

# our solutions for small groups

Ameritas Preferred Dental Protection Plan® designs, known as PDP  
Designed for groups of 3 to 25



You run a small business, and know each employee by name. You'd really like to offer

benefits, but haven't found an insurance carrier who understands your needs.

We do. Just take a look at our PDP plans for 3+ enrolled employees.

**value-added discount** Plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy nationwide. ***This discount is offered at no additional cost, and it is not insurance.*** To receive the Rx discount, members just need to visit [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account. Once signed in, members have access to an informative flyer, FAQ and Rx discount savings ID card. **For more information, contact your Ameritas sales representative today!**



We're Ameritas. We're for people.®

## our ratings

One of the ways we help our customers is by continuing to be financially stable. It allows us to increase our policyholder base, distribution systems and product portfolio.

The financial strength and operating performance of Ameritas Life is reflected in strong group ratings by independent rating agencies.

### **Standard & Poor's**

**A+ (Strong)** for insurer financial strength. This is the fifth highest of Standard & Poor's 21 ratings.

### **A.M. Best Company**

**A (Excellent)** for financial strength and operating performance. This is the third highest of A.M. Best's 15 ratings.

Ameritas Group is a division of Ameritas Life Insurance Corp.  
(Ameritas Life), a UNIFI company.

*Yearly dental exams can be instrumental  
in the early detection of serious diseases,  
such as diabetes, hypertension,  
osteoporosis and even cancer.  
Regular eye exams also can detect early  
signs of disease as well as poor vision and  
the onset of glaucoma or cataracts.*

## three distinct plans

Ameritas Group is proud to offer small business owners dental benefits for 3 to 25 employees. Choose from three different plan designs and enjoy a 12-month rate guarantee. Takeover available (requirements on Page 7). Please see the dental, child ortho and eye care limitations on Page 9.

benefit	plan A <i>traditional dental plan and optional eye care</i>	plan B <i>cost containment dental and child ortho</i>	plan C <i>traditional dental with PPO and eye exam-only</i>	
			<i>In-Network</i>	<i>Out-of-Network</i>
<i>Deductible — Type 1 Preventive</i>	<i>None</i>	<i>None</i>	<i>None</i>	
<i>Deductible — Type 2 Basic</i>	<i>\$50 Calendar Year Combined</i>	<i>\$50 Calendar Year Combined</i>	<i>option A) \$5 visit . . . \$50 Cal Yr Combined</i>	
<i>Deductible — Type 3 Major</i>			<i>option B) \$10 visit . . . \$100 Cal Yr Combined</i>	
<i>Coinsurance — Type 1 Preventive</i>	<i>100%</i>	<i>100%</i>	<i>100%</i>	<i>80%</i>
<i>Coinsurance — Type 2 Basic</i>	<i>80%</i>	<i>80%</i>	<i>80%</i>	<i>60%</i>
<i>Coinsurance — Type 3 Major</i>	<i>50%</i>	<i>50%</i>	<i>50%</i>	<i>40%</i>
<i>Claim Allowance</i>	<i>U&amp;C 90th*</i>	<i>U&amp;C 90th*</i>	<i>MAC†</i>	<i>U&amp;C 90th*</i>
<i>Calendar Year Maximum for Dental</i>	<i>\$1,500</i>	<i>\$1,000</i>	<i>\$1,500</i>	<i>\$1,200</i>
<i>Dental Rewards® (see next page)</i>	<i>Included</i>	<i>Included</i>	<i>Included</i>	
<i>Orthodontia Option - Child Only Includes 12-month elimination period. Takeover available with prior ortho coverage.</i>	<i>Not Available</i>	<i>\$0 Deductible 50% Coinsurance \$1000 Lifetime Max.</i>	<i>Not Available</i>	
<i>Takeover Benefits Option</i>	<i>Available</i>	<i>Available</i>	<i>Available</i>	
<i>Eye Care Option</i>	<i>Available</i>	<i>Not Available</i>	<i>Exam-only Benefit Covered by VSP Provider</i>	
<i>PPO Option† (see next page)</i>	<i>Available</i>	<i>Not Available</i>	<i>Included for In-Network</i>	

\* U&C 90th — benefits are paid at the U&C (Usual and Customary) 90th percentile, which indicates that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure. Respective coinsurance percentages and deductibles may apply.

† MAC/PPO Option — benefits are paid according to the MAC (Maximum Allowable Charge) for each procedure, which is the contracted fee per procedure offered through a PPO (Participating Provider Organization) network provider.

## plan A and C dental procedures

- Type 1—oral exams, prophylaxis (cleanings), space maintainers, X-rays, fluoride up to age 19.
- Type 2—oral surgery/simple extractions, amalgam/synthetic restorations (fillings), anesthesia when connected with a cutting procedure, full/partial denture repair, sealants up to age 17.
- Type 3—subject to a one-year elimination period—oral surgery/complex extractions, endodontics (root canals), periodontics (gum disease), and dentures, crowns, pontics and bridges. Note: Plan C in-network benefits include endodontics and periodontics in Type 2 with no elimination period.

## plan B dental procedures

Cost savings achieved through procedure placement, procedure frequency and age limitation.

- Type 1—oral exams, prophylaxis (cleanings), X-rays with lengthier frequencies, fluoride up to age 14.
- Type 2—oral surgery/simple extractions, amalgam/synthetic restorations (fillings), full/partial denture repair, sealants up to age 14.
- Type 3—subject to a one-year elimination period—space maintainers, oral surgery/complex extractions, anesthesia when connected with a cutting procedure, endodontics (root canals), periodontics (gum disease), and dentures, crowns, pontics and bridges with lengthier procedure frequencies.
- Orthodontia—this dental plan includes child-only ortho coverage up to age 19 with a one-year elimination period. Takeover available with proof of 12 months' prior coverage.

## plan A—traditional dental and optional eye care

Our most comprehensive dental plan with full flexibility. Include our PPO dental network for added savings. For Plan A with PPO, see the MAC/MAB ZIP Code Area List on Page 12. Also, see the PPO dental network section below for a description of MAC/MAB. For Plan A without PPO, see the Standard ZIP Code Area List on Page 11. Add our Focus plan featuring the VSP network (see next page).

## plan B—cost containment dental and child ortho

This dental plan offers our Value Source® product, where cost savings are realized through procedure placement, procedure frequency and age limitation. Includes child orthodontia for dependent family members up to age 19. For Plan B availability, see the Standard ZIP Code Area List on Page 11.

## plan C—traditional dental with PPO and eye exam-only

Our most comprehensive dental plan with full flexibility that includes our PPO dental network, also known as a two-tier plan. Includes an annual eye exam with a VSP provider. Please see the Plan C Availability List on Page 12.

**Dental Rewards** Automatically included on all plans. Designed to reward plan members who only use a portion of their annual maximum benefit each year. Allows the build up of funds to help offset more costly covered dental procedures that may arise in the future. To earn rewards, members only need to submit a dental claim during the year, and keep total paid claims under the annual benefit threshold limit shown in the chart. If they visit one of our PPO dental providers, they earn an additional bonus. PPO and PPO Bonus are available in most states.

If members exceed the benefit threshold during a year, no rewards will be earned that year, but accumulated rewards will be saved. However, if they do not submit a dental claim during the year, no rewards will be earned and they will forfeit any accumulated rewards. Members who have forfeited accumulated rewards can start earning rewards again the very next year by submitting a dental claim and staying under the benefit threshold limit.

plan	benefit threshold	Dental Rewards	PPO Bonus	maximum reward accumulation
A	\$750	\$250	\$150	\$1,000
B	\$500	\$250	\$100	\$1,000
C	\$500	\$250	\$100	\$1,000

**PPO dental network** Our Participating Provider Organization (PPO) gives plan members access to a nationwide network of credentialed providers. **To find a provider near you, visit [ameritasgroup.com](http://ameritasgroup.com), click on Find a Provider, Dental, and follow the prompts. If Select a Network is an option, choose PPO Dental.** A definition of MAC/MAB for Plan A with PPO: MAC or Maximum Allowable Charge is the amount that our PPO (in-network) providers agree to charge for covered procedures. So when visiting a PPO provider, the member’s out-of-pocket expenses are almost always less. MAB or Maximum Allowable Benefit is the out-of-network reimbursement amount. MAC and MAB allowances are generally the same.

### coinsurance differences

#### plan A with PPO

MAC in-network	MAB out-of-network
100%	100%
80%	80%
50%	50%

#### plan C two-tier design

MAC in-network	90th U&C out-of-network
100%	80%
80%	60%
50%	40%

**example—plan A with PPO** \$50 deductible • 50% coinsurance  
Type 3 procedure D2752-crown-porcelain fused to noble metal

Benefits can be the same whether the plan member visits a PPO or non-PPO provider. The difference is the remainder the member must pay after benefits are applied. With PPO, members almost always pay less.

