

(BRIGHT ONE[®] PLANS)

dental insurance for association members



It's smart to put your money
where your mouth is.

FOR INDIVIDUALS, FAMILIES AND SOLE PROPRIETORS
WHO ARE MEMBERS OF THE PLAN SERVICES ASSOCIATION

COVERAGE OF TYPE 1, TYPE 2 AND TYPE 3 SERVICES

FREEDOM TO USE ANY DENTIST

CHOICE OF PLANS

EASY BILLING

ADULT AND CHILD ORTHODONTIA AVAILABLE

A Single-Minded Focus
on your **HEALTH** and
WELL-BEING.



TRADITIONAL PLAN

This comprehensive coverage gives you the freedom to use any dentist you wish, and pays 100% of the amount allowed* for Type 1 care after a short elimination period. The plan features high coinsurance levels, low deductibles and a choice of calendar year maximums.

FEATURES AND BENEFITS —
THE PLANS AT A GLANCE

TYPE 1 CARE (Preventive)	100% 3-month elimination period
TYPE 2 CARE (Basic)	80% 6-month elimination period
TYPE 3 CARE (Major)	50% 12-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$750 or \$1000
ORTHODONTIA	NOT COVERED
EYE CARE EXAMS	NOT AVAILABLE
DENTAL REWARDS*	NOT AVAILABLE
CLAIM ALLOWANCE (*AMOUNT ALLOWED)	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

PROGRESSIVE PLAN

Visiting a dentist and having a covered procedure completed each year qualifies insureds to increase their coinsurance level the next year. Insureds who do not receive a covered procedure in a calendar year revert to the lowest level. You may use the dentist of your choice, and select your calendar year maximum. Orthodontia benefits for adults and children are included after a 12-month elimination period.

FEATURES AND BENEFITS —
THE PLANS AT A GLANCE

TYPE 1 CARE (Preventive)	100% No elimination period
TYPE 2 CARE (Basic)	60% — 70% — 80% 6-month elimination period
TYPE 3 CARE (Major)	30% — 40% — 50% 12-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$25 for Type 2 \$100 Lifetime for Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$750 or \$1000
ORTHODONTIA	NO DEDUCTIBLE \$600 lifetime maximum \$200 maximum per calendar year 12-month elimination period
EYE CARE EXAMS	NOT AVAILABLE
DENTAL REWARDS*	NOT AVAILABLE
CLAIM ALLOWANCE	USUAL AND CUSTOMARY (U&C) – Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

SAVER PLAN

This plan features no elimination period for Type 1 (Preventive) care. Plus, the plan has the shortest elimination periods for Type 2 (Basic) care and Type 3 (Major) care when compared to our other plans. Insureds qualify to increase their coinsurance level annually simply by visiting the dentist of their choice each year and undergoing a covered procedure. Insureds who do not receive a covered procedure in a calendar year revert to the lowest coinsurance level. This plan also includes Dental Rewards*, which rewards qualifying insureds who care for their teeth by rolling over a portion of their unused annual maximum.

FEATURES AND BENEFITS —
THE PLANS AT A GLANCE

TYPE 1 CARE (Preventive)	100% No elimination period
TYPE 2 CARE (Basic)	35% — 50% — 65% 3-month elimination period
TYPE 3 CARE (Major)	10% — 25% — 50% 6-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$750 or \$1000
ORTHODONTIA	NOT AVAILABLE
EYE CARE EXAMS	NOT AVAILABLE
DENTAL REWARDS*	INCLUDED
CLAIM ALLOWANCE	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

ACCESS PLAN not available in all ZIP Codes

This plan provides the opportunity to reduce your out-of-pocket costs by using an in-network provider, yet you are always free to select a dentist not associated with the Ameritas PPO. The plan also covers a yearly eye exam. Select a Vision Service Plan (VSP) participating provider for an eye exam covered at 100% and access to additional discounts. Insureds also have the option of choosing a non-VSP provider (benefits are paid on a scheduled amount per area).

