



**Affordable Dental and
Vision Benefits Your
Employees Will Use**





We're Proud to Protect Your Smile and Sight

The Missouri Association of Manufacturers has partnered with Connell Insurance and Ameritas to offer dental and vision benefits with competitive premiums.



Join more than 58,600 employer groups that offer Ameritas coverage

Offering employee benefits can help you find and retain the talent you rely on to keep your business running smoothly. And it's more affordable for you and your employees than you might think. Take a look at the impact dental and vision benefits can have on your employees' out-of-pocket costs in the sample below.

Dental services	Employee cost without insurance*	Employee cost with dental benefits**
Two preventive visits***	\$382	\$0
Filling	\$165	\$56 (\$50 deductible included)
Crown	\$1,039	\$335
Total	\$1,586	\$391

* Based on the 80th percentile U&C in Zip Code 65810

** Ameritas generalist in-network charge for Zip Code 65810

*** Preventive visit composed of exam, cleaning, and x-ray

Vision services	Employee cost without insurance*	Employee cost with vision benefits**
Eye exam	\$154	\$10
Single vision lenses	\$86	\$25
Frames	\$200	\$80
Total	\$440	\$115

* Cost estimates from All About Vision 2015

** Cost estimates based on Ameritas insurance plan with VSP network discounts; coverage varies by plan area

Dental Plan Options

Select up to two dental plans to offer the best option for your employees. Plan features include:

- an annual maximum benefit of \$1,000, \$1,250 or \$1,500
- increasing coverage for Basic procedures each year the member uses plan benefits (Plan 2)
- coverage for Major procedures such as extractions, crowns and dentures
- optional orthodontia coverage for children up to age 19 (Plan 3)
- Dental Rewards® that allow clients to carry over unused benefits and add up to \$350 to their next year's annual maximum

Your plan options	Plan 1	Plan 2	Plan 3	
Maximum Benefit Per person per calendar year	\$1,000	\$1,250	\$1,500	
Deductible Per person per calendar year		\$0 Preventive \$50 Basic and Major \$150 Family maximum		
Claim Allowance	95th U&C Type 1, 90th U&C Types 2 & 3			
Dental Rewards	Included			
Preventive Exams, x-rays, cleanings, space maintainers, sealants and fluoride for children	100%	100%	100%	
Basic Filings, extractions, endodontics and periodontics, denture repair, anesthesia	80%	80% year 1 90% year 2 100% year 3	90%	
Major Onlays, crowns and crown repair, bridges, dentures	50%	50%	60%	
Child Orthodontia Under age 19 lifetime maximum per person	No coverage	No coverage	No coverage	50% \$1,000
Monthly rates	Plan 1	Plan 2	Plan 3	Plan 3 + Orthodontia
Employee	\$25.00	\$27.50	\$32.00	\$32.00
Employee and spouse	\$53.00	\$57.00	\$65.00	\$65.00
Employee and children	\$67.00	\$72.00	\$77.00	\$85.00
Employee and family	\$95.00	\$100.00	\$110.00	\$120.00

These plans are available in Missouri for groups of 3-199 eligible employees. Groups under 10 eligible lives are not eligible to add orthodontia. All rates are valid for policies with an effective date through March 31, 2020, and are guaranteed for 12 months. Voluntary plans may be set to align with the Section 125 plan year.

Employees Earn Rewards

By using their dental benefits, employees can earn rewards to help pay for more expensive dental services in the future. Here's how.

1. Plan members visit a dental provider each year and submit a claim.
2. If all claims for the year stay under the benefit threshold, plan members qualify to carry over benefit dollars.
3. In most states members can earn PPO Bonus rewards when visiting an Ameritas Dental Network provider.
4. Members build rewards up to the maximum reward accumulation. They can use their rewards to help pay for more expensive dental procedures after the initial plan benefit is used.

Benefit threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual carryover amount	\$250	Carryover amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum carryover	\$1,000	Maximum possible rewards accumulation and PPO Bonus combined

Offer dental benefits that make it affordable and convenient for your employees to take care of themselves. Plus, these benefits are hassle-free for you.



See any dentist. Ameritas dental plans allow clients to see any dentist they choose, in- or out-of-network. Family members do not need to see the same dentist.



Save money. Visiting a network dentist can make benefit dollars go further. Dentists in the Ameritas network have agreed to charge clients 25-50% less than their regular rates.



Avoid paperwork. When visiting a network provider, there are no claim forms to submit. Clients simply make the appointment and show up.



Exceptional network. The Ameritas Dental Network is one of the nation's largest. You can even visit dental providers in Mexico and still receive coverage. Only dentists who adhere to our credentialing and quality assurance requirements are able to join and remain in the Ameritas Dental Network. Locate network providers in your area at ameritas.com – **Find a Provider.**

