

2026

Elara Caring

BENEFITS ENROLLMENT GUIDE



The American Worker[®]

Provided by Fringe Benefit Group

MESSAGE TO OUR EMPLOYEES

We value the contributions of our employees. In appreciation of your dedicated service we are pleased to offer a variety of affordable coverage options through The American Worker. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.



STOP PAYING FULL PRICE FOR SERVICES

DON'T BE TURNED AWAY FOR SERVICES



AVOID LARGE UPFRONT COSTS

STAY HEALTHY!



YOUR ENROLLMENT OPPORTUNITY

AM I ELIGIBLE FOR BENEFITS?

As an employee of Elara Caring, you are eligible to enroll in benefits after meeting a waiting period of 30 days from your date of hire. You must be actively at work to retain coverage. Dependent coverage is available to your legal spouse and your legal children up to age 26.

WHEN CAN I MAKE A PLAN CHANGE OR TERMINATE MY COVERAGE?

Deductions are taken for these benefits on a pre-tax basis. Per IRS regulations, coverage can only be changed or canceled during Open Enrollment or within 30 days of a qualifying life event.

HOW DO I ENROLL IN COVERAGE?

You can enroll in coverage online, by phone, or on your mobile device. If you do not enroll in coverage now, you will not be able to enroll until the next open enrollment period, unless you experience a qualifying life event.

OPEN ENROLLMENT: OCTOBER 27, 2025 - NOVEMBER 7, 2025

**EFFECTIVE DATES: DECEMBER 26, 2025 OR JANUARY 2, 2026
(DEPENDING ON YOUR PAY CYCLE)**



Enroll Online: Visit www.TheAmericanWorker.com

1. Select **Login and Enroll**
 2. Click on **Register & Enroll**
- Available anytime, day or night



Enroll by Phone: Call **(855) 495-1190**

Monday - Friday
8:00 AM - 8:00 PM ET

Press 1 to enroll.
Press 2 for all other inquiries

MEDICAL PLANS FOR YOU

LIMITED BENEFIT PLANS

- Daily benefit for doctor visits, diagnostic X-rays, lab work, hospital stays and more
- Access to a national PPO network
- Coverage for prescription drugs
- Accidental Death & Dismemberment and Accident Medical
- Telemedicine with free consultations



DON'T GO WITHOUT HEALTH COVERAGE!

Taking care of your health shouldn't be a gamble. Regular checkups and preventive care can catch small issues early, keeping you healthy and avoiding bigger problems down the road.

Our affordable plans make accessing basic healthcare services easy and convenient. Take control of your health & wellness and enroll today!



ALREADY HAVE HEALTH INSURANCE?

Maximize Your Coverage. Even with existing insurance, out-of-pocket costs can add up. Our plans work alongside your existing plan to help manage these expenses. The cash benefit you receive from our plan is used towards your deductible, coinsurance, or other costs, reducing your financial burden when seeking treatment.

Ask your current provider about their coordination of benefits policy.

SPECIALTY PLANS FOR YOU

DENTAL COVERAGE

Pays up to \$500 per year with a \$20 deductible per visit.

VISION COVERAGE

Coverage for eye exams and corrective eyewear.

SHORT-TERM DISABILITY

Pays \$150 per week for up to 26 weeks.

LIFE/AD&D INSURANCE

\$20,000 of Life and AD&D coverage for employees.



DENTAL AND VISION BENEFITS

Healthy teeth and eyes are key to a healthy you. Poor oral and visual health can impact your overall well-being, leading to discomfort, missed work, and even bigger health problems down the road.

Our plans provide coverage for essential exams and screenings to help you catch potential issues early, ensuring a healthy smile and sharp vision for years to come.



DISABILITY, LIFE/AD&D, AND MORE

Be prepared for life's challenges. Accidents, illnesses, and loss can hit anyone. The financial burden on top of emotional stress can be overwhelming.

Our plans provide financial support during difficult times, helping you focus on recovery and providing a safety net for your loved ones. Don't let an unexpected event derail your life.