FEATURES AND BENEFITS – THE PLANS AT A GLANCE

	IN-NETWORK	OUT-OF-NETWORK
TYPE 1 CARE (Preventive)	100% 3-month elimination period	80% 3-month elimination period
TYPE 2 CARE (Basic)	80% 6-month elimination period	60% 6-month elimination period
TYPE 3 CARE (Major)	50% 18-month elimination period	40% 18-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$5 per visit Type 2 and Type 3	\$0 for Type 1 \$50 Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$1000 or \$1500	\$1000 or \$1500
ORTHODONTIA	NOT COVERED	NOT COVERED
EYE CARE EXAMS	INCLUDED 3-month elimination period	INCLUDED 3-month elimination period
DENTAL REWARDS*	NOT AVAILABLE	NOT AVAILABLE
CLAIM ALLOWANCE	MAXIMUM ALLOWABLE CHARGE (MAC) – A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP Code area. MAC fees are associated with a PPO plan and are accepted by participating providers.	USUAL AND CUSTOMARY (U&C) – Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

ADVANTAGE PLANS

The Advantage *I* and Advantage *II* plans are the newest and most affordable of our BrightOne plan designs. Created for today's health- and cost-conscious consumers, they offer 100% of the amount allowed* for preventive care coverage with no elimination period, and include Dental Rewards*. The Advantage *I* plan is ideal for individuals desiring only one exam and cleaning a year, while the Advantage *II* covers two annual exams and cleanings. The calendar year maximum also differs between the two plans.

FEATURES AND BENEFITS – THE PLANS AT A GLANCE

	ADVANTAGE I	ADVANTAGE II
TYPE 1 CARE (Preventive)	100% No elimination period	100% No elimination period
TYPE 2 CARE (Basic)	50% 3-month elimination period	50% 3-month elimination period
TYPE 3 CARE (Major)	25% 6-month elimination period	25% 6-month elimination period
CALENDAR YEAR DEDUCTIBLES <small>per person</small>	\$0 for Type 1 \$50 for Type 2 and Type 3	\$0 for Type 1 \$50 for Type 2 and Type 3
CALENDAR YEAR MAXIMUMS <small>per person</small>	\$750	\$1000
ORTHODONTIA	NOT AVAILABLE	NOT AVAILABLE
EYE CARE EXAMS	NOT AVAILABLE	NOT AVAILABLE
DENTAL REWARDS*	INCLUDED	INCLUDED
CLAIM ALLOWANCE (*AMOUNT ALLOWED)	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.	WISE BUYER claim allowance is based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

LIMITATIONS & EXCLUSIONS

Ameritas BrightOne Plans coverage does not provide benefits:

- 1] For Type 1 procedures, in the first three months that the Insured is covered under this section for Traditional and Access Plans.
- 2] For Type 2 procedures, in the first six months that the Insured is covered under this section for Traditional, Progressive and Access Plans and in the first three months on the Saver, Advantage I and Advantage II Plans.
- 3] For Type 3 procedures, in the first 12 months that the Insured is covered under this section for Traditional and Progressive Plans, and in the first six months on the Saver, Advantage I and Advantage II Plans and in the first 18 months for Access Plans.
- 4] For any treatment which is for cosmetic purposes. Facings on crowns or pontics beyond the second bicuspid are considered cosmetic.
- 5] To replace any prosthetic appliance, crown, onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this section, it will be a Covered Expense.
- 6] For initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the Insured person is covered under this section. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- 7] For any procedure begun before the Insured person was covered under this section.
- 8] For any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.
- 9] To replace lost or stolen appliances.
- 10] For appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
- 11] For any procedure which is not shown on the Table of Dental Procedures.
- 12] For orthodontic treatment under this benefit provision.
- 13] For which the Insured person is entitled to benefits under any workers' 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.
- 14] For charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- 15] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 16] Because of war or any act of war, declared or not.

ALTERNATIVE PROCEDURES. If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment of the submitted treatment.

ORTHODONTIA LIMITATIONS for Progressive Plan, as noted in the certificate.

