

# HOSPITALITY HEALTH INSURANCE TRUST

## Dental Highlight Sheet



### Plan 3: Dental Plan Summary

Effective Date: 1/1/2027

| Plan Benefit         | In Network                                     | Out of Network                                 |
|----------------------|------------------------------------------------|------------------------------------------------|
| Type 1               | 100%                                           | 100%                                           |
| Type 2               | 90%                                            | 80%                                            |
| Type 3               | 50%                                            | 50%                                            |
| Deductible           | \$50/Calendar Year Type 2 & 3<br>Waived Type 1 | \$50/Calendar Year Type 2 & 3<br>Waived Type 1 |
| Maximum (per person) | \$150/family<br>\$2,000 per calendar year      | \$150/family<br>\$2,000 per calendar year      |
| Allowance            | Discounted Fee                                 | 90th U&C                                       |
| Waiting Period       | None                                           | None                                           |
| Preventive PLUS      | Included                                       | Included                                       |
| Dental Rewards       | Included                                       | Included                                       |

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

| Type 1                                                                                                                                                                                                                                                                                                                                                                                            | In Network<br>Type 2                                                                                                                                                                                                                                                                                                        | Type 3                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Routine Exam<br/>(2 per benefit period)</li> <li>Bitewing X-rays<br/>(1 per benefit period)</li> <li>Full Mouth/Panoramic X-rays<br/>(1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning<br/>(2 per benefit period)</li> <li>Fluoride for Children 18 and under<br/>(2 per benefit period)</li> <li>Sealants</li> <li>Space Maintainers</li> </ul> | <ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (surgical)</li> <li>Endodontics (nonsurgical)</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<br/>(1 in 7 years per tooth)</li> <li>Crown Repair</li> <li>Denture Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures)<br/>(1 in 7 years)</li> </ul>                                                                                                         |
| Type 1                                                                                                                                                                                                                                                                                                                                                                                            | Out of Network<br>Type 2                                                                                                                                                                                                                                                                                                    | Type 3                                                                                                                                                                                                                                                                                                                                                                       |
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### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of HOSPITALITY INDUSTRY HEALTH INSURANCE TRUST. 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](http://ameritas.com).

# HOSPITALITY HEALTH INSURANCE TRUST

## Dental Highlight Sheet



### Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to [ameritas.com](http://ameritas.com), click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

### 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](http://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.

### Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance; it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

### Preventive Plus<sup>SM</sup>

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.

### Dental Rewards<sup>®</sup>

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be lost; but he or she can begin earning rewards again the very next year.

|                         |         |                                                                         |
|-------------------------|---------|-------------------------------------------------------------------------|
| Benefit Threshold       | \$750   | Dental benefits received for the year cannot exceed this amount         |
| Annual Carryover Amount | \$400   | Dental Rewards amount is added to the following year's maximum          |
| Annual PPO Bonus        | \$200   | Additional bonus is earned if the member sees a network provider        |
| Maximum Carryover       | \$1,200 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

### 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 PPO Network.

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## Dental Highlight Sheet



### 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 6 months they are covered.

### Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

### Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

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.