

NBA BENEFIT PLANS

Dental Highlight Sheet - AB Low Plan

Effective date: January 1, 2023

Plan Benefit

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|-------------------------------|---|
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$50/Calendar Year Type 2 and Type 3 Waived Type 1 \$150/family |
| Maximum (per person) | \$1,000 per calendar year |
| Allowance | 80 th U&C |
| Dental Records® | Included |
| Waiting Period | None |
| Annual Eye Exam | None |
| Annual Open Enrollment | Included |

Sample Procedure Listing (Current dental terminology © American Dental Association)

| Type 1 | Type 2 | Type 3 |
|--|--|---|
| <ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full mouth / panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (4 per benefit period) • Fluoride for children age 18 and under (1 per benefit period) • Sealants (age 15 and under) • Space Maintainers | <ul style="list-style-type: none"> • Restorative amalgams • Restorative composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture repair • Simple extractions • Complex extractions • Anesthesia | <ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) |

Ameritas Information

We're here to help – This plan was designed specifically for the associates of the Nebraska Bankers Association Benefit Plans. At Ameritas Group, we do more than provide coverage – we make sure there's always a friendly voice to explain your benefits, listen to your concerns and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time), Monday-Thursday; and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: (800)-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earn an extra reward, called the PPO Bonus, by seeing a network provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during the benefit year, all accumulated rewards will be lost; however, he or she can begin earning rewards again the very next year.

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|-------------------------|---------|---|
| Benefit Threshold | \$750 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$400 | Dental Rewards amount is added to the following year's maximum |
| Annual PPO Bonus | \$200 | Additional bonus is earned if the member sees a network provider |
| Maximum Carryover | \$1,200 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

Dental Network Information

To find a provider, visit ameritas.com and select **Find A Provider**, then **Dental**. Enter your criteria to search by location or for a specific dentist or practice. Your provider network is Ameritas Classic and Plus Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount you will be responsible for. That way, there won't be any surprises once the work has been completed.

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 January 1.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.