



Dental Plan & Vision – Ameritas



Dental Plan Design Summary3
Covered Procedure Summary4
Dental Features/Benefits5
Eye Care Plan Design Summary7
Eye Care Features/Benefits9
Assumptions/Requirements11
Limitations/Exclusions13

Based on the information provided to us, we've prepared this proposal to meet the needs of Clegg's Termite & Pest Control and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

Clegg's Termite & Pest Control

Plan Design Summary



Dental Summary

Proposed Effective Date: 2/1/2014

		Low Plan 1	High Plan 1
Coinsurance	Type 1	100%	100%
	Type 2	80%	80%
	Type 3	NA	50%
Deductible		\$50/Calendar Year	\$50/Calendar Year
		Waived Type 1	Waived Type 1
		3 Family Maximum	3 Family Maximum
Maximum (per person)		\$1,000/Calendar Year	\$1,250/Calendar Year
PPO		A New Choice® Plus	A New Choice® Plus
Allowance	Type 1	Contracted Fee	Contracted Fee
	Type 2	Contracted Fee	Contracted Fee
	Type 3	None	Contracted Fee
Waiting Period		None	None
LASIK Advantage®		None	None

Monthly Rates

Employee (EE)	\$14.40	\$21.68
EE + Spouse	\$29.24	\$44.24
EE + Children	\$41.08	\$54.60
EE + Spouse & Children	\$55.92	\$77.16

Rates are guaranteed for 12 months following the effective date listed above.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase \$.20 per employee.

Beginning in 2014, health insurers are required to pay an annual Health Insurer Assessment Fee (HIAF) in accordance with Section 9010 of the Patient Protection and Affordable Care Act (PPACA). The amount due from each insurer is based on the insurer's market share of health premiums, including dental and vision insurance premiums. **Rates in this proposal are adjusted to reflect the estimated cost of this fee.** We reserve the right to adjust rates based on PPACA fees or assessments imposed by any governmental authority or agency.

Employee Participation Requirements

Eligible Employees: 290

	The greater of 50% or 10 lives between the High Plan and the Low Plan Voluntary
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	Low Plan 1	High Plan 1
Plan Design Summary	100/80 \$50/Calendar Year Waived Type 1 3 Family Maximum \$1,000	100/80/50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$1,250
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 13 and under) 	<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 13 and under) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Simple Extractions 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Simple Extractions • Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions

Current Dental Terminology © American Dental Association.

High/Low Plan

High/Low Plans let you offer your employees a choice between two plans, two premium levels, in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the February 1, 2014, effective date, all eligible employees may choose between the High Plan or the Low Plan shown in this proposal, or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between the High Plan and the Low Plan without penalty.

Ameritas Managed Care Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using PPO dentists, who have agreed to provide dental care at contracted fees.
- Our plans give members across the nation over 290,000 contracted provider access points for dental care.
- PPO network dentists must meet our credentialing and quality assurance evaluation requirements.

A New Choice® Plus

- Lower rates are achieved in part by limiting what is paid per procedure on non-PPO claims to the same amount that PPO dentists have agreed to charge (called the Maximum Allowable Charge, or MAC).
- Members who use a PPO dentist are guaranteed their dental fees will be at or under MAC limits.
- MACs vary based on dental office ZIP Code and are reviewed annually.

Flex 6 - Flat Maximum

- Lets plan members pay for their dental plan with pretax dollars.
- Allows groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductible and maximums.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Walmart's pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever saves more.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritasgroup.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Essential Dental®

- This plan rewards good dental health habits. Members receive the benefits needed to maintain optimum oral health.
- Premiums better reflect the kind of coverage members typically use. The "essentials" are covered including Type 1, Type 2, and Type 3 procedures. Procedures that are seldom used are excluded, so people don't have to pay extra for a plan that covers those.

Clegg's Termite & Pest Control

Features/Benefits



Deductibles

After the date that 3 members of a family have each satisfied their individual deductible amounts, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. (Plan(s): Low Plan 1; High Plan 1)

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 2/1/2014

	Plan 1: Focus®	
	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Frames	\$150**	Up to \$75
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

**The Costco allowance will be the wholesale equivalent.

Deductible, Maximum

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$15 Exam \$15 Eye Glass Lenses or Frames*	\$15 Exam \$15 Eye Glass Lenses or Frames
Maximum Calendar Year	None	None

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

Contact Lenses

Fit & Follow Up Exams	15% discount. See Additional Focus Features.	No benefit
Contacts		
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$7.80
EE + Spouse	\$15.36
EE + Children	\$14.20
EE + Spouse & Children	\$21.76

Rates are guaranteed for 12 months following the effective date listed above.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase \$.20 per employee.