Covered Expenses will not include and benefits will not be payable for expenses incurred:

- 1] For a Program which was begun before the Insured became covered under this section.
- 2] Before the Insured has been insured under this section for at least 12 consecutive months.
- 3] In any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- 4] After the Insured's insurance under this section terminates.
- 5] For which the Insured is entitled to benefits under any workers' 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.
- 6] For charges which the Insured is not legally required to pay or which would not have been made had no insurance been in force.
- 7] For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- 8] Because of war or any act of war, declared or not.

ELIGIBILITY

APPLICANT Any member of the Plan Services Association

DEPENDENT Any dependent who is a spouse, or an unmarried child under age 19, or under age 24 for unmarried, full-time students dependent on the applicant for support. (The limiting age for dependent children may vary by state).

ZIP CODE & AREA CHART

ACCESS PLAN IS NOT AVAILABLE IN ALL ZIP CODES. PLEASE VERIFY WITH YOUR AGENT.

ARIZONA 855-857, 859-860, 863-865 AREA 3 850-853 AREA 5	329, 349 AREA 5 334 AREA 6 333 AREA 7	CALIFORNIA 932-933, 935, 937, 953 AREA 6 919, 922, 930, 936, 939, 952, 955-956, 958 AREA 7 910, 920-921, 923-925, 934, 957, 959-961 AREA 8 917, 926-927, 931, 945-947, 954 AREA 9 906-908, 911-912, 918, 928, 941, 943-944, 948, 950 AREA A 900, 902, 904-905, 913, 915-916, 940, 942, 949, 951 AREA B 901, 903, 914 AREA C	624, 628-629 AREA 1 609-620, 622-623, 625-626 AREA 2 627 AREA 3 604-605 AREA 5 601, 603 AREA 6 600, 602, 606-607 AREA 7	INDIANA 471 AREA 1 461, 463-464 AREA 2 460, 462 AREA 3	IOWA 504-508, 510, 512-523, 525, 526 AREA 1 500-502, 509, 511, 524, 527, 528 AREA 2 503 AREA 3	KANSAS 664-665, 667-671, 673-679 AREA 2 660, 666, 672 AREA 3 661-662 AREA 4	KENTUCKY 400-401, 403-404, 406-409, 412-418, 420-427 AREA 2 402 AREA 3 405, 410-411 AREA 4	MARYLAND 215 AREA 3 206, 216-218 AREA 4 210-211, 214 AREA 5 212-213, 219 AREA 6 207-209 AREA 7	MICHIGAN 498-499 AREA 2 495 AREA 3 484, 486-488, 490-494, 496-497 AREA 4 489 AREA 5 485 AREA 6 480-483 AREA 7	MINNESOTA 550, 553 AREA 5 551, 554 AREA 7	MISSOURI 634-639, 644-648, 650-651, 653-658 AREA 1 652 AREA 2 630, 633, 640 AREA 3 631, 641 AREA 4	NEBRASKA 680-681, 683-684, 686-699 AREA 1 685 AREA 2	NEVADA 890, 893, 898 AREA 4 891 AREA 5 894-895, 897 AREA 7	NEW JERSEY 081, 083 AREA 5 080, 082, 084 AREA 6 085-087 AREA 7 072, 077-078 AREA 8 071, 073-075, 088-089 AREA 9 070, 076, 079 AREA A	OHIO 430-431, 433-435, 437-439, 448-451, 456-458 AREA 2 436, 442-447, 453 AREA 3 432, 440, 452, 454-455 AREA 4 441 AREA 6	OKLAHOMA 734-739, 743-749 AREA 1 730-731, 740-741 AREA 3	OREGON 975-979 AREA 5 973-974 AREA 6 970-972 AREA 7	PENNSYLVANIA 153-154, 170-171 AREA 3 150, 151, 156, 159-161, 185-187 AREA 4 152, 165, 195-196 AREA 5 180-181 AREA 6 189, 191-194 AREA 7 190 AREA 8	TENNESSEE 370-371, 379-380, 382-385 AREA 2 372, 381 AREA 3	UTAH 842-847 AREA 5 840-841 AREA 6	VERMONT 050-059 AREA 5	VIRGINIA 227-228, 239, 242-246 AREA 1 224-226, 229 AREA 2 201, 240-241 AREA 3 220-223, 230-231, 236-238 AREA 4 232-235 AREA 5	WISCONSIN 535, 538-539, 541, 544-548 AREA 2 530-531, 534, 537, 540, 542-543, 549 AREA 3 532 AREA 4
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MONTHLY PREMIUM CHART

