



FUSION: THE ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION allows the flexibility to combine any or all of the following dental and eye care features: annual exam frequencies, deductibles, or annual maximums.

Combined Features Summary

	Dental	Eye Care	FUSION
Maximum	\$1,500 PPO - \$1,500 Non PPO	\$150	No more than \$1,500

Dental Summary *subject to FUSION plan design listed above*

Maximums	Dental: \$1,500/Calendar Year - PPO, \$1,500/Calendar Year - Non PPO		Ortho: None	Dental Rewards®:	NA
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum - PPO \$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum - Non PPO			PPO:	Freedom of Choice®
	Type 1	Type 2	Type 3	Type 4	Ortho
	In network / Out	In network / Out	In network / Out	In network / Out	In network / Out
Coinsurance	100%/80%	80%/80%	50%/50%	None	None
Allowance	Contracted Fee/90th U&C	Contracted Fee/90th U&C	Contracted Fee/90th U&C		
Waiting Periods	None	None	12 Months Type 3 Waived for initials on takeover groups. Not waived for initials or new hires on non-takeover groups		

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances	Frequencies <i>Based on date of service</i>
Exam	Subject to maximum	Exam None
Lenses (per pair)		Lenses None
Single	Subject to maximum	Frames None
Bifocal	Subject to maximum	
Trifocal	Subject to maximum	
Lenticular	Subject to maximum	Maximum \$150
Progressive	Subject to maximum	Deductibles (None) \$0
Contacts		
Elective/Medically Necessary	Subject to maximum	
Frames	Subject to maximum	

Dental Procedure Summary

In Network		
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 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia
Out of Network		
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 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Current Dental Terminology © American Dental Association.

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Oregon Media Production Association - Proposal. 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.

PPO Information

To find a provider, visit ameritasgroup.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 **PPO Dental Network**.

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.

EyeMed Discounts *(These discounts are not insurance.)*

Exam with dilation as necessary	\$5 off routine exam \$10 off contact lens exam	LASIK or PRK Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
Standard Plastic Lenses Single Vision Bifocal Trifocal	Member pays \$50 Member pays \$70 Member pays \$105	LIMITATIONS AND EXCLUSIONS These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place.
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.
Standard Progressive Lenses	\$65 + Standard Plastic Lens cost	Discounts are not available for the following procedures, material or services.
Premium Progressive Lenses	20% discount	• Orthoptic or vision training, subnormal vision aids, and any associated supplement testing.
Standard Polycarbonate	Member pays \$40	• Medical and/or surgical treatment of the eye, eyes, or supporting structures.
Tint (Solid & Gradient)	Member pays \$15	• Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.
Scratch Resistant Coating	Member pays \$15	• Services provided as a result of any Worker's Compensation law.
Anti-Reflective Coating	Member pays \$45	• Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
Ultraviolet Coating	Member pays \$15	• EyeMed's providers' professional services or disposable contact lenses.
Other Add-Ons	20% discount	• Two pairs of glasses in lieu of bifocal.
Contact Lenses	15% off retail price (does not apply to fitting).	
Conventional	After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.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.