PPO	MAC†	Non-PPO	MAB*
PPO provider charge	\$724.00	Non-PPO dentist charge	\$1,140.00
<b>Benefit</b>	<b>\$724.00</b>	<b>Benefit</b>	<b>\$724.00</b>
Annual deductible	\$50.00	Annual deductible	\$50.00
Benefit less deductible	\$674.00	Benefit less deductible	\$674.00
Coinsurance	50%	Coinsurance	50%
Ameritas pays	\$337.00	Ameritas pays	\$337.00
Member pays	\$387.00	Member pays	\$803.00

**Member saves \$416 by visiting a PPO Provider**

Figures based on a San Francisco, California, ZIP Code may not reflect fees charged in other areas. Procedure code based on Current Dental Terminology © American Dental Association. All rights reserved.

† Based on the Maximum Allowable Charge (MAC), which is the most a contracted Ameritas PPO provider will charge an Ameritas plan member.

\* Based on the Maximum Allowable Benefit (MAB) allowance paid toward a non-PPO dentist charge.

## eye care coverage completes the package

- Plan A offers an optional full-service Focus eye care plan featuring the VSP network.
- Plan C covers an annual VSP eye exam-only benefit paid under Type 1 dental procedures.

When visiting a VSP provider, receive preferred pricing and valuable VSP discounts. When selecting an out-of-network provider, reimbursements are based on a maximum covered expense amount and VSP discounts do not apply. Call toll free 888.228.5713, option 2, to confirm that Focus is available in your state.

- **Members can locate a VSP provider by visiting us at [ameritasgroup.com](http://ameritasgroup.com), and choosing *Find a Provider, Eye Care, VSP Network*.** Or call VSP at 800.877.7195.
- When making an appointment, members need to identify themselves as a VSP member.
- Then the VSP provider and VSP handle the rest. There are no claim forms for in-network services.

**Please note:** When eye care coverage is written with or added to a PDP unit, it may not be dropped unless the employer drops both eye care and dental.

## Focus benefit chart—plan A

<u>benefit</u>	<u>VSP Network provider</u>	<u>out-of-network reimbursement</u>
Annual Eye Exam	Covered in full	Up to \$52
Single Vision Lenses	Covered in full	Up to \$55
Bifocal Lenses	Covered in full	Up to \$75
Trifocal Lenses	Covered in full	Up to \$95
Lenticular Lenses	Covered in full	Up to \$125
Contact Lenses	Up to \$105	Up to \$105
Frame	Up to \$120	Up to \$45

- VSP provides up to \$120 toward a new frame in-network. If the member chooses a frame exceeding this allowance, he/she will receive a 20% discount off the excess amount.
- Members pay a \$10 deductible to the eye doctor at the time of service.
- Lenses/Frame (glasses) and Contacts are not both available in the same 12-month period.
- Frequency options for Exam-Lenses-Frame are 12-12-24 months.

## VSP Network discounts with Focus, Eye Exam-Only

- 20% off complete pairs of prescription glasses
- 15% off contact lens exam (fitting and evaluation only)
- 20% off lens options
- 15% average discount off LASIK, PRK and Custom LASIK through a VSP-contracted laser surgery center; 5% off the center's promotional price

## eye exam-only benefit—plan C

- Covers an annual VSP eye exam under the dental plan's Type 1 procedures category.
- If out-of-network, eye exam reimbursement is based on a state-specific dollar amount.

## eye care enrollment and coverage

Every enrollment form must include the primary plan member's Social Security Number. This identifies enrollees who are eligible for eye care benefits. When the eye care option is included, any dependent who waives dental coverage is not eligible for eye care coverage (participation for dental and eye care must be the same).

Covered services performed by a VSP provider are covered in full or up to the specified allowance, less the deductible (sometimes called a copay). The covered expenses, however, MAY NOT include all services provided by the VSP provider. For non-VSP providers, the amount payable by the plan for covered expenses is the out-of-network reimbursement amount in the Focus chart or 100% of the non-VSP provider's charge, whichever is less. The deductible is paid by the plan member along with any balance to satisfy the out-of-network provider's fee.

## Focus eye care plan eligibility for firms

The same eligibility requirements and restrictions that apply to the PDP dental plan also apply to the Focus eye care plan, with one additional restriction. The offices or clinics of ophthalmologists, optometrists, oculists or anyone who measures visual acuity are not eligible for Focus. [In some cases, coverage for these groups may be acceptable. For clarification, call toll free 888.228.5713, option 2.] However, any group that is solely a lens grinding or optical dispensing business is acceptable. Those offices excluded for eye care may still be eligible for the PDP dental plan. Call toll free 888.228.5713, option 2, to confirm that Focus is available in your state.

## eligibility for PDP plans

### *Firms*

Sole proprietorships, partnerships or corporations with at least 3 full-time employees, including owners or partners, are eligible.

### *Employees*

All active, full-time employees working at least 30 hours per week, including owners or partners, are considered eligible. Those employed on the date the firm becomes a member of the Trust are eligible on that date. New employees hired after that date are eligible on their date of hire, and will qualify for the insurance upon completion of the eligibility period selected by the employer.

### *Dependents*

Eligible dependents include the insured employee's spouse and unmarried child(ren) prior to their 19th birthday who do not work for the firm. In addition, unmarried child(ren) from their 19th birthday to the day before their 24th birthday are eligible if they are full-time students attending an accredited educational institution and primarily dependent upon the employee for support and maintenance. Dependent ages may vary based on state legislation. Call toll free 888.228.5713, option 2, to verify eligibility.

## eServices option

Online billing is in demand and we're happy to deliver it—direct access to billing information and real-time updates that result in the most simple and accurate billing ever. What's more, there is no additional cost for these online services. Interested? Call toll free 888.228.5713, option 2, to speak with an administrative representative today. Note: If electing eBill with electronic funds transfer [EFT], the reduced administration fee does not apply, because eBill with EFT gives the employer the option of selecting a payment mode from month to month.

eBill allows employers to:

- Order their bill after updating employee information
- View online or print their list billing and detailed adjustments
- Get access to a year of premium information online

## electronic funds transfer [EFT]

The EFT option can be used with all three plan designs. It provides employers the opportunity to use an automatic method of paying premiums. The EFT form [GR5990] on the last page authorizes Ameritas to automatically debit the employer's account for the premium amount. It's easy, reliable and automatic. EFT is available for monthly or quarterly billing.

### administration fees

monthly	quarterly
EFT . . . . . \$10 x 12 months = \$120	EFT . . . . . \$15 x 4 quarters = \$60
No EFT . . . . . \$15 x 12 months = \$180	No EFT . . . . . \$20 x 4 quarters = \$80

## pre-treatment estimate of benefits

If the proposed work will be \$200 or more, the dentist may complete a claim form for pre-treatment estimate of benefits and send it to Ameritas. By using pre-treatment estimate of benefits, dentists can tell plan members about how much should be paid by insurance before the work is done. If the treatment plan changes, the dentist should request a new pre-treatment estimate. This helps members work out the necessary financial arrangements or postpone some work if it isn't of an immediate nature.

## coordination of benefits [COB] for dental

Insureds should not profit from being insured under more than one group insurance policy. To prevent this, most group insurance policies include a coordination of benefits provision. So when all benefits are added together, no more than 100% of the covered expenses are paid. The COB provision for our PDP dental plans allows for coordinating benefits with other group dental payments [does not apply to our PDP eye care options].

## participation and maintenance requirements

### *Employees*

All active full-time employees are eligible to participate in the dental and eye care insurance plans. Employers need 3 or more employees to be eligible for these PDP trust products. Please refer to the participation table below for requirements. If you wish to carve-out or split-off a specific class of employees to be insured, there will be an additional premium load (See Ineligible Industries on next page).

Employees	Participation							
Eligible	3	4	5	6	7	8	9	10+
Enrolled	3	3	3	4	5	6	6	75%
Dependents: With dependent coverage, at least 50% of eligible dependents must be enrolled.								

### *Exceptions*

If a husband and wife are both employed by the same employer and the couple have dependent children to be insured, either the husband or wife may elect to be insured as a dependent rather than as an employee. Also, firms that fall below 3 insured employees will have 90 days to bring the number insured up to the required level. If less than the required number of employees are insured after 90 days, the firm's coverage will be dropped.

## takeover

The group is given credit for calendar-year deductibles accumulated under an existing group dental plan. We will waive the 12-month elimination period for Type 3 procedures for all currently insured employees/dependents. New employees are subject to the plan's limitations, deductibles, etc. Limited prior extraction coverage is provided. No other plan provisions are affected.

