

# ( BRIGHT ONE<sup>®</sup> PLANS )

dental insurance for  
individuals, families and seniors



*Smart coverage options for today's  
health- and cost-conscious consumers*

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## **NEW AND IMPROVED PLANS**

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DENTAL REWARDS<sup>®</sup> INCLUDED ON ALL PLANS

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FREEDOM TO USE ANY DENTIST

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VISION AVAILABLE

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EASY PAYMENT OPTIONS

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ADULT AND CHILD ORTHODONTIA AVAILABLE  
(PROGRESSIVE PLAN)

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A Single-Minded Focus  
on your **HEALTH** and  
**WELL-BEING.**



# BRIGHTONE<sup>®</sup> PLANS

dental insurance for individuals, families and seniors

## TRADITIONAL PLAN

*This comprehensive coverage gives you the freedom to use any dentist you wish, and pays 100% of the amount allowed\* for Type 1 care after a short elimination period. The plan features high coinsurance levels, low deductibles and a choice of calendar year maximums. Insureds have the option of adding a yearly eye exam covered at 100% if a VSP<sup>®</sup> Vision Care member doctor is selected.*

<b>TYPE 1 CARE (Preventive)</b>	100% 3-month elimination period
<b>TYPE 2 CARE (Basic)</b>	80% 6-month elimination period
<b>TYPE 3 CARE (Major)</b>	50% 12-month elimination period
<b>CALENDAR YEAR DEDUCTIBLES</b> per person	\$0 for Type 1 \$50 for Type 2 and Type 3
<b>CALENDAR YEAR MAXIMUMS</b> per person	\$1000 or \$1500
<b>ORTHODONTIA</b> (adult and child)	NOT COVERED
<b>EYE CARE EXAMS</b>	OPTIONAL (on \$1000 calendar year maximum only)
<b>DENTAL REWARDS<sup>®</sup></b>	INCLUDED
<b>TAKEOVER</b>	AVAILABLE
<b>CLAIM ALLOWANCE</b> (*AMOUNT ALLOWED)	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

## PROGRESSIVE PLAN

*Visiting a dentist and having a covered procedure completed each year qualifies insureds to increase their coinsurance level the next year. Insureds who do not receive a covered procedure in a calendar year revert to the lowest level. You may use the dentist of your choice. Orthodontia benefits for adults and children are included after a 12-month elimination period.*

<b>TYPE 1 CARE (Preventive)</b>	100% No elimination period
<b>TYPE 2 CARE (Basic)</b>	60% — 70% — 80% 6-month elimination period
<b>TYPE 3 CARE (Major)</b>	30% — 40% — 50% 12-month elimination period
<b>CALENDAR YEAR DEDUCTIBLES</b> per person	\$0 for Type 1 \$25 for Type 2 \$100 Lifetime for Type 3
<b>CALENDAR YEAR MAXIMUMS</b> per person	\$1000
<b>ORTHODONTIA</b> (adult and child)	NO DEDUCTIBLE \$600 lifetime maximum \$200 maximum per calendar year 12-month elimination period
<b>EYE CARE EXAMS</b>	NOT AVAILABLE
<b>DENTAL REWARDS<sup>®</sup></b>	INCLUDED
<b>TAKEOVER</b>	AVAILABLE
<b>CLAIM ALLOWANCE</b>	USUAL AND CUSTOMARY (U&C) - Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

## SAVER PLAN

This plan features no elimination period for Type 1 (Preventive) care. Plus, the plan has the shortest elimination periods for Type 2 (Basic) care and Type 3 (Major) care when compared to our other plans. Insureds qualify to increase their coinsurance level annually simply by visiting the dentist of their choice each year and undergoing a covered procedure. Insureds who do not receive a covered procedure in a calendar year revert to the lowest coinsurance level.

