Dental Plan Summary

Effective Date: 1/1/2020

Coinsurance
- Type 1: 100%
- Type 2: 80%
- Type 3: 50%

Deductible
- Type 2 & 3: $50/Calendar Year
- Type 1: Waived
- Family: $100

Benefit Maximum (per person)
- $1,000 per calendar year

Orthodontia Summary - Child Only Coverage (to age 19)

Allowance: U&C

Coinsurance: 50%

Orthodontia Lifetime Maximum (per person)
- $1,000

Waiting Period: None

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

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Exam (2 per benefit period)</td>
<td>Sealants (age 16 and under)</td>
<td>Onlays</td>
</tr>
<tr>
<td>Bitewing X-rays (2 per benefit period)</td>
<td>Restorative Amalgams</td>
<td>Crowns</td>
</tr>
<tr>
<td>Full Mouth/Panoramic X-rays (1 in 3 years)</td>
<td>Restorative Composites</td>
<td>(1 in 5 years per tooth)</td>
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<tr>
<td>Periapical X-rays</td>
<td>Endodontics (nonsurgical)</td>
<td>Crown Repair</td>
</tr>
<tr>
<td>Cleaning (2 per benefit period)</td>
<td>Endodontics (surgical)</td>
<td>Prosthodontics (fixed bridge; removable complete/partial dentures)</td>
</tr>
<tr>
<td>Fluoride for Children 18 and under (1 per benefit period)</td>
<td>Periodontics (nonsurgical)</td>
<td>(1 in 5 years)</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Periodontics (surgical)</td>
<td></td>
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</tbody>
</table>

Ameritas Information

This plan was designed specifically for the associates of DIOCESE OF LINCOLN. 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.

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.

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