### *Takeover Dental*

1. the current group dental plan must have been in effect continuously for at least 12 months
2. the effective date of the new PDP plan must immediately follow the termination date of the prior plan with no gap in coverage
3. requires 3+ insured full-time employees
4. submit all of the following as evidence of prior coverage:
  - \* a copy of the previous group insurance carrier's most recent invoice
  - \* a certificate or letter of acceptance from the previous group insurance carrier showing the policy effective date
  - \* the termination date of the prior group dental plan

The burden of providing proof for takeover benefits rests on the group requesting takeover. Ameritas reserves the right to refuse takeover benefits regardless of submission. **IMPORTANT:** No insurance is in force until the group receives written acceptance from Ameritas; therefore, **DO NOT** cancel existing coverage until then.

### *Limitations*

1. Credit for calendar year deductibles will be given only for expenses that would be covered expenses under the plan and if those expenses were incurred January 1, or later, of the calendar year in which the PDP Plan took effect.
2. To receive credit for deductible amounts satisfied under the prior plan, we require proof in the form of a claim worksheet showing an explanation of the benefits paid by the prior carrier.
3. To obtain coverage for the initial placement of a prosthetic appliance or fixed bridge when replacing a tooth or teeth while insured under the prior plan, the placement must take place within 6 months following the extraction(s) and while insured by our plan.

### *Takeover Child Ortho [plan B]*

1. the current group child ortho plan must have been in effect continuously for at least 12 months
2. the effective date of the new PDP plan must immediately follow the termination date of the prior plan with no gaps in coverage
3. requires 3+ insured full-time employees
4. submit a copy of the child ortho plan benefits or policy/certificate as evidence of prior coverage

*See child orthodontia limitations on Page 9.*

## effective date when coverage begins

### *Firms*

When a group joins the plan, the group's effective date of coverage will be the first of the month following approval of the group's application to participate in the Trust. To obtain any specific first-of-the-month effective date, all materials must be received in the Ameritas Home Office 15 days before the requested effective date. Otherwise the effective date will be the first of the month following receipt.

### *Employees*

Coverage for all eligible employees employed on the group's effective date will start on the group's effective date. New employees joining the group or employees applying after losing group dental coverage elsewhere will be insured on the first day of the month on or following the date they become eligible for coverage. If an enrollment form is submitted late during the initial eligibility period, coverage is backdated and premium is due retroactively to the employee's effective date.

### *Dependents*

Coverage for an employee's dependents is generally effective on the date the employee's coverage goes into effect. The employee must enroll dependents within 31 days after becoming eligible. If a dependent enrolls more than 31 days after becoming eligible, the dependent will be considered a late entrant and be eligible only for limited benefits for one year from his or her effective date. Eye care has no late entrant provision.

## ineligible industries

Certain types of businesses have greater risk in the rating of this coverage. To provide the most competitive rates for all participating employers, Ameritas reserves the right to accept or reject a group, and increase the load on any employer group that does not conform to underwriting standards. Although it's difficult to identify all the types of businesses that can or cannot be underwritten, the following is a list of businesses with special underwriting concerns.

CAUTION: Approval by Ameritas should be secured before terminating existing coverage.

### **The following types of businesses will not be accepted:**

1. \*Association groups—Employer, public employee, professional such as police, county employees, chamber of commerce members (as a whole); manufacturing associations; bar or medical associations. Does not apply to individual physicians (MDs), PAs or the professional administrative staffs of such associations.
2. †Dentist offices/clinics
3. \*†Private/public schools (with 10 enrolled employees, may be accepted with a rate load as shown below)
4. \*Trusts—Any group involving a Trust instrument such as Multiple Employer Trusts
5. \*Unions (Taft Hartley Trusts) where benefits and rates are subject to labor management negotiations
6. \*Voluntary arrangements such as cafeteria plans, Section 125 plans
7. Fraternal organizations

### **The following types of businesses generally will be accepted with an additional 20% load to the rates:**

1. Any business that indicates a portion of its employees are not to be considered eligible, known as a carve-out group. This includes groups that consist of management or white-collar employees only, in an industry where we generally see a mix of blue- and white-collar employees. It can apply even if managers are the only full-time employees.
2. Jewelry stores including both wholesale and retail sale of gems and precious metals
3. Real estate development/management
4. Sales firms—Entities where more than 40% of the employees fall into the occupational class defined as sales. The sales class related to those people who receive compensation based (in whole or part) on commissions. Their livelihood depends on personal contact and, to an extent, on personal appearance. Included is the sale of automobiles, insurance and real estate, cosmetic products, plastic containers products, household cleaning products, food commodities (food brokers).
5. Stock brokerage firms
6. Investment firms
7. Beauty salons/spas
8. Funeral services
9. Interior decorating/design
10. Private/public schools (minimum 10 enrolled employees)

NOTE: Ameritas reserves the right to request employment verification through state unemployment compensation records.

\*These types of groups could be written under a customized arrangement.

†These types of groups are considered eligible in Michigan, Florida and Wisconsin with an appropriate rate load.

Call Ameritas toll free at 888.228.5713, option 2, for details.

**Dental Limitations. Covered Expenses will not include and benefits will not be payable for expenses incurred:**

1. for Type 3 Procedures in the first 12 months the person is covered under this contract.
2. in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application.
3. for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
4. for appliances, restorations, or procedures to: a. alter vertical dimension; b. restore or maintain occlusion; or c. splint or replace tooth structure lost as a result of abrasion or attrition.
5. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
6. to replace lost or stolen appliances.
7. for any treatment which is for cosmetic purposes.
8. for any procedure not shown in the Table of Dental Procedures in the Certificate. (There may be additional frequencies and limitations that apply, see the Table of Dental Procedures for details.)
9. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260 in the Certificate).
10. for which the Insured person 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.
11. for charges which the Insured person is not liable or which would not have been made had no insurance been in force.
12. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
13. because of war or any act of war, declared or not.

**Plan B Dental Limitations that vary from the above:**

7. for any treatment which is for cosmetic purposes unless such treatment is necessary due to congenital disease or anomaly.
10. services or supplies for the treatment of an occupational injury or sickness which are paid or payable under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Worker's Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

**Ortho Limitations. Covered Expenses will not include and benefits will not be payable for expenses incurred:**

1. for a Program begun before the Insured became covered under this section.
2. in the first 12 months that a person is insured if the person is a Late Entrant.
3. before the Insured has been insured under this section for at least 12 consecutive months.
4. in any quarter of a Program if the Insured was not covered under this section for the entire quarter.

5. if the Insured's insurance under this section terminates.
6. services or supplies for the treatment of an occupational injury or sickness which are paid or payable under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Worker's Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.
7. for charges the Insured is not legally required to pay or would not have been made had no insurance been in force.
8. for services not required for necessary care and treatment or not within the generally accepted parameters of care.
9. To replace lost or stolen appliances.

**Eye Care Limitations. Covered Expenses will not include and no benefits will be payable for expenses incurred for:**

1. eye exam more than once in any 12-month period.
2. lenses more than once in any 12-month period.
3. frames more than once in any 24-month period.
4. elective contact lenses more than once in any 12-month period. Contact lenses and associated expenses are in lieu of any other lenses or frames benefit.
5. medically necessary contact lenses more than once in any 12-month period. The treating provider determines if an insured meets the coverage criteria for this benefit. This benefit is in lieu of elective contact lenses.
6. any procedure to change the shape of the cornea in order to reduce myopia.
7. refitting of contact lenses after the initial 90-day fitting period.
8. plano contact lenses to change eye color.
9. artistically painted contact lenses.
10. lens insurance policies or service contracts.
11. additional office visits associated with contact lens pathology.
12. contact lens modification, polishing or cleaning.
13. orthoptics or eye care training and any associated testing.
14. plano lenses.
15. two pairs of glasses in lieu of bifocals.
16. replacement of lenses and frames that are lost or broken outside of the normal coverage intervals.
17. medical or surgical treatment of the eyes.
18. claims filed more than 180 days after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
19. the following materials, over and above the covered expense for the basic material: blended lenses, oversized lenses, and photochromic or tinted lenses except pink #1 and #2.
20. coating or laminating of the lens or lenses.
21. corrective vision treatments that are experimental.
22. corneal refractive therapy (CRT).
23. costs for services and/or materials that exceed the maximum covered expense.
24. services or materials that are cosmetic.

# PDP rate information



This section is designed to help calculate the cost of a particular PDP product. The rates on Page 13 are for Ameritas PDP Plans A, B and C. First select a plan design, then follow the steps listed for that plan.

## select your plan design

- A     B     C

## calculate your rate

### Plan A

1. Are you interested in eye care coverage? If so, please notice that plans A-3, A-4, A-7 and A-8 include the Focus plan.
2. Do you want takeover? Do you qualify? (See Page 7, or ask your Ameritas representative.) If you are interested in takeover and if you qualify, please note that plans A-2, A-4, A-6 and A-8 include takeover.
3. Are you interested in the PPO? If so, is it available in your area? (Check the MAC/MAB Plan ZIP Code Area List on Page 12 to verify availability.) Please note that plans A-5, A-6, A-7 and A-8 include the PPO.
4. GO TO DIRECTIONS FOR ALL PLANS.