LIMITED BENEFIT PLANS

The American Worker Limited Benefit Plans provide a daily benefit toward common In-patient and Out-patient services like doctor office visits, surgical procedures, and diagnostic lab and x-ray services. This daily benefit is not dependent on visiting an in-network provider; however, you do have access to the PHCS Limited Benefit Plan Network www.multiplan.com/awp.

By going to an in-network provider, a discount will be applied to your bill in addition to your daily benefit, decreasing the amount you pay out-of-pocket. The daily benefit and number of day maximums are based on the calendar year. **This plan is not a substitute for major medical coverage.**

WHY SHOULD YOU ENROLL IN THE LIMITED BENEFIT PLAN?

- Access to network discounts through the PHCS Limited Benefit Plan Network.
- Benefits payable in or out-of-network.
- Discounts on prescription drugs.
- Additional benefits such as telemedicine, accidental death and dismemberment, and accident medical are included.
- In most cases, you can avoid paying out-of-pocket for services prior to your appointment by supplying your American Worker ID card as proof of coverage.

SAVE MONEY! – GO IN-NETWORK

When you go to an in-network provider, a discount is applied to your medical services which lowers the amount of money you will have to pay out-of-pocket. Here's an example of how going to an in-network provider can save you money on a doctor's visit if you're sick or have an injury.

Refer to benefit grid for actual benefit amount.

EXAMPLE

You go to urgent care because you injured yourself.

This type of service often includes a charge for an office visit and x-ray.

IN-NETWORK										
\$125 Office Visit Cost	+	\$160 X-Ray	-	\$87.30 In-Network Discount	-	\$75 Paid by Plan For Office Visit Benefit	-	\$75 Paid by Plan For X-Ray Benefit	=	Your Cost \$47.70
OUT-OF-NETWORK										
\$125 Office Visit Cost	+	\$160 X-Ray	-	\$75 Paid by Plan For Office Visit Benefit	-	\$75 Paid by Plan For X-Ray Benefit	=	Your Cost \$135		

LIMITED BENEFIT PLANS

LIMITED MEDICAL BENEFITS	VALUE PLAN	SELECT PLAN	ELITE PLAN
Physician's Office	\$60 per day; 6 days per year	\$60 per day; 6 days per year	\$75 per day; 6 days per year
Outpatient Diagnostic Lab	\$50 per testing day; 3 days per year	\$75 per testing day; 3 days per year	\$100 per testing day; 3 days per year
Outpatient Diagnostic X-Ray	\$50 per testing day; 3 days per year	\$50 per testing day; 3 days per year	\$75 per testing day; 3 days per year
Outpatient Diagnostic Advanced Studies	\$100 per testing day; 3 days per year	\$200 per testing day; 3 days per year	\$300 per testing day; 3 days per year
Emergency Room Sickness	\$100 per day; 2 days per year	\$100 per day; 2 days per year	\$150 per day; 2 days per year
Surgical Indemnity Benefit -Daily Inpatient Surgical -Daily Outpatient Surgical -Daily Outpatient Minor -Outpatient Benefit Max	\$500 per day, 1 day per year \$250 per day \$50 per day 1 day per year	\$500 per day, 1 day per year \$250 per day \$50 per day 1 day per year	\$1,000 per day, 1 day per year \$500 per day \$100 per day 1 day per year
Anesthesia	30% of Surgical Benefit	30% of Surgical Benefit	30% of Surgical Benefit
Hospital Admission	\$300 lump sum per confinement	\$300 lump sum per confinement	\$500 lump sum per confinement
Daily In-Hospital Indemnity	\$300 per day; 500 day lifetime max	\$300 per day; 500 day lifetime max	\$500 per day; 500 day lifetime max
Intensive Care Unit	\$600 per day; 30 days per year	\$600 per day; 30 days per year	\$1,000 per day; 30 days per year
Substance Abuse	\$150 per day; 30 days per year	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Mental Illness	\$150 per day; 30 days per year	\$150 per day; 30 days per year	\$250 per day; 30 days per year
Skilled Nursing (Inpatient)	\$150 per day; 60 days per stay	\$150 per day; 60 days per stay	\$250 per day; 60 days per stay
*Accident Medical Expense	\$5,000 maximum benefit per injury	\$5,000 maximum benefit per injury	\$5,000 maximum benefit per injury
*Accidental Death & Dismemberment	\$15,000 Employee \$7,500 Spouse / \$3,000 Child	\$15,000 Employee \$7,500 Spouse / \$3,000 Child	\$15,000 Employee \$7,500 Spouse / \$3,000 Child
*Teladoc	No cost access to doctors by phone or online	No cost access to doctors by phone or online	No cost access to doctors by phone or online
*Prescription Drugs	AWP Value Rx Discount Card	AWP Value Rx Discount Card	AWP Value Rx Discount Card
*PHCS Network	Physician and Hospital	Physician and Hospital	Physician and Hospital
WEEKLY RATES	VALUE PLAN	SELECT PLAN	ELITE PLAN
Employee Only	\$13.32	\$14.32	\$20.83
Employee + Spouse	\$31.11	\$33.60	\$49.88
Employee + Child(ren)	\$23.06	\$24.86	\$36.58
Family	\$33.98	\$36.63	\$54.57