<b>TYPE 1 CARE (Preventive)</b>	100% No elimination period
<b>TYPE 2 CARE (Basic)</b>	35% — 50% — 65% 3-month elimination period
<b>TYPE 3 CARE (Major)</b>	10% — 25% — 50% 6-month elimination period
<b>CALENDAR YEAR DEDUCTIBLES</b> <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
<b>CALENDAR YEAR MAXIMUMS</b> <small>per person</small>	\$1000 or \$1500
<b>ORTHODONTIA</b> (adult and child)	NOT AVAILABLE
<b>EYE CARE EXAMS</b>	NOT AVAILABLE
<b>DENTAL REWARDS®</b>	INCLUDED
<b>TAKEOVER</b>	AVAILABLE
<b>CLAIM ALLOWANCE</b>	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

## ADVANTAGE II PLAN

This plan offers 100% of the amount allowed\* for preventive care coverage with no elimination period, and includes Dental Rewards®. Insureds have the option of adding a yearly eye exam covered at 100% if a VSP® Vision Care member doctor is selected.

<b>TYPE 1 CARE (Preventive)</b>	100% No elimination period
<b>TYPE 2 CARE (Basic)</b>	50% 3-month elimination period
<b>TYPE 3 CARE (Major)</b>	25% 6-month elimination period
<b>CALENDAR YEAR DEDUCTIBLES</b> <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
<b>CALENDAR YEAR MAXIMUMS</b> <small>per person</small>	\$1000
<b>ORTHODONTIA</b> (adult and child)	NOT AVAILABLE
<b>EYE CARE EXAMS</b>	OPTIONAL
<b>DENTAL REWARDS®</b>	INCLUDED
<b>TAKEOVER</b>	AVAILABLE
<b>CLAIM ALLOWANCE</b> (*AMOUNT ALLOWED)	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

## SMART I PLAN

The Smart I plan is the most affordable of our BrightOne plan designs. It includes no elimination period for Type 1 care, and Dental Rewards is automatically included. This plan doesn't offer coverage for Type 3 care. However, it does cover Endodontics (root canals) and Periodontics (gum disease) under Type 2 care.

<b>TYPE 1 CARE (Preventive)</b>	<b>50%</b> No elimination period
<b>TYPE 2 CARE (Basic)</b>	<b>50%</b> 6-month elimination period
<b>TYPE 3 CARE (Major)</b>	<b>0%</b>
<b>CALENDAR YEAR DEDUCTIBLES</b> <small>per person</small>	<b>\$50</b> for Type 1 and Type 2
<b>CALENDAR YEAR MAXIMUMS</b> <small>per person</small>	<b>\$1000</b>
<b>ORTHODONTIA</b> (adult and child)	<b>NOT AVAILABLE</b>
<b>EYE CARE EXAMS</b>	<b>NOT AVAILABLE</b>
<b>DENTAL REWARDS®</b>	<b>INCLUDED</b>
<b>TAKEOVER</b>	<b>AVAILABLE</b>
<b>CLAIM ALLOWANCE</b>	<b>WISE BUYER</b> claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

Enjoy the **BENEFITS**  
of **BUILT-IN**  
**EYE CARE**  
coverage.



Available on the Traditional and Advantage II plans.

## COVERED SERVICES

### 1] TYPE 1 CARE (Preventive)

- Oral exams
- Prophylaxis (cleanings)
- Fluoride treatments (for children under 14)
- X-rays: full-mouth series, bitewings, panoramic

### 2] TYPE 2 CARE (Basic)

- Amalgams (fillings)
- Simple extractions
- Endodontics (root canals) - Smart I plan only
- Periodontics (gum disease) - Smart I plan only
- Sealants (for children under 14)

### 3] TYPE 3 CARE (Major) - Not covered on Smart I plan

- Endodontics (root canals)
- Periodontics (gum disease)
- Crowns, bridges, onlays, pontics, general anesthesia (if medically necessary)
- Space maintainers

## VISION

BrightOne Traditional and Advantage II plans provide optional access to the VSP® Vision Care doctor network to maximize cost savings. By going to a VSP member doctor, each covered person receives:

- 1] One eye exam per calendar year covered in full
- 2] 20% off the cost of lenses and frames when a complete pair of prescription glasses is purchased
- 3] 15% discount on contact lens exam (fitting and evaluation) when purchasing contacts
- 4] No up front paperwork
- 5] Savings averaging 15% off contracted laser center's prices for laser vision correction surgery or an additional 5% off the center's promotional price

Insureds also have the option of choosing their own eye care provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about eye care benefits, including a list of network doctors, call VSP Customer Service at 1-800-877-7195 or visit them online at [www.vsp.com](http://www.vsp.com).