TRADITIONAL PLAN \$1000 ANNUAL MAXIMUM				\$750 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	33.40	66.90	100.20	31.20	62.20	93.30
2	36.00	71.70	107.50	33.40	66.90	100.20
3	38.90	77.80	116.90	36.20	72.30	108.50
4	41.70	83.60	125.10	38.80	77.50	116.40
5	44.90	89.90	134.60	41.70	83.60	125.10
6	48.60	97.00	145.30	45.10	90.00	135.10
7	52.40	104.40	156.60	48.60	97.20	145.80
8	56.30	112.40	168.40	52.40	104.40	156.60
9	59.50	118.80	178.30	55.30	110.70	166.00
A	62.90	125.50	188.50	58.50	116.90	175.30
B	67.00	133.80	200.90	62.20	124.40	186.60
C	74.90	149.60	224.40	69.60	139.10	208.70

SAVER PLAN \$1000 ANNUAL MAXIMUM				\$750 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	24.60	48.90	73.50	22.90	45.80	68.70
2	26.30	52.70	79.00	24.60	49.20	73.80
3	28.50	57.00	85.70	26.60	53.30	80.00
4	30.50	61.20	91.70	28.60	57.20	85.80
5	32.90	65.90	98.60	30.80	61.50	92.20
6	35.50	71.00	106.50	33.30	66.30	99.60
7	38.40	76.60	114.90	35.90	71.60	107.40
8	41.30	82.40	123.50	38.60	77.00	115.40
9	43.60	87.30	130.90	40.80	81.50	122.30
A	46.10	92.10	138.30	43.00	86.10	129.20
B	48.90	98.00	147.20	45.80	91.60	137.50
C	54.90	109.70	164.60	51.30	102.50	153.80

ADVANTAGE I PLAN \$750 ANNUAL MAXIMUM				ADVANTAGE II PLAN \$1000 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY
1	17.10	32.70	48.50	22.30	43.60	67.10
2	18.70	36.00	53.70	24.50	47.90	74.00
3	20.70	39.90	60.00	26.80	52.90	82.20
4	22.20	42.90	64.70	28.90	57.10	88.90
5	24.50	47.50	72.00	31.70	62.80	98.40
6	26.80	52.30	79.60	34.90	69.10	108.50
7	29.60	57.70	88.40	38.40	76.30	120.00
8	32.00	62.30	95.20	41.50	82.50	129.70
9	34.50	67.40	103.80	44.80	89.10	140.90
A	36.00	70.30	108.00	47.00	93.40	147.30
B	39.50	77.80	120.90	51.60	103.40	164.50
C	44.10	86.70	134.40	57.70	115.20	183.10

PROGRESSIVE PLAN \$1000 ANNUAL MAXIMUM						\$750 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY		
1	32.30	64.60	109.70	30.00	59.90	101.90		
2	34.60	69.20	117.30	32.10	64.10	108.90		
3	37.50	75.00	127.50	34.90	69.70	118.50		
4	40.30	80.40	136.90	37.50	75.00	127.50		
5	43.20	86.40	147.10	40.30	80.40	136.90		
6	46.70	93.70	159.00	43.70	87.20	147.90		
7	50.50	100.90	171.30	46.70	93.70	159.00		
8	54.20	108.40	184.10	50.50	100.90	171.30		
9	57.20	114.60	194.80	53.40	106.70	181.30		
A	60.80	121.40	206.30	56.50	112.90	192.00		
B	64.70	129.20	219.80	60.10	120.10	204.20		
C	72.10	144.10	244.80	67.00	133.80	227.60		

