PA Small Group Plans (3-50)

FUSION Highlight Sheet

Bronze Plan- $1,000 **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,000 Non PPO - $1,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80-90-100%	60%
Type 3	50%	40%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,000 per calendar year	$1,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 months

Employee Only (EE)	$23.00
EE + Spouse	$45.44
EE + Children	$53.68
EE + Spouse & Children	$76.12

PA Small Group Plans (3-50)

FUSION Highlight Sheet

Ameritas

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

Ameritas Information

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Dental Network Information

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Your provider network is Ameritas Classic Network.

Pretreatment

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Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Bronze Plan- $1,500 **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,500 Non PPO - $1,500 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,600.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	80%
Type 2	80-90-100%	60%
Type 3	50%	40%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,500 per calendar year	$1,500 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$25.12
EE + Spouse	$49.60
EE + Children	$57.44
EE + Spouse & Children	$81.92

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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Pretreatment

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Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on May 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

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PA Small Group (3-50)

Silver Plan- $1,000 **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,000 Non PPO - $1,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80-90-100%	80%
Type 3	50%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,000 per calendar year	$1,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$24.48
EE + Spouse	$48.52
EE + Children	$56.32
EE + Spouse & Children	$80.36

PA Small Group (3-50)

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 16 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

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Open Enrollment

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Silver Plan- $1,500 **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,500 Non PPO - $1,500 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,600.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80-90-100%	80%
Type 3	50%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,500 per calendar year	$1,500 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$26.72
EE + Spouse	$52.92
EE + Children	$60.08
EE + Spouse & Children	$86.28

PA Small Group (3-50)

FUSION Highlight Sheet

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

PA Small Group (3-50)

FUSION Highlight Sheet

Silver Plan- $2,000 **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $2,000 Non PPO - $2,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $2,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80-90-100%	80%
Type 3	50%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$2,000 per calendar year	$2,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$27.80
EE + Spouse	$54.96
EE + Children	$62.28
EE + Spouse & Children	$89.44

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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Late Entrant Provision

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $1,000 MAC **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,000 Non PPO - $1,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	$150/family	$150/family
Maximum *(per person)*	$1,000 per calendar year	$1,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$24.44
EE + Spouse	$48.52
EE + Children	$64.60
EE + Spouse & Children	$88.68

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on May 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $1,500 MAC **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,500 Non PPO - $1,500 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,600.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3 Waived Type 1 $150/family	$50/Calendar Year Type 2 & 3 Waived Type 1 $150/family
Maximum *(per person)*	$1,500 per calendar year	$1,500 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$26.96
EE + Spouse	$53.44
EE + Children	$68.64
EE + Spouse & Children	$95.12

PA Small Group (3-50)

FUSION Highlight Sheet

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/ Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $2,000 MAC **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $2,000 Non PPO - $2,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $2,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$2,000 per calendar year	$2,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$28.28
EE + Spouse	$56.04
EE + Children	$71.04
EE + Spouse & Children	$98.80

PA Small Group (3-50)

FUSION Highlight Sheet

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 16 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $1,000 90th U&C **Effective Date: 5/1/2024 through 1/1/2025**

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For the maximum:

- The member can use up to $1,000 Non PPO - $1,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,000 per calendar year	$1,000 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$30.88
EE + Spouse	$61.56
EE + Children	$82.36
EE + Spouse & Children	$113.04

PA Small Group (3-50)

FUSION Highlight Sheet

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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Late Entrant Provision

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $1,500 90th U&C **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $1,500 Non PPO - $1,500 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $1,600.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$1,500 per calendar year	$1,500 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$35.64
EE + Spouse	$70.84
EE + Children	$90.48
EE + Spouse & Children	$125.68

PA Small Group (3-50)

FUSION Highlight Sheet

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period)	• Fillings for Cavities	• Onlays
• Bitewing X-rays (2 per benefit period)	• Restorative Composites (anterior and posterior teeth)	• Crowns (1 in 5 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 3 years)	• Endodontics (nonsurgical)	• Crown Repair
• Periapical X-rays	• Endodontics (surgical)	• Implants
• Cleaning (2 per benefit period)	• Periodontics (nonsurgical)	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
• Fluoride for Children 18 and under (1 per benefit period)	• Periodontics (surgical)	
• Sealants (age 16 and under)	• Denture Repair	
• Space Maintainers	• Simple Extractions	
	• Complex Extractions	
	• Anesthesia	

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PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Gold Plan- $2,000 90th U&C **Effective Date: 5/1/2024 through 1/1/2025**

FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to $2,000 Non PPO - $2,000 PPO toward any covered dental expense.
- The member can use up to $100 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed $2,100.

Dental Plan Summary *subject to FUSION plan design listed above*

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	$50/Calendar Year Type 2 & 3	$50/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum *(per person)*	$2,000 per calendar year	$2,000 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum *(per person)*	$1,000	$1,000
Waiting Period	None	None

***Maximum is lifetime for both in network and out of network.*

Eye Care Summary *subject to FUSION plan design listed above*

	Allowances
Exam	Subject to maximum
Lenses (per pair)	
Single	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frame Allowance	Subject to maximum

Frequencies *Based on date of service*	
Exam	None
Lenses	None
Frames	None
Maximum	$100
Deductibles (Lifetime deductible)	$0*

**Deductible applies to the first service received*

Monthly Rates- Guaranteed for 24 Months

Employee Only (EE)	$39.20
EE + Spouse	$77.76
EE + Children	$97.24
EE + Spouse & Children	$135.80

PA Small Group (3-50)

FUSION Highlight Sheet

Ameritas

Dental Procedure Summary (*Current Dental Terminology* © American Dental Association.)

In/Out of Network

Type 1	Type 2	Type 3
• Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (1 per benefit period) • Sealants (age 16 and under) • Space Maintainers	• Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

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