

Summary of Dental Insurance for 2025

For 2025, the Company's dental insurance coverage will again be provided by Ameritas. Under the Ameritas plan design, we will continue to offer two different types of dental coverage – a “low” option (Plan 1 - PPO) and a “high” option (Plan 2 - PPO). Because both plans are PPO options, you may use any dentist of your choosing, regardless of their network participation; however, using a provider in the Ameritas network allows you to receive dental care at discounted rates. To find a participating dentist in your area, visit <https://dentalnetwork.ameritas.com/>

COVERAGE SUMMARY	2025 Plan Provider: Ameritas	
	<i>Lower Cost / Coverage</i>	<i>Higher Cost / Coverage</i>
Plan Type	Plan #1 – “Low” Voluntary PPO	Plan #2 – “High” Voluntary PPO
Annual Deductible (Individual / Family)	\$50.00 / No Family Maximum	\$50.00 / \$150.00
Annual Maximum Benefit per Person	\$1,000.00	\$1,500.00
Type I Services – Preventative Care (In Network / Out of Network)	*MCE (Maximum Covered Expense)	100% / 100% <i>Deductible Waived</i>
Type II Services – Basic Care (In Network / Out of Network)	*MCE (Maximum Covered Expense)	90%
Type III Services – Major Care (In Network / Out of Network)	*MCE (Maximum Covered Expense)	60%
Orthodontic Services	Not Covered	Not Covered
Employee Only	\$23.12 per month* (\$10.67 per pay)	\$34.20 per month* (\$15.78 per pay)
Employee + 1 (Spouse or Child**)	\$45.40 per month* (\$20.95 per pay)	\$66.00 per month* (\$30.46 per pay)
Employee + 2 or more (Spouse and/or Children**)	\$81.48 per month* (\$37.61 per pay)	\$111.84 per month* (\$51.62 per pay)

**Maximum Covered Expense (MCE)*

The plan's MCE is the maximum amount considered per procedure. The member is responsible for the difference between the plan's MCE and the network provider's discounted fee or the non-network provider's normal fee. Refer to the Certificate of Coverage for the MCE amounts.