## DENTAL REWARDS®

Automatically included on all plans, this feature rewards qualifying insureds who care for their teeth by rolling over a portion of their unused annual maximum. "Earn" a bonus to add to next year's maximum by making your annual visit to one of Ameritas' Participating Provider Organization (PPO) dentists, who offer a discount on services provided.

### PLAN OPTIONS

ANNUAL MAXIMUM	ANNUAL BENEFIT THRESHOLD	ANNUAL DENTAL REWARD	ANNUAL PPO BONUS	MAXIMUM REWARD ACCUMULATION
\$1000	\$250	\$125	\$50	\$500
\$1500	\$500	\$250	\$50	\$1000

## TAKEOVER

Takeover is included for qualifying insureds only. This benefit waives your waiting periods if you have had dental insurance within the past 30 days prior to your policy effective date. Proof of prior coverage is required and will be reviewed by Ameritas prior to acceptance.

## RX DISCOUNT

Automatically included on all plans, this feature lets you and your covered dependents (even your pets) save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount, which is not insurance, is offered at no additional cost.

## LIMITATIONS & EXCLUSIONS

### BrightOne Plans coverage does not provide benefits:

- 1] For Type 1 procedures, in the first three months that the Insured is covered under this section for Traditional plan.
- 2] For Type 2 procedures, in the first six months that the Insured is covered under this section for Traditional, Progressive and Smart I plans and in the first three months on the Saver and Advantage II plans.
- 3] For Type 3 procedures, in the first 12 months that the Insured is covered under this section for Traditional and Progressive plans and in the first six months on the Saver and Advantage II plans. Not applicable to Smart I plan.
- 4] For any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic.
- 5] To replace any prosthetic appliance, crown, onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this section, it will be a Covered Expense. Not applicable to Smart I plan.
- 6] For initial placement of any prosthetic 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 section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth. Not applicable to Smart I plan.
- 7] For any procedure begun before the Insured person was covered under this section.
- 8] For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
- 9] To replace lost or stolen appliances.
- 10] 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.
- 11] For any procedure which is not shown on the Table of Dental Procedures.
- 12] For orthodontic treatment under this benefit provision.
- 13] For which the Insured person is entitled to benefits under any workers' 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.
- 14] For charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- 15] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 16] Because of war or any act of war, declared or not.

**ALTERNATIVE PROCEDURES.** If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

## ORTHODONTIA LIMITATIONS for Progressive Plan, as noted in the policy.

### Covered Expenses will not include and benefits will not be payable for expenses incurred:

- 1] For a Program which was begun before the Insured became covered under this section.
- 2] Before the Insured has been insured under this section for at least 12 consecutive months.
- 3] In any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- 4] After the Insured's insurance under this section terminates.
- 5] For which the Insured is entitled to benefits under any workers' 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.
- 6] For charges which the Insured is not legally required to pay or which would not have been made had no insurance been in force.
- 7] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 8] Because of war or any act of war, declared or not.

## ELIGIBILITY

**APPLICANT** Any individual age 18 or older.

**DEPENDENT** Any dependent who is a spouse, or an unmarried child under age 19, or to age 25 for unmarried, full-time students dependent on the applicant for support. (The limiting age for dependent children may vary by state).