***Benefits not underwritten by Nationwide Life Insurance Company.
Policies are not available to residents of MN, NM & VT.**

The Limited Benefit Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.



ADDITIONAL PLAN FEATURES

FIRST HEALTH NETWORK



Members have access to the First Health Network, which provides savings on Physician and Hospital services. By visiting a First Health provider you can reduce your out-of-pocket expenses.

- Over 490,000 provider locations across the country
- Network providers submit claims for you to simplify the claim process
- To locate a provider online, visit www.FirstHealthBP.com

You can visit a First Health or out-of-network provider for service and the Limited Benefit Plan will pay the same benefit amount.

AWP VALUE RX DISCOUNT CARD - PROVIDED BY CERPASSRX



The AWP Value Rx program is designed to provide substantial savings on your prescription drug expenses. This plan will help you identify affordable generic and brand name drugs by therapeutic class.

- Select generic and brand name drugs available for \$10, \$20, \$50 or less
- Generic and brand name drugs for which a discounted price has been negotiated
- Over 58,000 participating pharmacies nationwide
- No maximum annual benefit, deductible or claim forms
- To view drug prices or locate a pharmacy, visit www.AWPValueRx.com

Note: The AWP Value Rx program is a non-insurance discount program

TELADOC



24/7 on-demand access to a national network of U.S. Board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc doctors can diagnose, treat and prescribe medication for a variety of issues.

- Call **1-800-835-2362** or visit www.Teladoc.com
- Receive medical care from anywhere without taking time off work
- No cost consultations
- Fast treatment - Median call back in just 10 minutes
- Avoid expensive urgent care or ER visits for non-emergency issues

DENTAL

Keep a bright, healthy smile and support your overall well-being with affordable dental coverage. Regular dental care is important, so a dental plan that covers routine visits and offers in-network discounts is crucial. **You will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

DENTAL PLAN BENEFITS		
PLAN MAXIMUMS		
Calendar Year Maximum	Up to \$500 per Covered Member	
Deductible	\$20 per Visit	
COVERED BENEFITS	WAITING PERIOD	COINSURANCE
Preventive and Diagnostic Routine Exams, Cleanings, X-rays, etc.	None	Covered at 100% (MAC/MAB)*
Basic Treatment Restorative Amalgams and Composites Endodontics, Periodontics, Extractions, etc.	3 Months	Covered at 60% (MAC/MAB)*
Major Treatment Onlays, Crowns, Prosthodontics, etc.	12 Months	Covered at 50% (MAC/MAB)*
WEEKLY RATES		
Employee		\$4.75
Employee + Spouse		\$11.88
Employee + Child(ren)		\$8.55
Family		\$12.83

*The Maximum Allowable Charge (MAC) claim benefit is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. In order to keep rates lower, if you visit an out-of-network dentist, the claim benefit is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in your ZIP Code. Any difference between the plan benefit and the dentist's charge will be an out-of-pocket expense for you.