Vision Plan Options

Your plan options	Focus® VSP		ViewPointe® EyeMed	
Benefit Frequencies	Exam 12 months, eyeglass lenses or contacts 12 months, frames 24 months			
Deductible	\$10 exam		\$10 exam	
Per person per calendar year	\$25 Eyeglass lenses or frames		\$25 Eyeglass lenses None out-of-network	
What the plan pays	In-network	Out-of-network	In-network	Out-of-network
Annual eye exam	100%	Up to \$45	100%	Up to \$35
Single vision lenses	100%	Up to \$30	100%	Up to \$25
Bifocal lenses	100%	Up to \$50	100%	Up to \$40
Trifocal lenses	100%	Up to \$65	100%	Up to \$55
Lenticular lenses	100%	Up to \$100	20% discount	No coverage
Progressive	Up to provider's lined bifocal contracted fee	Up to lined bifocal allowance	Member cost: \$65-\$110 + deductible	No coverage
Frames	\$130	Up to \$70	\$130	Up to \$45
Contacts, elective	Up to \$130	Up to \$105	Up to \$130	Up to \$100
Fit and follow-up exam	Member cost up to \$60	No coverage	Standard: member cost up to \$40, premium: 10% off retail	No coverage
Lens options and coatings, member cost				
Standard	100% child,	No coverage	\$40	No coverage
Polycarbonate tints and dyes (except pink I & II)	\$33 adult			
	\$15-\$17	No coverage	\$15	No coverage
Photochromatic	\$31-\$82	No coverage	No coverage	No coverage
Scratch resistant	\$17-\$33	No coverage	\$15	No coverage
Anti-reflective	\$43-\$85	No coverage	\$45-\$68	No coverage
Ultraviolet	\$16	No coverage	\$15	No coverage
Monthly rates				
Employee	\$7.60		\$7.60	
Employee and spouse	\$16.36		\$16.36	
Employee and children	\$13.24		\$13.24	
Employee and family	\$22.04		\$22.04	

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30% of all employees suspect that they have a hearing problem.

Source: Listen Hear! Employee Survey 2013



LASIK and hearing care coverage make your benefits package more appealing

Hearing care

Your employees' hearing affects their quality of life and their ability to communicate effectively on the job. Hearing has a direct impact on your employees' overall health, and on your organization's success. Ameritas hearing care benefits help cover the cost of hearing exams and/or hearing aids and hearing aid maintenance. And members can visit any qualified hearing care provider.



42% of employees say improving their benefits package is one thing their employer could do to keep them on the job.

Source: 2016 Aflac WorkForces Report employee benefits study

LASIK

Give your employees the freedom of not worrying about glasses or contacts. Your employees' eyesight and their corresponding comfort play a big role in productivity and accuracy on the job. With LASIK Advantage®, employees can get benefits for a number of popular, well-established laser vision correction procedures.

Two LASIK and hearing care plans to choose from

LASIK and hearing care benefits are available for fully insured or Administrative Services Only (ASO) groups—ASO for 120+ enrolled only.

LASIK and SoundCare®			
	Year 1	Year 2	Year 3
LASIK benefit for both eyes	\$350	\$350	\$700
Hearing exam benefit	\$75	\$75	\$75
Materials benefit for both ears	\$200	\$600	\$800
Maintenance benefit (hearing aids)	\$40	\$40	\$40

Monthly add-on rate	
Employee	\$1.50
Employee and spouse	\$3.00
Employee and children	\$2.26
Employee and family	\$3.76

LASIK and SoundCare			
	Year 1	Year 2	Year 3
LASIK benefit for both eyes	\$700	\$700	\$1,400
hearing exam benefit	\$75	\$75	\$75
materials benefit for both ears	\$800	\$1,200	\$1,600
maintenance benefit (hearing aids)	\$40	\$40	\$40

Monthly add-on rate	
Employee	\$3.00
Employee and spouse	\$6.00
Employee and children	\$4.50
Employee and family	\$7.50

Limitations and exclusions

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

Dental

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An 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 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 this contract.)
- for which the plan member is entitled to benefits under any workmen's 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.

Vision

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

LASIK Advantage

- Procedures other than LASIK, LASIK with Wavefront Technology, LASIK with IntraLase Technology, Photorefractive Keratectomy (PRK), Advanced Surface Ablation (ASA) and LASEK.
- Charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- Exams performed, any procedure begun, or supplies furnished before the member was covered under the LASIK benefit, or after the member's coverage ceases.
- LASIK services or supplies in the first 12 months that a person is insured if the person is a late entrant.
- Any procedure not shown in the Schedule of LASIK Services.
- No benefit will be payable for any insured under the age of 18.

SoundCare

- Cases in 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 hearing condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- Charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Exams performed, any procedure begun, or supplies furnished before the member was covered under the hearing expense benefit or after the member's coverage ceases.
- Any hearing exam or supply required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- Replacement of hearing aids except once every 5 years from the date of placement of the hearing aid; this replacement interval is waived and 50% of the benefit that would be otherwise payable will be considered if all of the following conditions are met: the plan member is diagnosed with a significant deterioration of hearing since placement of the previous hearing aid, a statement from the provider is furnished indicating that the hearing aid being replaced cannot be modified to correct the loss, and at least 3 years has passed since placement of the previous hearing aid.
- Medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants or tubes in the ears.
- Hearing care services or supplies in the first 12 months that a person is insured if the person is a late entrant, except hearing exams; after this 12-month period, the maximum amount payable per plan member will begin at the 1st Benefit Period as shown in the Schedule of Benefits.
- Any procedure not shown in the Schedule of Hearing Care Services.
- Assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- Charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- Services or supplies not related to a conductive or sensorineural hearing loss, such as any non-organic hearing loss or occupational hearing loss.
- Charges for a hearing screening performed as a part of, or in the course of, any non-hearing routine exam.
- Hearing aid dispensed without the direction and supervision of a provider licensed to perform hearing aid exams and/or hearing aid dispensing.
- Any procedure performed as a result of war or any act of war, declared or not.
- Removal of foreign bodies or ear wax from the ear or any part of the ear



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by, and group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2019 Ameritas Mutual Holding Company.