### Plan B

1. Do you want takeover? Do you qualify? (See Page 7, or ask your Ameritas representative.) If you are interested in takeover and if you qualify, please note that plan B-2 includes takeover.
2. GO TO DIRECTIONS FOR ALL PLANS.

### Plan C

1. Verify that Plan C is available in your area by referring to the Plan C Availability List on Page 12.
2. Do you want takeover? Do you qualify? (See Page 7, or ask your Ameritas representative.) If you are interested in takeover and if you qualify, please note that plans C-2 and C-4 include takeover.
3. GO TO DIRECTIONS FOR ALL PLANS.

## directions for all plans

1. **Determine your Area.** Rates vary by area. To determine your rate, you must first identify your area. Using the first three digits of the employer's ZIP Code and the Standard ZIP Code Area List on the next page, identify your area. For plans A-5, A-6, A-7 and A-8, use the MAC/MAB Plan ZIP Code Area List on Page 12.
2. **Determine your rate(s).** Refer to the rate table on Page 13 and find the applicable rate(s) for your area and coverage type (Employee only, Employee + one dependent, or Employee + two or more dependents).
3. **Identify your Quarterly Adjustment Factor.** Quarterly Adjustment Factors depend on the policy effective date you request. Use the chart below to determine your factor.
4. You have now identified all of the information you need to complete the Premium Information section of the worksheet on Page 14. If you have questions, please call 888.228.5713, option 2.

### quarterly adjustment factor

<u>Requested Effective Date</u>	<u>Factor</u>
3rd Quarter 2011 (July, August, September) .....	1.00
4th Quarter 2011 (October, November, December) .....	1.02
1st Quarter 2012 (January, February, March) .....	1.04
2nd Quarter 2012 (April, May, June).....	1.06

**IMPORTANT:** All of the rates listed in this brochure are guaranteed for the first 12 months following acceptance into the Bankers Life Nebraska Preferred Trust. After that, rates for all groups may be changed at any time subject to at least 31 days' prior notice. Prior notice requirements vary depending on state legislation. Check with your Ameritas representative to determine your requirement. Changes in rates resulting from the addition of eye care will not result in a new 12-month rate guarantee.

## STANDARD ZIP CODE AREA LIST [Plan A without PPO, Plan B]

Search using the first three digits of the employer's ZIP Code. ZIP Codes separated by dashes are inclusive.

AK..... Area 10: 999 Area 11: 995-997 Area 12: 998	MA ..... Area 7: 012, 013 Area 8: 010, 011, 014, 015, 018-021, 025, 027, 055 Area 9: 016, 017, 022-024, 026	PA..... Area 3: 158, 167, 169 Area 4: 153-157, 159, 172, 178, 179, 186, 188 Area 5: 150, 151, 160-163, 166, 168, 170, 173-177, 184, 185, 195, 196 Area 6: 152, 164, 165, 171, 180-183, 187 Area 8: 189, 191-194 Area 9: 190
AL..... Area 1: 362-364, 367 Area 2: 351, 355, 360 Area 3: 350, 352, 354, 356-359, 361, 365, 366, 368, 369	MD ..... Area 2: 215 Area 5: 212, 216, 218 Area 6: 206, 210, 211, 214, 217, 219 Area 7: 207, 209 Area 8: 208	RI ..... Area 7: 028 Area 8: 029
AR..... Area 1: 716-718, 726 Area 2: 723, 725, 728 Area 3: 719, 724, 727, 729 Area 4: 720-722	ME ..... Area 3: 047 Area 4: 046 Area 5: 042-045, 048, 049 Area 6: 039-041	SC ..... Area 2: 293, 295 Area 3: 291, 292, 297-299 Area 4: 290, 296 Area 5: 294
AZ..... Area 2: 859 Area 3: 860, 864, 865 Area 4: 853, 855-857 Area 5: 863 Area 6: 850-852	MI..... Area 5: 491, 493, 494, 496-499 Area 6: 487-490, 492, 495 Area 7: 480-482, 484-486 Area 8: 483	SD ..... Area 7: 570, 572-577 Area 8: 571
CA..... Area 7: 923, 932 Area 8: 922, 925, 933, 935-937 Area 9: 917, 921, 924, 928, 934, 938, 954-956, 958, 961 Area 10: 902, 910-913, 915, 918-920, 926, 930, 931, 939, 952, 953, 957, 959, 960 Area 11: 905, 907, 908, 914, 916, 927, 941, 942, 944-946, 948, 949 Area 12: 900, 901, 903, 904, 906, 940, 943, 947, 950, 951	MN ..... Area 4: 561, 562 Area 5: 556, 565-567 Area 6: 560 Area 7: 550, 557-559, 563, 564 Area 8: 551, 553 Area 9: 554, 555	TN..... Area 2: 382-384 Area 3: 370, 371, 373-378, 380, 381, 385 Area 4: 379 Area 5: 372
CO ..... Area 4: 807 Area 5: 811-814 Area 6: 805, 810 Area 7: 800-804, 806, 808, 809, 815, 816	MO ..... Area 1: 634, 635, 638, 639, 644-647, 653, 655-657 Area 2: 636, 637, 648-651, 654, 658 Area 3: 630, 633, 652 Area 4: 640, 641 Area 5: 631	TX..... Area 1: 768, 769, 779, 785, 795 Area 2: 755, 756, 758, 764, 766, 783, 788-790, 792, 793, 796, 798, 799, 885 Area 3: 751, 757, 759, 763, 765, 767, 778, 780, 781, 786, 794, 797 Area 4: 754, 762, 776, 777, 782, 784, 791 Area 5: 733, 750, 761, 770, 775 Area 6: 752, 753, 760, 772-774, 787
CT..... Area 8: 062, 063 Area 9: 060, 061, 064-068 Area 10: 069	MS ..... Area 1: 386-389 Area 2: 390, 391, 396 Area 3: 393-395, 397 Area 4: 392	UT..... Area 5: 843, 845, 847 Area 6: 844, 846 Area 7: 840-842
DC ..... Area 8: 200, 569 Area 9: 202-205	MT ..... Area 5: 590-593, 595, 596 Area 6: 594, 597-599	VA ..... Area 2: 227, 228, 239, 242, 243, 245, 246 Area 3: 241, 244 Area 4: 221, 225, 229, 238, 240 Area 5: 201, 220, 224, 226, 230-233, 235-237 Area 6: 234 Area 7: 222, 223
DE..... Area 4: 199 Area 7: 197, 198	NC ..... Area 2: 286 Area 3: 287, 289 Area 4: 270, 272, 275, 277-280, 283-285, 288 Area 5: 271, 273, 281 Area 6: 274, 276, 282	VT..... Area 7: 050-054, 056-059
FL ..... Area 3: 322, 324, 326, 328, 344 Area 4: 320, 321, 323, 325, 327, 335, 337, 346, 347 Area 5: 338, 339, 341, 342, 349 Area 6: 329, 336 Area 8: 330, 334 Area 9: 331, 333 Area 10: 332	ND ..... Area 3: 580, 583, 584 Area 4: 582, 585-588 Area 5: 581	WA ..... Area 9: 990, 991, 993, 994 Area 10: 982, 985, 986, 988, 989, 992 Area 11: 980, 981, 983, 984
GA ..... Area 2: 304, 310, 319 Area 3: 307, 309, 312, 315-318 Area 4: 306, 308, 313, 314, 398 Area 5: 302, 305 Area 6: 301, 303, 311, 399 Area 7: 300	NE..... Area 1: 686 Area 3: 680, 681, 683, 684, 689, 693 Area 4: 685, 687, 688, 690-692	WI..... Area 4: 538 Area 5: 530, 531, 535, 537, 539-548 Area 6: 532, 534, 549
HI ..... Area 10: 967, 968	NH ..... Area 6: 035 Area 7: 031-034, 036-038 Area 8: 030	WV..... Area 1: 247-252, 260, 262-265 Area 2: 253, 255-259, 261, 266-268 Area 3: 254
IA ..... Area 2: 504, 506, 508, 514-516, 521 Area 3: 505, 510, 512, 513, 520, 522, 523, 525-527 Area 4: 501, 502, 507, 509, 511, 524, 528 Area 5: 500, 503	NJ ..... Area 6: 080 Area 7: 081-083 Area 8: 084 Area 9: 071-073, 077, 078, 085-089 Area 10: 070, 074-076, 079	WY..... Area 4: 824-826, 828, 831 Area 5: 820-823, 827, 829, 830
ID ..... Area 5: 832-834 Area 6: 835-838	NM ..... Area 4: 871, 874, 877-879, 881-884 Area 5: 870, 873, 880 Area 6: 875	
IL..... Area 2: 624, 626, 628, 629 Area 3: 614, 619, 622, 623, 625 Area 4: 609, 610, 612, 613, 615-618, 620, 627 Area 5: 611 Area 6: 604 Area 7: 601, 603, 605, 607, 608 Area 8: 600, 602, 606	NV ..... Area 5: 893, 898 Area 6: 889-891 Area 7: 895, 897 Area 8: 894	
IN ..... Area 2: 467, 471, 473-479 Area 3: 460-462, 465, 466, 468-470, 472 Area 4: 463, 464	NY..... Call us at 800.201.8562 for more information	
KS..... Area 3: 667-671, 673-679 Area 4: 660, 661, 664, 665 Area 5: 662, 666, 672	OH ..... Area 1: 457 Area 2: 456 Area 3: 433-435, 437-439, 446, 448, 450, 451, 453-455, 458 Area 4: 431, 432, 436, 440, 442-445, 447, 449, 452 Area 5: 430, 441 Area 7: 459	
KY..... Area 2: 407-409, 421, 422, 425-427 Area 3: 400-406, 410-420, 423, 424	OK ..... Area 2: 747-749 Area 3: 730, 734-739, 743-745 Area 4: 731, 741, 746 Area 5: 740	
LA..... Area 2: 701, 706, 713, 714 Area 3: 700, 703-705, 707, 708, 710, 712 Area 5: 711	OR..... Area 6: 978, 979 Area 7: 976 Area 8: 971, 973-975, 977 Area 9: 970, 972	