## ZIP CODE & AREA CHART

### ALASKA

995-999 ..... AREA B

### DELAWARE

199 ..... AREA 4

197 ..... AREA 7

198 ..... AREA 8

### DISTRICT OF COLUMBIA

200, 202-205 ..... AREA 5

### GEORGIA

304, 307, 310, 315-317 ..... AREA 1

305-306, 312, 318-319 ..... AREA 2

308-309, 313-314 ..... AREA 3

301-302 ..... AREA 4

300, 303, 311 ..... AREA 5

### LOUISIANA

703-706, 710, 712-714 ..... AREA 1

700, 707 ..... AREA 2

701, 708 ..... AREA 3

711 ..... AREA 4

### MISSISSIPPI

386-389, 393-397 ..... AREA 2

390-391 ..... AREA 3

392 ..... AREA 4

### MONTANA

590, 592-597, 599 ..... AREA 3

591, 598 ..... AREA 5

### NORTH DAKOTA

580, 582-588 ..... AREA 2

581 ..... AREA 4

### SOUTH CAROLINA

293, 295-299 ..... AREA 1

290-292 ..... AREA 2

294 ..... AREA 4

### SOUTH DAKOTA

570-576 ..... AREA 2

577 ..... AREA 3

### TEXAS

768-769, 780-781, 783, 785,

788, 792-793, 795, 798-799 ..... AREA 1

754-759, 762-767, 776-779,

782, 784, 786, 789-790,

794, 796-797 ..... AREA 2

791 ..... AREA 3

761, 773, 775 ..... AREA 4

751-753, 760, 770-772, 774 ..... AREA 5

750, 787 ..... AREA 6

### WEST VIRGINIA

247-268 ..... AREA 1

### WYOMING

820-831 ..... AREA 2



# MONTHLY PREMIUM CHART

## TRADITIONAL PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	34.71	69.42	75.91	110.62
2	37.35	74.70	81.92	119.27
3	40.25	80.50	89.02	129.27
4	43.09	86.19	95.55	138.65
5	46.47	92.95	103.85	150.33
6	49.85	99.69	111.48	161.33
7	53.84	107.67	120.77	174.60
8	57.84	115.69	129.35	187.20
9	61.34	122.69	138.29	199.63
A	64.83	129.65	145.73	210.55
B	68.68	137.36	155.70	224.37
C	77.05	154.09	174.35	251.40

\$1500 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	39.22	78.44	85.78	125.00
2	42.21	84.41	92.57	134.78
3	45.48	90.96	100.59	146.07
4	48.70	97.39	107.97	156.67
5	52.52	105.03	117.35	169.87
6	56.33	112.65	125.97	182.30
7	60.83	121.67	136.47	197.30
8	65.36	130.73	146.17	211.53
9	69.32	138.64	156.27	225.59
A	73.25	146.51	164.67	237.93
B	77.61	155.21	175.94	253.54
C	87.06	174.12	197.02	284.08

## PROGRESSIVE PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	34.65	69.29	82.63	117.28
2	37.21	74.42	88.58	125.79
3	40.02	80.04	95.62	135.64
4	42.78	85.55	102.09	144.87
5	46.05	92.11	110.32	156.38
6	49.32	98.64	117.88	167.20
7	53.19	106.38	127.08	180.27
8	57.08	114.15	135.57	192.65
9	60.47	120.94	144.44	204.91
A	63.85	127.69	151.80	215.64
B	67.58	135.16	161.69	229.27
C	75.69	151.38	180.16	255.85

## SAVER PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	27.32	54.63	62.41	89.73
2	29.39	58.79	67.36	96.75
3	31.68	63.35	73.22	104.89
4	33.92	67.83	78.60	112.51
5	36.58	73.15	85.45	122.02
6	39.23	78.46	91.73	130.95
7	42.37	84.74	99.38	141.75
8	45.52	91.05	106.43	151.95
9	48.28	96.56	113.82	162.10
A	51.02	102.04	119.93	170.94
B	54.05	108.10	128.17	182.22
C	60.64	121.27	143.52	204.15

\$1500 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	30.87	61.73	70.52	101.39
2	33.22	66.43	76.12	109.33
3	35.79	71.59	82.73	118.53
4	38.32	76.65	88.81	127.14
5	41.33	82.66	96.56	137.89
6	44.33	88.66	103.65	147.98
7	47.88	95.75	112.30	160.18
8	51.44	102.88	120.27	171.71
9	54.55	109.11	128.61	183.17
A	57.65	115.30	135.52	193.17
B	61.08	122.15	144.83	205.91
C	68.52	137.04	162.17	230.69