LOCATE NETWORK PROVIDERS

Call **(800) 659-2223**

- Select option 3

Visit www.Ameritas.com

- Your network is the "CLASSIC PPO" Network.



VISION

A regular eye exam won't just help you see better, it can also detect the first signs of serious health conditions. Visit a VSP Choice provider to get the most out of your vision plan. **You will not receive an ID card for this benefit, your Social Security Number will be used for identification.**

This plan is underwritten by Ameritas.

VISION PLAN BENEFITS		
PLAN MAXIMUM		
Deductible	\$10 Exam, \$25 Eye Glass Lenses or Frames ¹	
COVERED BENEFITS	VSP CHOICE NETWORK	OUT-OF-NETWORK
Annual Eye Exam	Covered in Full	Up to \$45
Lenses (per pair) Single Vision / Bifocal Trifocal / Lenticular	Covered in Full Covered in Full	Up to \$30 / Up to \$50 Up to \$65 / Up to \$100
Contacts Fit and Follow Up Exams Elective Medically Necessary	15% Discount Up to \$105 Covered in Full	No Benefit Up to \$105 Up to \$210
Frames	Up to \$105 ²	Up to \$70
Frequency Exam / Lens / Frames	Based on Date of Service 12 Months / 12 Months / 24 Months	
WEEKLY RATES		
Employee		\$2.12
Employee + Spouse		\$4.19
Employee + Child(ren)		\$3.91
Family		\$5.98

¹Deductible applies to a complete pair of glasses or frames, whichever is selected.

²The Costco benefit will be the wholesale equivalent.

LOCATE NETWORK PROVIDERS

Call **(800) 877-7195**

Visit www.Ameritas.com

- Your network is "VISION: VSP"



SHORT-TERM DISABILITY AND LIFE/AD&D INSURANCE

SHORT-TERM DISABILITY

Daily life depends on consistent income, but accidents and serious illnesses can keep you out of work. This plan can help you cover your expenses by paying you cash if you get sick or injured and can't work.

SHORT-TERM DISABILITY	
Weekly Maximum Benefit	Plan pays \$150 Lump Sum
Maximum Benefit Period	26 weeks
Waiting Period	7 days (Accidents and Illnesses)

WEEKLY RATES	
Employee Only	\$3.50

Coverage includes disability due to pregnancy and childbirth.



OPTIONAL LIFE & DEPENDENT LIFE

This plan can help protect the financial future of those that depend on you most. The Optional Life insurance benefit will pay a pre-determined benefit amount upon death of the covered individual.

You may select Dependent Life to provide life insurance for eligible dependents. Please note that the Dependent Life benefit can only be selected in conjunction with the Employee Life Benefit. Dependent Life cannot exceed the amount of Optional Life you elect. Assign your beneficiaries either on your enrollment form or through your American Worker member portal.

LIFE/AD&D INSURANCE	
Employee	Pays \$20,000
DEPENDENT LIFE INSURANCE	
Spouse	Pays \$2,500
Child (6 months to 26 years)	Pays \$1,250
Infant (10 days to 6 months)	Pays \$200

WEEKLY RATES	
Employee Only	\$2.08
Employee + Spouse	\$2.84
Employee + Child(ren)	\$2.60
Family	\$3.18



PAYING FOR BENEFITS

HOW DO I PAY FOR COVERAGE?

Your premium will be deducted from your paycheck.

WHAT HAPPENS IF I DON'T HAVE A PAYROLL DEDUCTION?

Your benefits will be suspended. Your benefits will resume when you have a paycheck with a deduction.

WHAT HAPPENS IF I HAVE A CLAIM WHEN MY BENEFITS ARE SUSPENDED?