**Note:** CO, IL, IN, ME, MT, NH, OK, OR, SD, UT, VT and WA require our tailored group application for PDP [GR5940], which can be obtained from your local Ameritas sales representative.

**MAC/MAB PLAN ZIP CODE AREA LIST [Plan A with PPO]**

AL..... Area 2: 363 Area 3: 351, 352, 355, 358, 360 Area 4: 350, 354, 356, 357, 359, 361, 365, 366, 368, 369	IN ..... Area 2: 471 Area 3: 467, 469, 473-479 Area 4: 460-462, 464-466, 468, 470, 472 Area 5: 463	NV ..... Area 6: 893, 898 Area 7: 889-891 Area 8: 895, 897 Area 9: 894
AR..... Area 2: 716, 728 Area 3: 723 Area 4: 719, 724, 727, 729 Area 5: 720-722	KS ..... Area 4: 667, 668, 676 Area 5: 660-662, 665 Area 6: 666, 672	OH Area 2: 456 Area 3: 446, 448, 451, 453, 454 Area 4: 431, 433-435, 437-440, 443, 450, 452, 455, 458 Area 5: 430, 436, 442, 444, 445, 447, 449 Area 6: 432 Area 7: 441
AZ..... Area 2: 859 Area 3: 864 Area 4: 857, 860 Area 5: 853, 855, 856 Area 6: 850-852, 863	KY..... Area 3: 402, 404, 405, 407, 409, 421, 422, 425- 427 Area 4: 400, 401, 403, 406, 410-412, 416, 417, 420, 423	OK ..... Area 3: 730, 737, 748, 749 Area 4: 731, 735, 738, 741, 744 Area 5: 740
CA..... Area 7: 923, 932 Area 8: 922, 925, 935-937 Area 9: 917, 921, 924, 928, 933, 934, 954-956 Area 10: 910-913, 915, 918-920, 926, 930, 931, 939, 952, 953, 958-961 Area 11: 902, 905, 907, 908, 914, 916, 927, 941, 944-946, 948, 949, 957 Area 12: 900, 903, 904, 906, 940, 943, 947, 950, 951	LA ..... Area 3: 701, 706, 713 Area 4: 700, 703-705, 707, 708, 710, 712 Area 5: 711	OR..... Area 7: 976, 978, 979 Area 8: 971 Area 9: 970, 972-975, 977
CO ..... Area 5: 807, 812 Area 6: 811, 813, 814 Area 7: 800-806, 808-810 Area 8: 815, 816	MD ..... Area 3: 215 Area 5: 216, 218 Area 6: 210- 212, 214, 217 Area 7: 206, 207, 219 Area 8: 208, 209	PA..... Area 4: 153, 154, 156, 159 Area 5: 150, 151, 155, 157, 160, 170, 178, 179, 185, 186, 188, 195, 196 Area 6: 152, 161, 162, 163, 165, 166, 168, 171, 173-177, 180, 181, 184, 187 Area 7: 164, 182, 183 Area 8: 191 Area 9: 189, 190, 193, 194
CT..... Area 9: 062 Area 10: 061, 063, 064, 068 Area 11: 060, 065-067, 069	ME ..... Area 6: 042-044, 049 Area 7: 040, 041	SC ..... Area 3: 293, 295 Area 4: 291, 292, 297-299 Area 5: 290, 296 Area 6: 294
DC ..... Area 8: 200 Area 9: 202-205	MI..... Area 6: 489, 491, 493, 494, 498, 499 Area 7: 480-482, 484-488, 490, 492, 495 Area 8: 483	SD..... Area 8: 572
DE..... Area 8: 197, 198	MN..... Area 5: 561 Area 6: 565, 566 Area 7: 560, 564 Area 8: 550, 553, 558, 559, 563 Area 9: 551, 554, 555	TN..... Area 3: 370, 371, 380, 382-384 Area 4: 373- 379, 381, 385 Area 6: 372
FL ..... Area 3: 322, 324, 328 Area 4: 320, 321, 325- 327, 335, 337, 344, 346, 347 Area 5: 323, 338, 339, 341, 342, 349 Area 6: 329, 336 Area 8: 330, 334 Area 9: 331 Area 10: 332, 333	MO ..... Area 1: 644-646, 657 Area 2: 638, 647, 655, 658 Area 3: 633, 636, 637, 648, 650, 653, 654 Area 4: 630, 640, 652 Area 5: 631, 641	TX..... Area 2: 758, 766, 768, 769, 779, 785, 789, 799, 885 Area 3: 755, 756, 765, 767, 780, 781, 783, 786, 788, 790, 793, 794, 796 Area 4: 751, 757, 759, 762, 763, 776-778, 782, 784, 797 Area 5: 750, 754, 761, 770, 775, 791 Area 6: 760, 772, 774, 787 Area 7: 752, 753, 773
GA ..... Area 3: 310, 319 Area 4: 307, 309, 312-318 Area 5: 305, 306, 308, 398 Area 6: 302, 303 Area 7: 300, 301	MS..... Area 2: 386, 388 Area 3: 390, 391 Area 4: 394, 395 Area 5: 392	UT..... Area 6: 845, 846 Area 7: 840, 841, 843, 844, 847
HI ..... Area 11: 967, 968	MT ..... Area 6: 596 Area 7: 597, 599	VA ..... Area 3: 239, 245, 246 Area 4: 238 Area 5: 224, 225, 230, 231, 233, 235, 236, 240 Area 6: 201, 220, 221, 232, 234, 237 Area 7: 222, 223
IA ..... Area 2: 516 Area 3: 504, 506, 508, 514, 515, 521 Area 4: 512, 520, 522, 523, 525, 526 Area 5: 501-503, 507, 511, 524, 528 Area 6: 500	NC ..... Area 3: 286 Area 5: 270, 272, 275, 277, 278, 280, 283-285, 288 Area 6: 271, 273, 281, 282 Area 7: 274, 276	VT..... Area 8: 053, 054, 057
ID ..... Area 6: 832-834 Area 7: 835-838	ND ..... Area 5: 582 Area 6: 581	WA..... Area 10: 982, 985, 986, 990, 991, 993 Area 11: 980, 981, 983, 984, 988, 989, 992
IL..... Area 3: 624, 626, 628 Area 4: 609, 614, 615, 618, 619, 622, 627, 629 Area 5: 610, 612, 616, 617, 620 Area 6: 611 Area 7: 601, 603-605, 607 Area 8: 600, 602, 606, 608	NE..... Area 3: 680, 681, 683, 684, 686, 689, 693 Area 4: 687, 688, 690, 691 Area 5: 685, 692	WI..... Area 5: 531, 538 Area 6: 530, 532, 534, 535, 537, 539-544, 546-548 Area 7: 549
	NH ..... Area 7: 038 Area 8: 031, 033, 034, 037 Area 9: 030	
	NM..... Area 5: 871, 874, 877, 879-883 Area 6: 870, 873 Area 7: 875	

**PLAN C AVAILABILITY LIST [Two-Tier Plan]**

To locate the applicable area for your Plan C ZIP Code, find the first three digits of that ZIP in the Standard ZIP Code Area List (previous page).