ACCESS PLAN (PLAN NOT AVAILABLE IN ALL ZIP CODES) \$1500 ANNUAL MAXIMUM						\$1000 ANNUAL MAXIMUM		
AREA	SINGLE	SINGLE +1	FAMILY	SINGLE	SINGLE +1	FAMILY		
1	31.00	62.00	92.80	27.40	54.80	82.10		
2	33.20	66.20	99.10	29.30	58.60	87.80		
3	36.10	72.10	108.20	32.00	63.90	95.80		
4	38.60	77.40	115.90	34.20	68.40	102.60		
5	41.40	82.80	124.10	36.60	73.40	110.00		
6	45.10	90.00	135.10	39.90	79.60	119.20		
7	48.60	97.00	145.30	42.80	85.80	128.80		
8	52.40	104.40	156.60	46.30	92.40	138.50		
9	55.00	110.00	164.90	48.60	97.20	145.80		
A	58.30	116.50	174.90	51.50	103.00	154.70		
B	62.20	124.40	186.60	55.00	110.00	164.90		
C	69.20	138.50	207.60	61.10	122.50	183.60		

MONTHLY TREND FACTOR			
EFFECTIVE DATE	TREND FACTOR	EFFECTIVE DATE	TREND FACTOR
1/1/10	1.000	7/1/10	1.043
2/1/10	1.007	8/1/10	1.050
3/1/10	1.014	9/1/10	1.057
4/1/10	1.021	10/1/10	1.065
5/1/10	1.028	11/1/10	1.072
6/1/10	1.035	12/1/10	1.080

PREMIUM PAYMENT METHOD	
PAYMENT METHOD	ADMINISTRATION FEE
EZ PAY	NONE
MONTHLY DIRECT BILL	\$8.00 PER MONTH
QUARTERLY DIRECT BILL	\$8.00 PER QUARTER

HOW TO CALCULATE YOUR BRIGHTONE PLANS PREMIUM

1] Determine which plan design you would like to apply for.

- Traditional \$750 Annual Maximum
- Traditional \$1000 Annual Maximum
- Progressive \$750 Annual Maximum
- Progressive \$1000 Annual Maximum
- Saver \$750 Annual Maximum
- Saver \$1000 Annual Maximum
- Access \$1000 Annual Maximum
- Access \$1500 Annual Maximum
- Advantage I \$750 Annual Maximum
- Advantage II \$1000 Annual Maximum

2] Determine whom you want to insure under the plan.

- Applicant Only
- Applicant + 1 Dependent
- Applicant + 2 or More Dependents

3] Locate your residence address ZIP Code on the ZIP Code & Area Chart.

Area 1	Area 4	Area 7	Area A
Area 2	Area 5	Area 8	Area B
Area 3	Area 6	Area 9	Area C

4] Match your area number/letter listed in the ZIP Code & Area Charts, to the same area number/letter listed on the Monthly Premium Chart for the plan you have chosen. This is your Monthly Base Premium. Enter it on the Premium Calculation Worksheet.

5] Choose a desired effective date and corresponding trend factor number. Enter this number on the Premium Calculation Worksheet and multiply the monthly premium by this number to obtain your monthly payment:

1/1/10 = 1.000	5/1/10 = 1.028	9/1/10 = 1.057
2/1/10 = 1.007	6/1/10 = 1.035	10/1/10 = 1.065
3/1/10 = 1.014	7/1/10 = 1.043	11/1/10 = 1.072
4/1/10 = 1.021	8/1/10 = 1.050	12/1/10 = 1.080

6] Add the PSA Monthly Association dues of \$2.00.

7] Select a premium payment method and add the monthly or quarterly administration fee on the Premium Calculation Worksheet to obtain your total monthly or quarterly payment.

- EZ Pay = No Charge
- Monthly Direct Bill = \$8.00
- Quarterly Direct Bill = \$8.00

* All plans are not available in every state. Ask about our Group Dental for groups of three or more.