Your claim will be denied and you will pay for 100% of the cost for the care you received.

HOW DO I KEEP MY COVERAGE IF I MISS A DEDUCTION?

You can make a payment directly to The American Worker to avoid having coverage suspended.

HOW DO I MAKE A PAYMENT IF I MISSED A DEDUCTION?

You can pay online, by phone or by mail. Payment options include credit or debit card, personal check, and money order. You can also set up an automatic payment from your credit card or bank account to pay for missed deductions.

Online: Visit www.TheAmericanWorker.com and login to your employee portal

Phone: Call The American Worker at **(855) 495-1190**

Mail: 11910 Anderson Mill Rd #401, Austin, TX 78726

NOTE: If you setup automatic payments, you must contact The American Worker to cancel the automatic payment when your employment ends. If you do not, your account will be charged for coverage and you will not receive a refund.

HOW LONG DO I HAVE TO MAKE A PAYMENT FOR A MISSED DEDUCTION?

You have 30 days from the date of your paycheck without a deduction to make a premium payment. If you do not pay for the missed deduction within 30 days, you will not be able to pay for that coverage period at a later date.

WILL MY COVERAGE BE TERMINATED IF I DON'T PAY MY PREMIUM?

If you do not pay your premium for five consecutive weeks, your coverage will be terminated for nonpayment. **Please review your paycheck to make sure your premium is deducted. If it is not, contact The American Worker immediately to make a payment and avoid having your coverage terminated.**

FAQ'S & CONTACTS

WILL I RECEIVE AN ID CARD?

When you enroll in medical coverage for the first time, an ID card and policy information will be mailed to your home address we have on file. If you make a change to your medical coverage, a new ID card will be mailed to your address. You can request a new ID card by contacting Member Services or access a temporary ID card by logging into www.TheAmericanWorker.com.

For any non-medical coverage you elect, policy information will be mailed to your home address. You will not receive an ID card for non-medical coverage.

HOW DO I USE MY COVERAGE?

When seeking medical care, you should always ask your provider if they participate in the network associated with your plan. Present your medical ID card to your provider and ask them to call the customer service number to verify coverage. Be sure to locate an in-network provider prior to seeking care.

When making a Dental or Vision appointment, tell your provider your benefits are with Ameritas and they can verify coverage using your Social Security Number.

CAN I ENROLL IN MEDICAL COVERAGE IF I HAVE MEDICARE OR MEDICAID?

If you are currently enrolled in Medicare or Medicaid, we recommend that you do not enroll in medical coverage with The American Worker.

CONTACTS

BENEFIT	CONTACT	WEBSITE	PHONE NUMBER
Medical	The American Worker	www.TheAmericanWorker.com	(855) 495-1190
Accident Medical and AD&D	Crum & Forster administered by NAHGA	www.Nahgaclaimservices.com	(800) 952-4320
Telemedicine	Teladoc	www.Teladoc.com	(800) 835-2362
Optional Life & Dependent Life	Nationwide administered by The American Worker	www.TheAmericanWorker.com	(888) 798-9480
PPO Network	PHCS Limited Benefit Plan Network	www.multiplan.com/awp	(888) 371-4727
Dental	Ameritas	www.Ameritas.com	(800) 659-2223
Vision	Ameritas	www.Ameritas.com	(800) 877-7195
Prescription Drug Coverage	CerpassRx	www.CerpassRx.com	(844) 636-7506

COBRA

INTRODUCTION

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It also can become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description, which will be mailed to you following your enrollment in the plan.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan due to one of the following qualifying events:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you are the spouse or domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan due to any of the following qualifying events:

- Your spouse or domestic partner dies
- Your spouse's or domestic partner's hours of employment are reduced
- Your spouse's or domestic partner's employment ends for any reason other than his or her gross misconduct
- Your spouse or domestic partner's becomes entitled to Medicare benefits (under Part A, Part B, or both)
- You become divorced or legally separated from your spouse or domestic partner

Your dependent children will become qualified beneficiaries if they lose coverage under the plan due to any of the following qualifying events:

- The parent/employee dies
- The parent/employee's hours of employment are reduced
- The parent/employee's employment ends for any reason other than his or her gross misconduct.
- The parent/employee becomes entitled to Medicare benefits (Part A, Part B, or both)
- The parents become divorced or legally separated
- The child stops being eligible for coverage under the plan as a "dependent child"

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred.