AL..... 350-352, 354-361, 363, 365, 366, 368, 369	MD ..... 206-212, 214-219	SC ..... 290-299
AR..... 716, 719-724, 727-729	MI..... 480-495, 498, 499	SD ..... 572
AZ..... 850-853, 855-857, 859, 860, 863, 864	MO ..... 630, 631, 633, 636-638, 640, 641, 644-648, 650, 652-655, 657, 658	TN..... 370-385
CA..... 900, 902-908, 910-928, 930-937, 939-941, 943- 961	NC ..... 270-278, 280-286, 288	UT..... 840, 841, 843-847
CO ..... 800-816	ND ..... 581, 582	VA ..... 201, 220-225, 230-240, 245, 246
CT..... 060-069	NE..... 680, 681, 683-693	VT..... 053, 054, 057
DC ..... 200, 202-205	NH ..... 030, 031, 033, 034, 037, 038	WA..... 980-986, 988-993
DE..... 197, 198	NJ ..... 070-089	WI..... 530-532, 534, 535, 537-544, 546-549
FL ..... 320-339, 341, 342, 344, 346, 347, 349	NM..... 870, 871, 873-875, 877, 879-883	
HI ..... 967, 968	NV ..... 889-891, 893-895, 897, 898	
IA ..... 500-504, 506-508, 511, 512, 514-516, 520-526, 528	OH ..... 430-456, 458	
ID ..... 832-838	OK ..... 730, 731, 735, 737, 738, 740, 741, 744, 748, 749	
IN ..... 460-479	OR..... 970-979	
KS ..... 660-662, 665-668, 672, 676	PA..... 150-157, 159-166, 168, 170, 171, 173-191, 193- 196	

For MAC/MAB PLAN and PLAN C in non-metro areas where the 3-digit ZIP Code covers a wide territory, check for providers in a specific location by calling 888.228.5713, option 2.

Rates on this page are effective July 1, 2011. After June 30, 2012, please contact us for current rates.

	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
<b>Plan A</b>												
<b>Plan A-1 Monthly Rate for Dental Non-Takeover</b>												
<i>Employee only</i>	25.60	27.90	30.40	33.10	36.10	39.30	42.70	46.30	50.30	54.60	59.20	64.20
<i>Employee + one dependent</i>	52.60	56.80	61.50	66.50	72.00	78.00	84.00	90.70	97.80	105.40	113.60	123.00
<i>Employee + two or more dependents</i>	89.30	96.40	104.10	112.30	121.30	130.90	140.60	151.10	162.40	174.60	187.60	203.20
<b>Plan A-2 Monthly Rate for Dental Takeover</b>												
<i>Employee only</i>	28.20	30.70	33.40	36.40	39.70	43.20	47.00	50.90	55.30	60.10	65.10	70.60
<i>Employee + one dependent</i>	57.90	62.50	67.70	73.20	79.20	85.80	92.40	99.80	107.60	115.90	125.00	135.30
<i>Employee + two or more dependents</i>	98.20	106.00	114.50	123.50	133.40	144.00	154.70	166.20	178.60	192.10	206.40	223.50
<b>Plan A-3 Monthly Rate for Dental Non-Takeover and Eye Care</b>												
<i>Employee only</i>	34.60	36.90	39.40	42.10	47.00	50.20	53.60	57.20	63.30	67.60	72.20	77.20
<i>Employee + one dependent</i>	68.60	72.80	77.50	82.50	91.30	97.30	103.30	110.00	120.90	128.50	136.70	146.10
<i>Employee + two or more dependents</i>	114.90	122.00	129.70	137.90	152.20	161.80	171.50	182.00	199.30	211.50	224.50	240.10
<b>Plan A-4 Monthly Rate for Dental Takeover and Eye Care</b>												
<i>Employee only</i>	37.20	39.70	42.40	45.40	50.60	54.10	57.90	61.80	68.30	73.10	78.10	83.60
<i>Employee + one dependent</i>	73.90	78.50	83.70	89.20	98.50	105.10	111.70	119.10	130.70	139.00	148.10	158.40
<i>Employee + two or more dependents</i>	123.80	131.60	140.10	149.10	164.30	174.90	185.60	197.10	215.50	229.00	243.30	260.40
<b>Plan A-5 Monthly Rate for Dental Non-Takeover with PPO (check the MAC/MAB Plan ZIP Code Area List for availability)</b>												
<i>Employee only</i>	17.00	18.50	20.20	22.00	24.00	26.20	28.40	30.80	33.40	36.30	39.30	42.70
<i>Employee + one dependent</i>	35.10	37.90	41.10	44.40	48.10	52.10	56.10	60.40	65.10	70.10	75.60	81.40
<i>Employee + two or more dependents</i>	59.70	64.60	69.70	75.10	81.10	87.60	94.10	101.10	108.70	116.70	125.40	134.90
<b>Plan A-6 Monthly Rate for Dental Takeover with PPO (check the MAC/MAB Plan ZIP Code Area List for availability)</b>												
<i>Employee only</i>	18.70	20.40	22.20	24.20	26.40	28.80	31.20	33.90	36.70	39.90	43.20	47.00
<i>Employee + one dependent</i>	38.60	41.70	45.20	48.80	52.90	57.30	61.70	66.40	71.60	77.10	83.20	89.50
<i>Employee + two or more dependents</i>	65.70	71.10	76.70	82.60	89.20	96.40	103.50	111.20	119.60	128.40	137.90	148.40
<b>Plan A-7 Monthly Rate for Dental Non-Takeover and Eye Care with PPO (check the MAC/MAB Plan ZIP Code Area List for availability)</b>												
<i>Employee only</i>	26.00	27.50	29.20	31.00	34.90	37.10	39.30	41.70	46.40	49.30	52.30	55.70
<i>Employee + one dependent</i>	51.10	53.90	57.10	60.40	67.40	71.40	75.40	79.70	88.20	93.20	98.70	104.50
<i>Employee + two or more dependents</i>	85.30	90.20	95.30	100.70	112.00	118.50	125.00	132.00	145.60	153.60	162.30	171.80
<b>Plan A-8 Monthly Rate for Dental Takeover and Eye Care with PPO (check the MAC/MAB Plan ZIP Code Area List for availability)</b>												
<i>Employee only</i>	27.70	29.40	31.20	33.20	37.30	39.70	42.10	44.80	49.70	52.90	56.20	60.00
<i>Employee + one dependent</i>	54.60	57.70	61.20	64.80	72.20	76.60	81.00	85.70	94.70	100.20	106.30	112.60
<i>Employee + two or more dependents</i>	91.30	96.70	102.30	108.20	120.10	127.30	134.40	142.10	156.50	165.30	174.80	185.30
<b>Plan B</b>												
<b>Plan B-1 Monthly Rate for Dental Non-Takeover and Child Ortho Non-Takeover</b>												
<i>Employee only</i>	24.60	26.80	29.20	31.80	34.60	37.80	41.00	44.50	48.30	52.40	56.90	61.70
<i>Employee + one dependent</i>	50.70	54.70	59.10	64.00	69.20	75.00	80.80	87.10	94.00	101.20	109.20	117.70
<i>Employee + two or more dependents</i>	90.70	97.90	105.60	113.90	122.90	132.70	142.60	153.20	164.60	176.90	190.00	204.20
<b>Plan B-2 Monthly Rate for Dental Takeover and Child Ortho Non-Takeover (unless proof of prior ortho coverage)</b>												
<i>Employee only</i>	27.10	29.50	32.10	35.00	38.10	41.60	45.10	49.00	53.10	57.60	62.60	67.90
<i>Employee + one dependent</i>	55.80	60.20	65.00	70.40	76.10	82.50	88.90	95.80	103.40	111.30	120.10	129.50
<i>Employee + two or more dependents</i>	102.30	110.40	119.10	128.40	138.60	149.60	160.80	172.70	185.60	199.50	214.20	230.20
<b>Plan C</b>												
<b>Plan C-1 Monthly Rate for Dental Non-Takeover with \$5 Per-Visit Deductible (check the Plan C Availability List)</b>												
<i>Employee only</i>	21.00	22.80	24.50	26.50	28.40	30.80	33.50	36.40	39.90	43.20	47.20	51.70
<i>Employee + one dependent</i>	43.10	46.50	49.80	53.50	57.30	61.10	65.80	71.40	77.70	84.30	91.50	99.50
<i>Employee + two or more dependents</i>	73.20	78.70	84.30	90.20	96.00	102.70	110.20	119.40	129.40	140.00	151.40	164.50
<b>Plan C-2 Monthly Rate for Dental Takeover with \$5 Per-Visit Deductible (check the Plan C Availability List)</b>												
<i>Employee only</i>	23.10	25.10	27.00	29.20	31.20	33.90	36.90	40.00	43.90	47.50	51.90	56.90
<i>Employee + one dependent</i>	47.40	51.20	54.80	58.90	63.00	67.20	72.40	78.50	85.50	92.70	100.70	109.50
<i>Employee + two or more dependents</i>	80.50	86.60	92.70	99.20	105.60	113.00	121.20	131.30	142.30	154.00	166.50	181.00
<b>Plan C-3 Monthly Rate for Dental Non-Takeover with \$10 Per-Visit Deductible (check the Plan C Availability List)</b>												
<i>Employee only</i>	19.30	21.30	23.20	24.60	26.80	28.90	31.40	34.60	37.60	41.50	45.40	49.50
<i>Employee + one dependent</i>	40.30	43.30	46.80	49.80	53.70	58.00	62.40	67.80	73.90	80.50	87.60	95.50
<i>Employee + two or more dependents</i>	68.60	73.70	78.70	84.30	90.30	96.90	104.70	113.50	123.10	133.80	144.90	158.00
<b>Plan C-4 Monthly Rate for Dental Takeover with \$10 Per-Visit Deductible (check the Plan C Availability List)</b>												
<i>Employee only</i>	21.20	23.40	25.50	27.10	29.50	31.80	34.50	38.10	41.40	45.70	49.90	54.50
<i>Employee + one dependent</i>	44.30	47.60	51.50	54.80	59.10	63.80	68.60	74.60	81.30	88.60	96.40	105.10
<i>Employee + two or more dependents</i>	75.50	81.10	86.60	92.70	99.30	106.60	115.20	124.90	135.40	147.20	159.40	173.80