Beginning in 2014, health insurers are required to pay an annual Health Insurer Assessment Fee (HIAF) in accordance with Section 9010 of the Patient Protection and Affordable Care Act (PPACA). The amount due from each insurer is based on the insurer's market share of health premiums, including dental and vision insurance premiums. **Rates in this proposal are adjusted to reflect the estimated cost of this fee.** We reserve the right to adjust rates based on PPACA fees or assessments imposed by any governmental authority or agency.

Employee Participation Requirements

Eligible Employees: 290

	The greater of 50% or 10 lives Voluntary
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Lens Options (member cost)*

	Plan 1: Focus®	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance includes fitting, exam and lenses. The cost of the fitting and evaluation is deducted from the contact allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCareSM	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Ameritas Focus® Eye Care

Focus eye care plans from Ameritas Group will help your employees receive and pay for the eye care they need. Our Focus plans emphasize eye health and preventive care, and features experienced, independent private-practice VSP eye doctors.

The Ameritas Group Partners with VSP® Vision Care

Since the mid-1980s, Ameritas Group and VSP have shared a strong business alliance based on similar philosophies: a commitment to excellent service. For Focus plans, Ameritas provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. VSP provides a network of exceptional eye care doctors, in addition to claims processing and customer service to Focus plan members.

VSP's Philosophy is One-Stop Care

Each doctor in VSP's network provides exam and eyewear services, so there's no need for Focus plan members to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate most of the U.S. population lives within 4 miles of a VSP doctor.

Focus Plan Members Use The VSP Choice Network

Policyholders can select the VSP Choice Network, offering 24,000 doctors and 35,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

Member Choice

As with every Ameritas Group plan, members may visit any eye doctor. When Focus plan members see non-VSP providers, benefits are reimbursed according to the plan schedule.

No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. Focus plan members simply make an appointment with a VSP doctor, state that they have coverage in a VSP network, and visit the doctor. VSP handles the rest.

Service And Satisfaction

A Recent Summary of Performance Results from VSP:

Member Satisfaction with Plan	99% (good/very good/excellent)
Ease of Doing Business with VSP	99% (good/very good/excellent)
Claims Financial Accuracy	100%
Claims Processing Accuracy	100%
Call Center Average Speed of Answer	14 Seconds
Call Center Telephone Inquiry Response	99.5% (same day response)
Call Abandonment Rate	1.4%

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Walmart's pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever saves more.
- Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Clegg's Termite & Pest Control

Features/Benefits



Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

All Plans

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on Standard Industry Code 734213.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period. An employee who elects to participate at an election period other than the initial election period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of February 1, 2014 to February 1, 2015.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **Clegg's Termite & Pest Control** wishes to apply for group insurance based upon this proposal, **Clegg's Termite & Pest Control** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Dependent children are covered up to age 26 regardless of student status in the situs State of North Carolina.

Dental

- Please note the newest version of the Current Dental Terminology (c) American Dental Association is effective on January 1, 2014. Therefore, the list of procedure codes may vary for a limited time during implementation of the additional and revised procedure codes.
- 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 February 1. (Plan(s): Low Plan 1; High Plan 1)
- Our proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid. (Plan(s): Low Plan 1; High Plan 1)

Eye Care

- No benefits are payable for a service which is not listed under the list of eye care services.
- Participation in this program requires that the participants commit to twelve months of continuous coverage. No participants may drop the coverage during this first twelve months unless their employment is terminated or they otherwise lose their eligibility.

Covered Expenses will not include and no benefits will be payable for expenses incurred:

All Plans

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prefabricated stainless steel and resin crowns within five years of the date of the last placement of these items. But if a replacement is required because of accidental bodily injury sustained while the plan member is covered under the dental expense benefits.
- 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.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- 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 orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Limitations for Plan(s) High Plan 1

- 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.

This plan has the following limitation:

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover:

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.