

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Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns Dental Rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

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| Benefit Threshold | \$500 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$250 | Dental Rewards amount is added to the following year's maximum |
| Maximum Carryover | \$1,000 | Maximum possible accumulation for Dental Rewards |

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