## rating worksheet

The rates established for this product do not involve any predetermined rate-tiering mechanism using individual unit experience. Renewal rates are calculated on the basis of experience within the whole group. Ameritas reserves the right, however, at some time in the future, to use a combination of the experience of the entire group and the experience of individual units, resulting in a tier or similar rating method. No individual employer group may be cancelled on the basis of the health of one or more members of the employer group. Each employer group will receive written notice of any proposed change in rates at least 31 days in advance of the change date. State legislation may require more than 31 days' notice. See your Ameritas representative for exact requirements. **50% Situs Statement:** For rating purposes, 50% of enrolled employees must reside in the situs ZIP Code area. Companies with multiple areas are subject to the area and rating determined by Ameritas.

## premium information

(To calculate premium, insert rates and the appropriate Quarterly Adjustment Factor.)

Using Plan \_\_\_\_\_ - \_\_\_\_\_ Area \_\_\_\_\_

**IF YOU NEED ASSISTANCE,  
PLEASE CALL  
888.228.5713, OPTION 2.**

	EMPLOYEE ONLY RATE	EMPLOYEE + ONE DEPENDENT RATE	EMPLOYEE + TWO OR MORE DEPENDENTS RATE	
Monthly Rate for Dental (or Dental & Eye Care)	\$ _____	\$ _____	\$ _____	
Multiply by 1.2 for special risk industries (See Page 8, Ineligible Industries)	X _____	X _____	X _____	
Multiply by Quarterly Adjustment Factor (Factor based on requested effective date)	X _____	X _____	X _____	
	= \$ _____	= \$ _____	= \$ _____	
Multiply Number of Eligibles	X _____	X _____	X _____	
Estimated Cost	\$ _____	+ \$ _____	+ \$ _____	= \$ _____

### QUARTERLY ADJUSTMENT FACTOR

REQUESTED EFFECTIVE DATE	FACTOR
3rd Quarter 2011 (July, August, September).....	1.00
4th Quarter 2011 (October, November, December).....	1.02
1st Quarter 2012 (January, February, March).....	1.04
2nd Quarter 2012 (April, May, June).....	1.06

**IF PAYING PREMIUM MONTHLY:** Estimated Cost: \$ **\$15 or with EFT \$10**  
 Monthly Administration Fee: + \_\_\_\_\_  
**Total Monthly Estimated Cost:** \$ \_\_\_\_\_

**IF PAYING PREMIUM QUARTERLY:** Estimated Cost: \$ \_\_\_\_\_  
 Multiply by 3 Months: x 3 = \$ **\$20 or with EFT \$15**  
 Quarterly Administration Fee: + \_\_\_\_\_  
**Total Quarterly Estimated Cost:** \$ \_\_\_\_\_

Do you want Electronic Funds Transfer (EFT) for monthly or quarterly billing?  Yes  No

If yes, please complete the form (on last page) and submit it with your application.

Are all employees who are not eligible to waive coverage enrolled in this plan?  Yes  No

Are all eligible dependents being enrolled in this plan?  Yes  No

If "No", explain in full \_\_\_\_\_

## producer information

Name \_\_\_\_\_ License Number \_\_\_\_\_

Agency Name (if applicable) \_\_\_\_\_

Are you licensed/appointed with Ameritas Life Insurance Corp.?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security No./Federal ID No. \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

I hereby confirm and understand that the underwriting of this case is predicated on the questions on the Insurance Application and Subscription To The Trust and where there has been a material misrepresentation of facts, coverage can be rescinded. To the best of my knowledge there have been no material misrepresentations.

I certify that I have thoroughly explained all exclusions and limitations contained in the limitations sections and the Applicant understands them.

Make checks payable to:  Individual  Firm  Other, please specify \_\_\_\_\_

I understand and agree that before I present this product to any client if I'm not already appointed with Ameritas, I must apply to and be appointed with Ameritas.

**REQUIRED - PRODUCER'S SIGNATURE** \_\_\_\_\_

## submission requirements

- Fully completed Insurance Application (GR125 PDP Trust on Page 15).
- Group Enrollment/Change/Waiver Form for each employee (GR875 on Page 17).
- If paying monthly — firm's check for the first month's premium. If paying quarterly — firm's check for the first three months' premiums. (Agent's or Agency's check will not be accepted. Make check payable to Ameritas Life Insurance Corp.)
- Commission Agreement. (This form will be sent to you for completion upon receipt of items 1, 2 and 3.)
- Send all materials to:** PDP Group Administration, Ameritas Group, 475 Fallbrook Blvd., Lincoln, NE 68521.

Ameritas will notify the Applicant of acceptance into the Plan and the effective date of coverage. Coverage can only be afforded on the first day of any given month. To obtain the first of any month as an effective date, all materials must be received by Ameritas before that date. Certificates for each insured employee, administration material, claim forms and instructions will be forwarded to the group upon acceptance. **NO INSURANCE IS IN FORCE UNTIL WRITTEN ACCEPTANCE IS RECEIVED FROM AMERITAS. DO NOT CANCEL EXISTING COVERAGE UNTIL YOU ARE NOTIFIED OF YOUR PLAN EFFECTIVE DATE.**

# insurance application and subscription to the trust — subscription agreement



The undersigned employer hereby applies for membership in the Bankers Life Nebraska Preferred Trust and subscribes to, adopts, and agrees to be bound by all the terms and conditions of the declaration of the Trust. It is understood that the Trust must accept the application in writing before membership is approved.

**X** For the Firm By: \_\_\_\_\_  
REQUIRED - APPLICANT'S SIGNATURE Title

## insurance application

Having applied for membership in the Bankers Life Nebraska Preferred Trust, we also hereby elect to participate in the Dental or Dental and Eye Care Program of Ameritas Life Insurance Corp. (hereinafter referred to as the "Company") and meet the terms and conditions of the Group Insurance Policy issued to the Trustees of the Trust. All active full-time employees working at least 30 hours per week are eligible to participate in the dental and eye care insurance plans. Please refer to the participation table and maintenance requirement section of the brochure for specific details.

1. Firm's Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Firm's Federal Tax ID/EIN (otherwise, need applicant's SSN) \_\_\_\_\_
3. Address \_\_\_\_\_  
Street Address City State ZIP
4. Number of Full-Time Employees Eligible (minimum 3): \_\_\_\_\_ Number of Employees with Eligible Dependents: \_\_\_\_\_
5. Eligibility Period:  1 month  2 months  3 months (No eligibility period applies to those employed on the Effective Date.)
6. Nature of Business or Industry: \_\_\_\_\_
7. Please provide coverage for:  Employee only  Employee and dependents
8. Are any Subsidiary or Affiliated Companies to be Insured?  Yes  No (If Yes, list on separate sheet)
9. Requested Effective Date: (Must be first of month) \_\_\_\_\_

When approved, the insurance shall be effective at 12:01 A.M. Standard Time at the Applicant's address.

10. Requesting:  Plan A - \_\_\_\_\_ (Traditional dental, optional eye care)  Plan B - \_\_\_\_\_ (Cost-containment dental, child ortho)  Plan C - \_\_\_\_\_ (Traditional dental with PPO, eye exam-only)
11. Focus eye care option included (Plan A)?  Yes  No Add Focus eye care option to current PDP Plan?  Yes  No
12. Have you ever before had a dental plan with the Company?  Yes  No If Yes, policy number \_\_\_\_\_
13. Requested billing option:  Monthly  Quarterly
14. The employer agrees to contribute toward the overall cost of insurance, the following percentages:  
 For employee \_\_\_\_\_%. For dependents \_\_\_\_\_%. (Minimum contribution is 25% of the total monthly or quarterly premium.)
15. Takeover Dental - Plans A, B and C (minimum 3 enrolled employees and 12 months' prior coverage)  Yes  No If Yes, provide a, b, c, d, e.  
 Takeover Ortho - Plan B (minimum 3 enrolled employees and 12 months' prior coverage)  Yes  No If Yes, provide a, b, c, d, e.  
 a) Name of Carrier \_\_\_\_\_ d) Policy Number \_\_\_\_\_  
 b) Effective Date of Prior Plan \_\_\_\_\_ e) Proof of prior coverage is required. Submit prior invoice,  
 c) Termination Date \_\_\_\_\_ certificate of acceptance, and risk letter or policy.

