


Goodwill of Central & Northern Arizona



People have different needs, so your employer offers options. Take a look at this plan comparison to help you choose the dental plan that fits you best.

Plan overviews



High Plan

The high plan pays up to \$1,500 per person annually, reducing the out-of-pocket expenses for those with higher dental needs. There is also a \$1,500 child orthodontia benefit. Of the three options, the high plan pays the most towards out-of-network claims (90th U&C allowance). Coverage includes a \$100 vision benefit, plus LASIK Advantage and SoundCare.

Middle Plan

For those with moderate dental needs, the middle plan has a \$1,000 annual maximum and a \$1,000 orthodontia benefit for children. The middle plan also pays slightly less than the high plan if you visit an out-of-network dentist (80th U&C allowance). Coverage includes a \$100 vision benefit, plus LASIK Advantage and SoundCare.

Low Plan

The low plan also has a \$1,000 annual maximum and \$1,000 child orthodontia benefit. In and out-of-network claims are paid based on a set dollar amount (Maximum Covered Expense allowance), instead of a percentage. The low plan appeals to those with basic dental needs who visit a network dentist. Coverage includes a \$100 vision benefit, plus LASIK Advantage and SoundCare.

LASIK Advantage® benefit

This is not a discount program, it is a cash reimbursement. There is no network. You have the freedom to choose any laser vision correction doctor in the U.S. Your LASIK benefit pays once per eye, and per-eye benefits cannot be combined to treat a single eye. For the biggest payout, let your benefits increase until year 4. Plus, you can take advantage of special offers to make the benefit go further.

Year 1 \$100	Year 2 \$200	Year 3 \$300	Year 4 \$500
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SoundCare® benefit

SoundCare is not tied to a network. You can use your hearing benefits at the provider of your choice, with additional discounts available through Great Hearing Benefits or EPIC. After receiving a hearing exam or hearing materials, simply submit a claim to Ameritas for reimbursement. The plan pays 100% of your annual hearing exam, up to \$75. The hearing aid benefit increases over time, and hearing aid maintenance is covered 100%, up to \$40 per year.

Hearing aids (per ear)	Year 1 \$100	Year 2 \$300	Year 3 \$400
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Plan options

	High Plan	Middle Plan	Low Plan
Maximum benefit Per person per calendar year	\$1,500 You can use your entire maximum for dental care, or use up to \$100 on eye exams, glasses or contacts, and the remainder on dental.	\$1,000	\$1,000
Deductible Per person per calendar year	\$0 Preventive \$50 Basic & Major \$150 family maximum	\$0 Preventive \$50 Basic & Major \$150 family maximum	\$0 Preventive \$50 Basic & Major \$150 family maximum
Claim allowance	90th U & C	80th U & C	Maximum Covered Expense
Preventive (Type 1) Exams, X-rays, cleanings	Plan pays 100%	Plan pays 100%	Plan pays schedule amount
Basic (Type 2) Fillings, simple extractions, root canals, gum disease treatment	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays schedule amount after deductible
Major (Type 3) Crowns, surgical extractions, bridges, dentures	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays schedule amount after deductible
Child orthodontia (under age 19) Plan benefit	50%	50%	50%
Lifetime maximum per person	\$1,500	\$1,000	\$1,000
LASIK Advantage® benefit	Included	Included	Included
SoundCare® benefit	Included	Included	Included

Claim allowance

Ameritas network dental providers agree to charge a discounted fee, which is 25-50% less than their regular rates. The high and middle plans pay a percentage of the claim based on the type of service performed. The low plan pays the Maximum Covered Expense (MCE) amount shown on the Schedule of Benefits (a list of covered dental procedures showing the maximum dollar amount that insurance will pay for each). You are responsible for the remaining amount.

Out-of-network dentists will charge you their regular rate. The high and middle plans have U&C allowed amounts based off of what 9 out of 10 out-of-network dentists in your area charge for this service (8 out of 10 on middle plan). These plans pay a percentage of the allowed amount based on the type of service performed. The low plan pays the MCE amount shown on the Schedule of Benefits. You pay the difference between what the plan pays and the dentist's actual charge.

In-network examples						
Services	Dentist's regular rate	Discounted fee	High plan pays	High plan member pays	Low plan pays	Low plan member pays
Two preventive visits (Type 1: 100%)	\$482	\$274	\$274	\$0	\$186	\$88
Filling (Type 2: 80%)	\$203	\$102	\$82	\$20	\$66	\$36
Crown (Type 3: 50%)	\$1,191	\$750	\$375	\$375	\$224	\$526
Total	\$1,876	\$1,126	\$731	\$395	\$476	\$650
Out-of-network						
Services	Dentist's regular rate	Discounted fee	High plan pays	High plan member pays	Low plan pays	Low plan member pays
Two preventive visits (Type 1: 100%)	\$482	\$482	\$482	\$0	\$186	\$296
Filling (Type 2: 80%)	\$203	\$203	\$162	\$41	\$66	\$137
Crown (Type 3: 50%)	\$1,191	\$1,191	\$596	\$596	\$224	\$967
Total	\$1,876	\$1,876	\$1,240	\$636	\$476	\$1,400

These examples reflect amounts specific to your plan's benefit level. Allowance and cost estimates are specific to your area (ZIP Code 865XX). For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. \$50 deductible applies to first Type 2 or 3 service, deductibles not shown.