The employer must notify the Plan Record-keeper if any of the following qualifying events occur: the end of employment, a reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

DISCLAIMERS

Refer to official insurance policy and plan documents for more extensive information concerning your benefit plans. In the event of any conflict between this guide and the official plan documents, the plan documents, policy and certificate of coverage will govern.

Nationwide: New Mexico and Vermont residents are not eligible for any of the benefit programs offered by The American Worker.

Nationwide and Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

The coverage is underwritten by Nationwide Life Insurance Company, Columbus, Ohio (CA COA #7032). The Limited Benefit Plan applicable to policy form SRCP 2000 or state equivalent. PRAM RX plan is applicable to policy forms GPDP AO L20 and is not available in all states. This product provides prescription coverage only, it does not cover basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. NSM-0301AO (06/23). The coverages are distributed by Fringe Benefit Group. Nationwide and Fringe Benefit Group are separate and non-affiliated companies.

Minimum Essential Coverage (MEC) and MEC Enhanced Plans: These plans provide Plan Participants with minimum essential coverage under the federal income tax rules. Individuals that do not enroll in these plans may be eligible for a federal tax credit that lowers their monthly premium or a reduction in certain cost-sharing if they enroll in a health insurance plan through the federal or state exchange. Individuals that enroll in these plans may not be eligible for a federal tax credit through a federal or state exchange while enrolled in these plans. These plans do not provide comprehensive health insurance. Limitations and exclusions apply.

Limited Benefit: This program is not intended nor recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits of the Limited Benefit plan are offered by Nationwide Life Insurance Company. Additional information will be provided upon enrollment in the program. Plan exclusions and limitations apply. **Massachusetts residents** are eligible for the Limited Benefit plan, but this plan does NOT meet Minimum Creditable Coverage standards. **The Limited Benefit Plan is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.**

Section 125 Disclaimer: By enrolling, you elect to participate in the American Worker plan for benefits available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. You understand that the plan will automatically convert to pretax status and eligible payroll deductions which are provided through the Plan. You understand that by participating in this Plan your Social Security benefits may be reduced since these premiums will be deducted before your salary is taxed. This election will remain in effective for the entire Plan Year. Your election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage. By enrolling you have accepted the terms detailed about.

Accident Medical Expense: This is a brief summary of the Accident coverage available under this plan. The issued Policy contains the complete limitations, exclusions, definitions and plan provisions. Plan features and availability may vary by state. Full details of the coverage are contained in the Policy on file with the Policyholder. If any conflict should arise between the contents of this summary and the respective Policy, the terms of the Policy will govern in all cases.

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DISCLAIMERS

Ameritas Disclaimers

Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.

Limitations and Exclusions:

Dental

- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth. This limitation is waived for groups with 35 or more employees covered on the effective date of the contract.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- to replace lost or stolen appliances. for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage.