THE APPLICANT UNDERSTANDS that he or she, and not the Company nor the Trustees, is the Plan Administrator and Fiduciary (as defined in the Employee Retirement Income Security Act of 1974, Public Law 93-406). THE APPLICANT REPRESENTS that he or she has read the statements and the answers to the above questions and that they are complete and true to the best of his or her knowledge. The Applicant agrees that this application is made to induce the Company to issue the insurance applied for; such insurance to be in the amounts agreed upon by the Company and the Applicant. Group insurance at the Company's rates and under the terms of the policy(ies) applied for shall take effect on the date shown in Number 9, if this application is accepted by the Company. If this application is not accepted, any premium advanced by the Applicant shall be refunded. The Company reserves the right to reject any case which, in its opinion, does not conform to sound underwriting criteria. No insurance is in force until written acceptance is received. THE APPLICANT CERTIFIES that the exclusions and limitations contained in the limitations sections in this brochure to which this application is attached have been thoroughly explained to him/her and the Applicant understands their significance. THE APPLICANT UNDERSTANDS that the agent identified under Producer Information is, for the purposes of this dental program only, affiliated with the Company as its sales representative. The Applicant also understands that as compensation for services rendered, the sales representative receives 10% of the annual premium paid by the Applicant for this dental program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ month, \_\_\_\_\_ year. Dated at \_\_\_\_\_  
(City and State)

**X** For the Firm By: \_\_\_\_\_  
REQUIRED - AUTHORIZED EMPLOYER SIGNATURE Print Name Title

## acceptance by Bankers Life Nebraska Preferred Trust

The above subscriber is hereby accepted as a member of the Bankers Life Nebraska Preferred Trust effective month/day \_\_\_\_\_, year \_\_\_\_\_, and receipt of the first monthly premium is acknowledged.

Date Accepted \_\_\_\_\_ By \_\_\_\_\_  
Ameritas Life Insurance Corp. for the Trustees

Policy Number \_\_\_\_\_ Division Number \_\_\_\_\_

**In several states, we are required to advise you of the following:** Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State specific statements below.)

**Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. For policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

**No Cost Language Services.** You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

**Note for Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Note for D.C. Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Note for Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Note for New Mexico and Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Note for Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Note for Texas Residents:** Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

**Note for Maryland Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Note for North Carolina Residents:** After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

# enrollment/change/waiver

## group insurance form

**COBRA:** If individual is a continuee

Qualifying Event \_\_\_\_\_

Date of Event \_\_\_\_\_



P.O. Box 81889  
Lincoln, NE 68501-1889  
800-659-2223 / Fax: 402-467-7338

Policy and Div. # **010**-\_\_\_\_\_ Cert. # \_\_\_\_\_

Name and Address of Employer (Policyholder) \_\_\_\_\_

**1 to enroll**  **Dental**  **Eye Care**  To terminate all coverages

**employee information** Marital Status  Single  Married

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Full time date of hire \_\_\_\_\_  Rehire: Rehire date \_\_\_\_\_

Occupation \_\_\_\_\_

Hours worked each week \_\_\_\_\_ Are your earnings paid:  Hourly or  Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **dental** insurance plan? ..... **Employee:**  Yes  No **Dependents:**  Yes  No

Are you covered under another **eye care** insurance plan? ..... **Employee:**  Yes  No **Dependents:**  Yes  No

**dependent coverage information** List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

print full legal name (last, first, MI)	add	drop	relationship	sex	date of birth	social security number
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						

**please sign** (employee/policyholder) **The certificate provides dental and eye care benefits only. Review your certificate carefully.**

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

**X**  
Employee Signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

**X**  
Policyholder Signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date \_\_\_\_\_

Dependent late entrant date \_\_\_\_\_

Effective Date	Class	Dep. Code

## 2 to change

**Name change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_

**Add dependent coverage**

If due to marriage, what is the date of marriage? \_\_\_\_\_

If due to birth/adoption, what is the date of event? \_\_\_\_\_

If due to loss of coverage, date and reason: \_\_\_\_\_

If other, the date of event and please explain: \_\_\_\_\_

**Drop dependent coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_

Due to divorce  Due to death  Due to annual election period

Other (please explain) \_\_\_\_\_

**3 to waive** IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

**myself** (does not apply to TRUST policies)  **spouse only**  **child(ren) only**  **spouse and child(ren)**

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

**Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

**No Cost Language Services.** You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

**Note for Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Note for Georgia, Oregon and Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Note for New Mexico and Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Note for Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Note for Maryland and Washington, D.C. Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Note for Texas Residents:** Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

**Note for Washington Residents:** For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

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## Tips for filling out this form

### To enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

**Policy Name and Group Number** – to make sure plan members are added to the correct group.

**Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.

**Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.

**Full-time Employment Date** – needed so the correct effective date is calculated for new members.

**Class Number** – needed when the plan has more than one class of employees.

### To change

**Changing Dependent Codes** – When adding or dropping dependents, please note whether this change is because of a “life event” or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . . ) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

### Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

#### Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

#### Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.

# EFT Form

## electronic funds transfer

PO Box 82669 / Lincoln, NE 68501  
phone 800.659.2223 / fax 402.467.7338



### request and authorization for bank payment plan

It's the simplest method of paying your premium. No more checks to write! It's automatic and reliable. We call it electronic funds transfer (EFT for short). It allows for peace of mind however you do business — whether it's online or through the mail.

**Online:** Groups that receive invoices online, you have the freedom to choose when we debit your account. When you're ready, just visit our website, [ameritasgroup.com](http://ameritasgroup.com), sign into your secure account and click PAY BILL. We'll draft your premium payment right away.

**Mail:** Groups that receive their invoices through the mail, just authorize us to debit your account each month and we'll do the rest. It's the forget-proof method of paying your premium.

### authorized agreement for prearranged payments (debits)

Group Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Policyholder Name \_\_\_\_\_

Policyholder Contact \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> New Authorization | <input type="checkbox"/> Change of Account |
| <input type="checkbox"/> Checking Account  | <input type="checkbox"/> Savings Account   |

I hereby authorize Ameritas to initiate debit entries to the account number listed below, and at the bank named below, herein called BANK, to debit the same to such account. The EFT draft will be monthly or quarterly, whichever payment option was selected, on or about the first day of the coverage period.

Bank Account Number \_\_\_\_\_ Bank Routing Number (9 digits) \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number of Financial Institution \_\_\_\_\_

### To ensure a timely and effective setup, it is necessary to send a voided check with this request.

This authorization is to remain in full force and in effect until BANK has received written notification of its termination in such time and such manner as to afford BANK a reasonable opportunity to act on it. A customer has the right to have the amount of an erroneous debit immediately credited to his/her account by BANK up to 15 days following issuance of statement of account or 45 days after the charge, whichever comes first.

Name (Print) \_\_\_\_\_ Title of Authorized Signer \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_



**PDP Group Administration**  
**475 Fallbrook Blvd. / Lincoln, NE 68521**

**For PDP inquiries,**  
**call us toll free at 888.228.5713, option 2.**

**Call us at 800.776.9446 or visit [ameritasgroup.com](http://ameritasgroup.com)**  
**to learn more about our many products and services**  
**and link to our social media sites.**



Affiliated with UNIFI Companies Ameritas Group, a division of Ameritas Life Insurance Corp. [Ameritas Life], a UNIFI company, offers group dental, eye care and hearing care products nationwide. Certain plan designs may not be available in all areas. **The master group insurance policy providing coverage is governed by the laws of Nebraska.**

Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, call 800.659.2223. Ameritas Group's group dental, eye care and hearing care products [9000 Rev. 03-08, dates may vary by state], individual dental and eye care products [Indiv. 9000 Ed. 11-09] and Preferred Dental Protection Plans [9000 Trust Rev. 03-08] are issued by Ameritas Life. This brochure highlights the features of our PDP Plans and Focus. A complete description can be found in the certificate of insurance issued to each insured employee. All benefits are subject to provisions in Group Policy Form 9000 issued to the Trustees of said Trust under which the certificates are issued. © 2011 Ameritas Life Insurance Corp. Ameritas, the bison symbol, Ameritas Preferred Dental Protection Plan, Dental Rewards, Focus, a UNIFI company and "We're Ameritas, We're for people." are registered service marks of Ameritas or UNIFI Mutual Holding Company.