## ADVANTAGE II PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	27.32	54.63	62.41	89.73
2	29.39	58.79	67.36	96.75
3	31.68	63.35	73.22	104.89
4	33.92	67.83	78.60	112.51
5	36.58	73.15	85.45	122.02
6	39.23	78.46	91.73	130.95
7	42.37	84.74	99.38	141.75
8	45.52	91.05	106.43	151.95
9	48.28	96.56	113.82	162.10
A	51.02	102.04	119.93	170.94
B	54.05	108.10	128.17	182.22
C	60.64	121.27	143.52	204.15

## SMART I PLAN

\$1000 ANNUAL MAXIMUM

AREA	APPLICANT	APPLICANT + SPOUSE	APPLICANT + CHILD(REN)	APPLICANT + SPOUSE & CHILD(REN)
1	10.94	21.88	25.58	36.52
2	11.82	23.65	27.80	39.63
3	12.79	25.58	30.39	43.18
4	13.68	27.36	32.62	46.31
5	14.84	29.67	35.76	50.60
6	15.94	31.88	38.52	54.46
7	17.33	34.65	42.18	59.50
8	18.63	37.25	45.28	63.90
9	19.85	39.69	48.80	68.65
A	20.90	41.79	51.16	72.05
B	22.21	44.42	55.08	77.29
C	24.93	49.85	61.71	86.64

## QUARTERLY TREND FACTOR

For all states EXCEPT FL, PA and WA

EFFECTIVE DATE	TREND FACTOR
1/1/12 – 3/1/12	1.160
4/1/12 – 6/1/12	1.180
7/1/12 – 9/1/12	1.200
10/1/12 – 12/1/12	1.220

For FL only

EFFECTIVE DATE	TREND FACTOR
1/1/12 – 3/1/12	1.120
4/1/12 – 6/1/12	1.135
7/1/12 – 9/1/12	1.150
10/1/12 – 12/1/12	1.165

For PA only

EFFECTIVE DATE	TREND FACTOR
1/1/12 – 12/1/12	1.040

For WA only

EFFECTIVE DATE	TREND FACTOR
1/1/12 – 3/1/12	1.105
4/1/12 – 6/1/12	1.124
7/1/12 – 9/1/12	1.143
10/1/12 – 12/1/12	1.162

## EYE CARE MONTHLY PREMIUM

APPLICANT	\$1.25
APPLICANT + SPOUSE	\$2.50
APPLICANT + CHILD(REN)	\$2.25
APPLICANT + SPOUSE & CHILD(REN)	\$3.50

## PREMIUM PAYMENT METHOD

PAYMENT METHOD	ADMINISTRATION FEE
EZ PAY (EFT)	NONE
DIRECT BILL	\$8.00 PER BILL

# HOW TO CALCULATE YOUR BRIGHTONE PLAN PREMIUM

1] Determine which plan\* design you would like to apply for.

- Traditional \$1000 Annual Maximum
- Traditional \$1000 Annual Maximum + Eye Care
- Traditional \$1500 Annual Maximum
- Progressive \$1000 Annual Maximum
- Saver \$1000 Annual Maximum
- Saver \$1500 Annual Maximum
- Advantage II \$1000 Annual Maximum
- Advantage II \$1000 Annual Maximum + Eye Care
- Smart I \$1000 Annual Maximum

2] Determine whom you want to insure under the plan.

- Applicant Only
- Applicant + Spouse
- Applicant + Child(ren)
- Applicant + Spouse & Child(ren)

3] Locate your residence address ZIP Code on the ZIP Code & Area Chart to determine your Area.

4] Match your area number/letter listed in the ZIP Code & Area Charts, to the same area number/letter listed on the Monthly Premium Chart for the plan you have chosen. This is your Monthly Base Premium. Enter it on the Premium Calculation Worksheet.

5] Choose a desired effective date and corresponding trend factor number. Enter this number on the Premium Calculation Worksheet and multiply the monthly premium by this number to obtain your monthly payment.

6] If requesting eye care, (Traditional \$1000 Annual Maximum and Advantage II \$1000 Annual Maximum only) determine your eye care monthly premium from the Eye Care Monthly Premium Chart. Enter it on the Premium Calculation Worksheet.

