All Shifts Dental Plan Summary



Dental Summary	Effective Date: 7/1/2024

-	Low	High
Plan Benefit		
Type 1 Type 2	100% 60%	100% 80%
Deductible	\$50/Calendar Year Waived Type 1 \$150/family	\$50/Calendar Year Waived Type 1 \$150/family
Maximum (per person)	\$500/Calendar Year	\$750/Calendar Year
Preventive Plus SM	Included	Included
PPO	Passive PPO	Passive PPO
Allowance Type 1	75th U&C	75th U&C
Type 2 Waiting Period	75th U&C None	75th U&C None

Type 1 Procedure (Frequency)	 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 in 12 months)
Type 2 Procedure (Frequency)	 Sealants (age 13 and under) Fillings for Cavities Restorative Composites Periodontics (nonsurgical) Denture Repair Simple Extractions
Type 3 Procedure (Frequency)	• None

Monthly Rates

Employee (EE)	\$23.12	\$30.40
EE + Spouse	\$47.32	\$61.16
EE + Children	\$66.92	\$85.60
EE + Spouse & Children	\$90.84	\$116.08

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Cowabunga Inc. 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 ameritas.com.

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Dental Network Information

To find a provider, visit 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 and Plus 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.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greathearingbenefits.com/ameritas to learn more.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

75th U&C means 7.5 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.