PREMIUM CALCULATION WORKSHEET

MONTHLY EZ PAY One month premium required (no charge)

MONTHLY DIRECT BILLING OPTION One month premium required (\$8 monthly administration fee)

QUARTERLY DIRECT BILLING OPTION Three months premium required (\$8 quarterly administration fee)

MONTHLY BASE PREMIUM \$ _____

TREND FACTOR x _____

MONTHLY PAYMENT = \$ _____ OR QUARTERLY PAYMENT (MONTHLY x 3) = \$ _____

MONTHLY ADMIN. FEE + \$ _____ QUARTERLY ADMIN. FEE + \$ _____

PSA MONTHLY DUES + \$ 2.00 PSA QUARTERLY DUES + \$ 6.00

PAYMENT WITH APPLICATION = \$ _____ PAYMENT WITH APPLICATION = \$ _____ MAKE CHECK PAYABLE TO: PSA



JOIN TODAY!

**EXCLUSIVE BENEFITS.
AFFORDABLE MEMBERSHIP.
JOIN THE PLAN SERVICES ASSOCIATION.**

Become a member of the Plan Services Association and save big money on everything from dental care to Internet service. For a low monthly membership fee of just \$2.00, you enjoy unlimited access to the following benefits:

HEALTH & WELLNESS

DENTAL SERVICES Comprehensive dental insurance for the entire family

HEARING SERVICES Up to a 60% discount on quality hearing aids

VITAMIN AND NUTRITIONAL SUPPLEMENT DISCOUNTS 15% discount on a wide range of products

PURCHASING/GENERAL CONSUMER

SHOPTHESHOPS.COM Cybermall featuring over 100 high quality e-tailers and stores with special discounts and features

NATION SAFE DRIVERS MOTOR CLUB
50% savings on motor club

MAGAZINE SUBSCRIPTION DISCOUNT Savings on virtually all popular titles, includes gift subscriptions, renewals, and transfers

MOVIE TICKET DISCOUNT Substantially discounted movie ticket coupons from participating nationwide movie chains

BUSINESS-RELATED

INTERNET ACCESS SERVICES Discounts on unlimited dial-up access to the Internet

POWERNET GLOBAL Long distance rate of 5.4 cents per minute state-to-state, 24 hours a day, seven days a week

AMERITAS BRIGHTONE® PLANS ENROLLMENT FORM

Insured by Ameritas Life Insurance Corp.

HEALTHPLAN SERVICES PSA MEMBERSHIP ENROLLMENT FORM (IF NOT ALREADY A MEMBER).

I hereby apply for full associate membership in the Plan Services Association (PSA). Upon completion of this enrollment form and payment of initial dues (\$2 monthly), I understand that: (a) I will be entitled to PSA's benefits; (b) these benefits may change from time to time; (c) my membership will become effective on the day this Enrollment Form is dated and signed; (d) I am eligible to apply for Association Group dental insurance; and (e) I authorize the release of my name and address listed on this application to PSA.

X
 REQUIRED MEMBER'S SIGNATURE TITLE DATE

If you wish to apply for association group dental insurance, please complete the enrollment form below.

SECTION ONE — APPLICANT INFORMATION

Name of Primary Applicant (Last, First, MI)		MARRIED SINGLE	DIVORCED WIDOWED	SOCIAL SECURITY NUMBER	DOB	MALE FEMALE
PRIMARY APPLICANTS ADDRESS (P.O. BOXES ARE NOT ACCEPTED)		CITY		STATE	ZIP	
PHONE NUMBERS	() HOME	() WORK	E-MAIL ADDRESS			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE	ZIP	
DEPENDENT COVERAGE: (check one) APPLICANT ONLY APPLICANT PLUS ONE DEPENDENT SPOUSE OR CHILD APPLICANT PLUS TWO OR MORE DEPENDENTS SPOUSE AND/OR CHILDREN HOW MANY _____ (SPOUSE MAY INCLUDE DOMESTIC PARTNERS AS DEFINED BY STATE LAW.)						

