

Dental Plan Summary

Effective Date: 02/01/2026

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80-90-100%	80%
Type 3	50%	50%
Deductible	\$25 Lifetime Type 2,3 Waived Type 1	\$25 Lifetime Type 2,3 Waived Type 1
Maximum (per person)	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	Discounted Fee	90th U&C
Dental Rewards®	Included	Included
Waiting Period	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Adult and Child Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$2,000	\$2,000
Waiting Period	None	None
Takeover Benefit	Initial Insureds & New Enrollees	Initial Insureds & New Enrollees

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

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	In and Out of Network Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 18 and under (1 in 12 months) Sealants (age 13 and under) Space Maintainers 	<ul style="list-style-type: none"> Fillings for Cavities 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 Stanislaus Regional Housing Authority. 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 through 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 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. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic and Plus Network.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and 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 a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

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 that 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. 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.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level. If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert back to the beginning coinsurance benefit. If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

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.