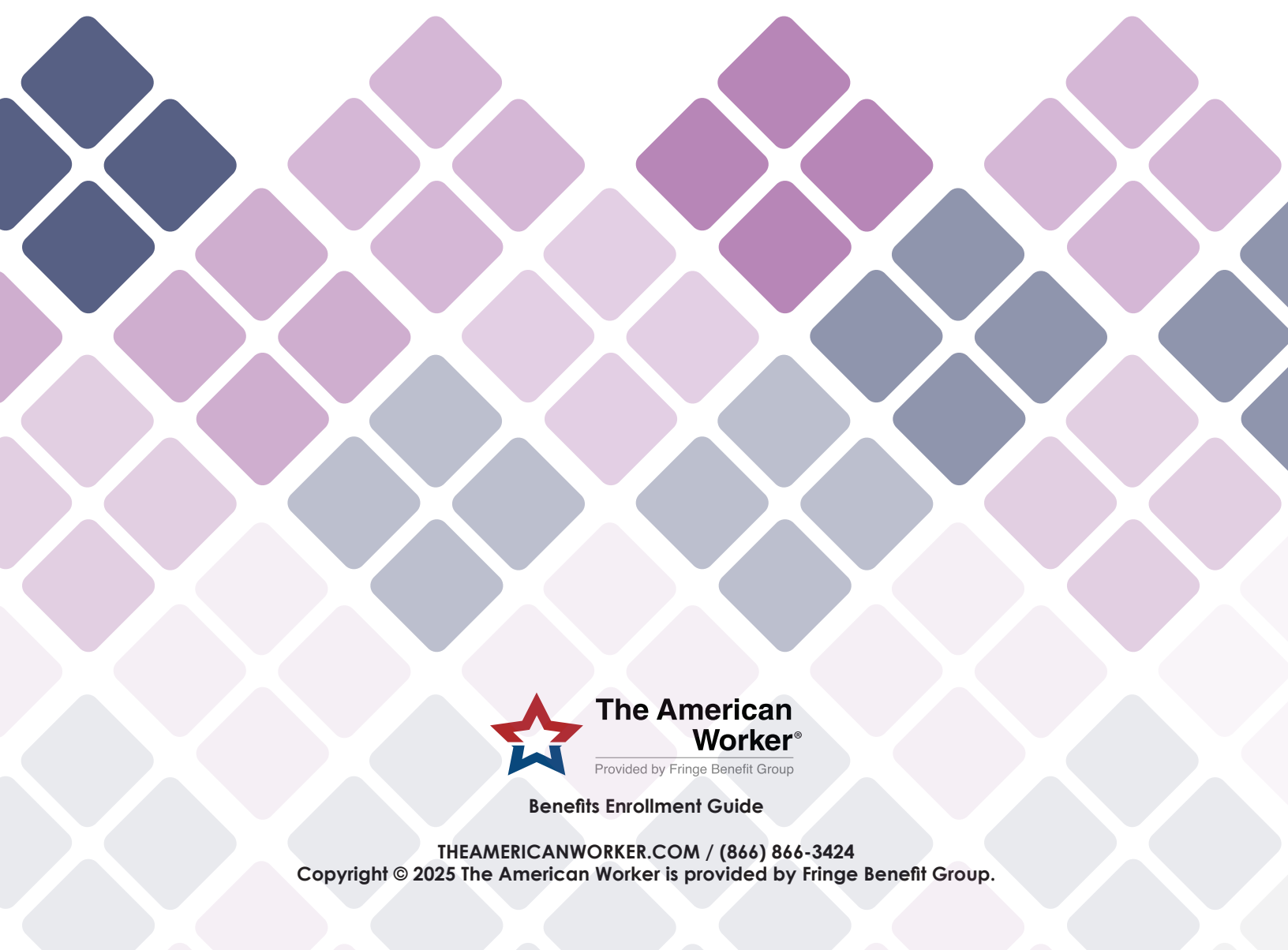
Vision

- vision examinations, lenses or frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Eyecare Procedures in the Certificate of Coverage.

The complete list of exclusions and limitations can be found in the Limitations Section and Table of Dental Procedures in the Certificate of Coverage. Plans are not available in Massachusetts, New Mexico or for groups with less than 50 eligible employees in Washington. Plan designs may vary in some states and are subject to individual state regulations. For a complete list of Limitations and exclusions refer to your certificate. This piece is not for use in New Mexico. All plans are underwritten by Ameritas Life Insurance Corp. (Ameritas Life) or Ameritas Life Insurance of New York (Ameritas Life of New York). Dental and Vision products (9000 Rev. 03-16 or 9000 NY Rev.03-15) individual dates may vary by state. Ameritas and the bison design are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company.





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Benefits Enrollment Guide

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