SECTION TWO — COVERAGE INFORMATION

REQUESTED EFFECTIVE DATE: MONTH _____ YEAR _____ (NOTE: PLAN EFFECTIVE DATE IS ALWAYS FIRST OF THE MONTH AND SUBJECT TO WRITTEN APPROVAL).
 SELECT PLAN DESIGN (CHOOSE ONE OF THE SIX PLANS). (PLAN NOT AVAILABLE IN ALL ZIP CODES)

TRADITIONAL	\$750 ANNUAL MAXIMUM	PROGRESSIVE	\$750 ANNUAL MAXIMUM	SAVER	\$750 ANNUAL MAXIMUM	ACCESS	\$1000 ANNUAL MAXIMUM	ADVANTAGE I	\$1000 ANNUAL MAXIMUM
	\$1000 ANNUAL MAXIMUM		\$1000 ANNUAL MAXIMUM		\$1000 ANNUAL MAXIMUM		\$1500 ANNUAL MAXIMUM	ADVANTAGE II	

SECTION THREE — BILLING INFORMATION

PAYMENT METHOD (PRODUCER PAYMENTS ARE NOT ACCEPTED)	MONTHLY BASE PREMIUM	\$ _____
MONTHLY EZ PAY	TREND FACTOR	x _____
One month premium required (no charge)	MONTHLY PAYMENT	= \$ _____ OR QUARTERLY PAYMENT (MONTHLY x 3) = \$ _____
MONTHLY DIRECT BILLING OPTION	MONTHLY ADMIN. FEE	+ \$ _____ QUARTERLY ADMIN. FEE + \$ _____
One month premium required (\$8 monthly administration fee)	PSA MONTHLY DUES	+ \$ 2.00 PSA QUARTERLY DUES + \$ 6.00
QUARTERLY DIRECT BILLING OPTION	PAYMENT WITH APPLICATION	= \$ _____ PAYMENT WITH APPLICATION = \$ _____
Three months premium required (\$8 quarterly administration fee)		

EZ PAY AGREEMENT

PAYOR NAME OR DEPOSITOR IF DIFFERENT	RELATIONSHIP TO APPLICANT	X PRIMARY PAYOR SIGNATURE	DATE
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NAME OF FINANCIAL INSTITUTION _____ CHECKING / SAVINGS ACCOUNT NUMBER _____

FINANCIAL INSTITUTION ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPECIFY TYPE OF ACCOUNT CHECKING SAVINGS ABA 9 DIGIT ROUTING NUMBER (SEE BELOW OR PLEASE CALL YOUR FINANCIAL INSTITUTION FOR ASSISTANCE)

Ameritas and/or HealthPlan Services, acting as Plan Administrator on behalf of Ameritas, is hereby authorized to present checks drawn on my checking or savings account on the first business day of each month, until this authorization is terminated. I understand that premiums already paid will be refunded to me if my Certificate is not issued. I further authorize the bank named to pay and charge to my account those payments that are drawn on my account by HealthPlan Services, and I agree that the bank named shall be fully protected in honoring any such payments. The bank's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the bank shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. The authorizations above remain in effect until the bank is notified of termination by me in writing. To terminate coverage, I will also notify Ameritas and/or HealthPlan Services in writing.

ATTACH YOUR INITIAL CHECK OR MONEY ORDER FOR PREMIUM PAYMENT

Joe Smith
 123 Main Street
 Anytown, IL 12345

Date _____

Pay to the order of PLAN SERVICES ASSOCIATION \$ _____ Dollars

Routing Number 123456789 1234567891011 1117

EZ PAY PLAN APPLICANTS ONLY
VOIDED CHECK
 DEPOSIT SLIPS ARE NOT ACCEPTABLE

SECTION FOUR — FRAUD STATEMENT PLEASE SIGN

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. For group policies issued, amended, delivered or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents. Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Note for New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. Note for Washington, D.C. Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

As a member, I hereby apply for insurance. These benefits were explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The certificate provides dental and eye care benefits only. Review your certificate carefully.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION FIVE — PRODUCER INFORMATION

NAME		SOCIAL SECURITY NUMBER	LICENSE NUMBER
AGENCY NAME (IF APPLICABLE)		E-MAIL ADDRESS	FOR GA'S USE
PHONE NUMBERS () HOME	() WORK	() FAX	
ADDRESS		CITY	STATE
ZIP			
ARE YOU LICENSED / APPOINTED WITH AMERITAS LIFE INSURANCE CORP.? YES NO			
SERVICE FEES PAYABLE TO (CHECK ONE) INDIVIDUAL FIRM OTHER, PLEASE SPECIFY _____			

I understand and agree that before I present this product to any client if I'm not already appointed with Ameritas, I must apply to and be appointed with Ameritas.

