

NURSE STAFFING, LLC

Dental Highlight Sheet



Current Dental Plan Summary

Effective Date: 6/01/2013

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Type 4	65%
Deductible	\$50/Calendar Year Type 2, 3 & 4 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	90th U&C
Waiting Period	Varies - See Plan Features

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

Type 1	Type 2	Type 3	Type 4
<ul style="list-style-type: none">• Routine Exam (2 per benefit period)• Bitewing X-rays (2 per benefit period)• Cleaning (2 per benefit period)• Fluoride for Children 18 and under (1 per benefit period)• Space Maintainers	<ul style="list-style-type: none">• Full Mouth/Panoramic X-rays (1 in 3 years)• Periapical X-rays• Sealants (age 17 and under)• Restorative Amalgams• Restorative Composites• Endodontics (nonsurgical)• Endodontics (surgical)• Periodontics (nonsurgical)• Simple Extractions	<ul style="list-style-type: none">• Onlays• Crowns (1 in 5 years per tooth)• Crown Repair• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)	<ul style="list-style-type: none">• Periodontics (surgical)• Denture Repair• Complex Extractions• Anesthesia

Monthly Rates

Employee Only (EE)	\$44.56
EE + Spouse	\$87.08
EE + Children	\$97.96
EE + Spouse & Children	\$140.52

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **NURSE STAFFING, LLC**. 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 ameritasgroup.com/member.

Rx Savings

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.

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 where they can access and print an online-only Rx discount savings ID card.

PPO Information

To find a provider, visit ameritasgroup.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 **PPO Dental Network**.

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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.

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.

Section 125

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.

Flex 12

This plan is subject to elimination periods on several procedures.

ELIMINATION PERIODS

Type 1	0 months
Type 2	0 months
Type 3	24 months
Type 4	12 months

Domestic Partner

State law requires Domestic Partner coverage be offered to policyholders. Domestic partner means two unrelated individuals who share the necessities of life, live together, and have an emotional and financial commitment to one another, similar to that of a spouse.

Civil Union

The New Jersey Civil Union Act, P.L. 2006, c. 103 provides that civil union couples shall have all of the same benefits as are granted to spouses in a marriage. Effective February 19, 2007, all New Jersey policies that include dependent coverage will provide coverage to enrolled civil union couples. Therefore, the contractual term "dependent" includes a party to a civil union including a child or children who is born or brought to a civil union established according to New Jersey law.

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.

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Eye Care Highlight Sheet



Current Focus® Plan Summary

Effective Date: 06/01/2013

	VSP Network	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames* Covered in full	\$10 Exam \$25 Eye Glass Lenses or Frames* Up to \$52
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$105	Up to \$40
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

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

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$25 adults	No benefit
Solid Plastic Dye	\$13 (Except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit
Lasik or PRK	Average discount of 15% off retail. See Additional Focus Features.	No benefit

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

Monthly Rates

Employee Only (EE)	\$11.20
EE + 1 Dependent	\$22.08
EE + 2 or More Dependents	\$30.88

Additional Focus® Features

Contact Lenses Elective	<p>Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material 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 chosen in lieu of glasses.</p> <p>New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.</p>
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 VisionCare	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).

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Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritasgroup.com/member

View plan benefit information at: vsp.com

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