7] Select a premium payment method and add the monthly, quarterly, semi-annual or annual administration fee on the Premium Calculation Worksheet to obtain your total payment.

EZ Pay (EFT) = No Charge

Direct Bill\*\* = \$8.00 per bill

To apply online go to [www.healthplan.com](http://www.healthplan.com).

\*All plans are not available in every state. Ask about our group dental for groups of three or more.

## PREMIUM CALCULATION WORKSHEET

PREMIUM PAYMENT FREQUENCY:  MONTHLY  QUARTERLY  SEMI-ANNUAL  ANNUAL

PREMIUM PAYMENT METHOD:  EZ PAY (EFT)  DIRECT BILL\*\* (CHECK)

IF DIRECT BILL, AN \$8 BILLING FEE PER PAYMENT FREQUENCY APPLIES.

MONTHLY BASE PREMIUM \$ \_\_\_\_\_

TREND FACTOR x \_\_\_\_\_

### MONTHLY PAYMENT OPTION

MONTHLY PAYMENT = \$ \_\_\_\_\_

EYE CARE (IF APPLICABLE) + \$ \_\_\_\_\_

MONTHLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ \_\_\_\_\_

### QUARTERLY PAYMENT OPTION

QUARTERLY PAYMENT = \$ \_\_\_\_\_

(MONTHLY x 3)  
EYE CARE (IF APPLICABLE) + \$ \_\_\_\_\_

(MONTHLY x 3)  
QUARTERLY ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ \_\_\_\_\_

### SEMI-ANNUAL PAYMENT OPTION

SEMI-ANNUAL PAYMENT = \$ \_\_\_\_\_ (OR)

(MONTHLY x 6)  
EYE CARE (IF APPLICABLE) + \$ \_\_\_\_\_

(MONTHLY x 6)  
SEMI-ANNUAL ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ \_\_\_\_\_

### ANNUAL PAYMENT OPTION

ANNUAL PAYMENT = \$ \_\_\_\_\_

(MONTHLY x 12)  
EYE CARE (IF APPLICABLE) + \$ \_\_\_\_\_

(MONTHLY x 12)  
ANNUAL ADMIN. FEE + \$ 8.00

TOTAL PAYMENT WITH APPLICATION = \$ \_\_\_\_\_

Make checks payable to: **HealthPlan Services**

\*\* The direct billing options are not available in Colorado, Kentucky, Michigan and Tennessee.

## DID YOU KNOW:

People with dental insurance are 2.5 times more likely to visit a dentist than those without insurance?\*

## TRANSLATION:

People without the protection of dental coverage are more likely to suffer through a painful oral problem than to get the corrective care they need.

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**APPLY TODAY:** Contact your agent or visit [www.healthplan.com](http://www.healthplan.com).

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This brochure highlights the features of our BrightOne Plans. A complete description is in the Policy of Insurance issued to each subscriber.

All benefits are subject to provisions in the policy.

To find a provider in your area, visit [www.ameritasgroup.com](http://www.ameritasgroup.com).

\*2007 NADP Consumer Survey

 **HealthPlan Services**<sup>SM</sup>  
*Gain the advantage.*

  
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*For more information visit us at [www.healthplan.com](http://www.healthplan.com).*



## HealthPlan Services<sup>SM</sup>

*Gain the advantage.*

Plans are marketed and administered by HealthPlan Services, a leading managed health care services company, providing distribution, enrollment, billing and collection, claims administration, and risk management services for health care payors and providers. HPS customers include insurance companies, HMOs and other managed care organizations, and organizations with self-funded health care plans. Based in Tampa, Florida, the company serves over 100,000 businesses, covering over 1.4 million members in the United States.



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Plans are insured by Ameritas Life Insurance Corp. Ameritas Group, a division of Ameritas Life, has served customers since 1959 and today provides dental, vision and hearing care products and services for more than 73,000 employer groups, insuring or administering benefits for more than 4.8 million people nationwide. Ameritas has one of the largest dental PPO networks in the country with more than 170,000 access points. Its customer service claims contact center earned BenchmarkPortal's prestigious Center of Excellence certification for 2010, the fourth year in a row.

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