PRODUCER'S SIGNATURE _____ DATE _____

RETURN WITH PAYMENT TO: Ameritas Application Processing, 5965 Sandy Ridge, Elkridge, MD 21075

Insured by Ameritas Life Insurance Corp.

Ameritas BrightOne Plans are available only to members of the Plan Services Association.

WHAT KINDS OF SERVICES ARE COVERED?

1] TYPE 1 CARE

- Oral Exams
- Prophylaxis (cleanings)
- Fluoride treatments (for children under 14)

2] TYPE 2 CARE

- X-rays: full-mouth series, bitewings, panoramic
- Amalgams (fillings)
- Simple extractions

3] TYPE 3 CARE

- Endodontics (root canals)
- Periodontics (gum disease)
- Crowns, bridges, onlays, pontics, general anesthesia (if medically necessary)
- Space maintainers

EYE CARE

BrightOne Access Plans provide optional access to the VSP Network to maximize cost savings. By going to a VSP member doctor, each covered person receives:

- 1] One eye exam per calendar year covered in full
- 2] 20% off the cost of lenses and frames when a complete pair of prescription glasses is purchased
- 3] 15% discount on contact lens exam (fitting and evaluation) when purchasing contacts
- 4] No up front paperwork
- 5] Savings averaging 15% off contracted laser center's prices for laser vision correction surgery or an additional 5% off the center's promotional price

Insureds also have the option of choosing their own eye care provider. Benefits for service from a non-VSP provider are paid on a scheduled amount per area.

For additional information about eye care benefits, including a list of network doctors, call VSP Customer Service at 1-800-877-7195 or visit them online at www.vsp.com.

WHAT ALLOWANCES IMPACT MY PLAN?

WISE BUYER (Traditional, Saver, Advantage I and Advantage II Plans)

Reimbursements are based on the median dental fees charged per procedure in the specific ZIP Code area where dental services were performed.

U&C 90TH PERCENTILE (Progressive Plan and Access Plan Out-of-Network)

Usual and Customary (U&C) – Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. BrightOne Plans utilize the 90th percentile of U&C, which means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

MAC (Access Plan In-Network)

Maximum Allowable Charge (MAC) – A discounted dental procedure charge that is derived from the array of provider charges within a particular ZIP Code area. MAC fees are associated with a PPO plan and are accepted by participating providers.

This brochure highlights the features of our BrightOne Plans. A complete description is in the Certificate of Insurance issued to each insured member of the Plan Services Association.

All benefits are subject to provisions in group policy form 9000 issued to the Plan Services Association.

To find a provider in your area, visit <http://www.ameritasgroup.com/provider>.

PLAN Services
Association

HealthPlan Services

AMERITAS GROUP

We're Ameritas. We're for people.
A Division of Ameritas Life Insurance Corp.
A UNIFI Company

HealthPlan Services Plans are marketed and administered by HealthPlan Services, a leading managed health care services company, providing distribution, enrollment, billing and collection, claims administration, and risk management services for health care payors and providers. HPS customers include insurance companies, HMOs and other managed care organizations, and organizations with self-funded health care plans. Based in Tampa, Florida, the company serves over 100,000 businesses, covering over 1.6 million members in the United States.



Plans are underwritten by Ameritas Life Insurance Corp. Ameritas Group offers the flexible, affordable dental and eye care coverage that today's employers demand. Highlights include superior customer service, choice of plan designs, Dental Rewards maximum rollover, quality PPO network, accurate and fast claims payment, and a parent company with consistently high ratings for financial strength and stability from independent insurance industry analysts.

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