

High Dental Plan Summary

Effective Date: 1/1/2016

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|-----------------------------|--|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) | \$2,000 per calendar year |
| Allowance | 90th U&C |
| Waiting Period | None |

Orthodontia Summary - Child Only Coverage

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|--------------------------------------|------------------------------|
| Allowance | U&C |
| Plan Benefit | 50% |
| Lifetime Maximum (per person) | \$1,000 |
| Waiting Period | 12 months New Enrollees Only |

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

| Type 1 | Type 2 | Type 3 |
|--|--|--|
| <ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 15 and under (1 in 12 months) Sealants (age 15 and under) Space Maintainers | <ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions Anesthesia | <ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years) |

Monthly Rates

| | |
|----------------------------------|---------|
| Employee Only (EE) | \$36.98 |
| EE + 1 Dependent | \$70.54 |
| EE + 2 or more Dependents | \$98.20 |

Ameritas Information

We're Here to Help
This plan was designed specifically for the associates of **Texas Police Benefit Trust**. 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.

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 ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

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 ameritas.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.

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

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.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental Network.

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 November 1.

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.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Texas Police Benefit Trust

Eye Care Highlight Sheet



High Plan: Focus® Plan Summary

Effective Date: 1/1/2016

| | VSP Choice Network + Affiliates | Out of Network |
|-----------------------------|--------------------------------------|--------------------------------------|
| Deductibles | | |
| | \$20 Exam | \$20 Exam |
| | \$25 Eye Glass Lenses or Frames* | \$25 Eye Glass Lenses or Frames |
| | Covered in full | Up to \$45 |
| Annual Eye Exam | | |
| 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 | Covered in full | NA |
| Contacts | | |
| Fit & Follow Up Exams | Member cost up to \$60 | No benefit |
| Elective | Up to \$150 | Up to \$120 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frames | \$150** | Up to \$70 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/12 Based on date of service | 12/12/12 Based on date of service |

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

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

| | VSP Choice Network + Affiliates (Other than Costco) | Out of Network |
|---|--|--------------------------------|
| Progressive Lenses | Covered in full | Up to Lined Bifocal allowance. |
| Std. Polycarbonate | Covered in full for dependent children | No benefit |
| | \$33 adults | |
| Solid Plastic Dye | \$15 | No benefit |
| | (except Pink I & II) | |
| Plastic Gradient Dye | \$17 | No benefit |
| Photochromatic Lenses (Glass & Plastic) | \$31-\$82 | 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.

LASIK Advantage®

| | |
|-----------------|---------------------------------------|
| Benefits | Year 1 - \$350 [\$175 per eye] |
| | Year 2 - \$350 [\$175 per eye] |
| | Year 3 - \$700 [\$350 per eye] |

Monthly Rates

| | |
|----------------------------------|---------|
| Employee Only (EE) | \$8.12 |
| EE + 1 Dependent | \$16.34 |
| EE + 2 or more Dependents | \$23.84 |

Additional Focus® Choice Network Features

| | |
|--------------------------------|--|
| Contact Lenses Elective | 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. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance. |
| 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). |

Rx Savings

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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.

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: ameritas.com

View plan benefit information at: vsp.com

Worldwide Support

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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.

Texas Police Benefit Trust

Eye Care Highlight Sheet



Low Plan: Focus® Plan Summary

Effective Date: 1/1/2016

| | VSP Choice Network + Affiliates | Out of Network |
|----------------------------------|--------------------------------------|--------------------------------------|
| Deductibles | | |
| | \$10 Exam | \$15 Exam |
| Annual Eye Exam | \$15 Eye Glass Lenses or Frames* | \$15 Eye Glass Lenses or Frames |
| Lenses (per pair) | Covered in full | Up to \$45 |
| 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 |
| Contacts | | |
| Fit & Follow Up Exams | Member cost up to \$60 | No benefit |
| Elective | Up to \$105 | Up to \$80 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frames | \$105** | Up to \$70 |
| 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.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

| | 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 |
| Solid Plastic Dye | \$15 (except Pink I & II) | No benefit |
| Plastic Gradient Dye | \$17 | No benefit |
| Photochromatic Lenses (Glass & Plastic) | \$31-\$82 | 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.

LASIK Advantage®

| Benefits | |
|----------|---------------------------------------|
| | Year 1 - \$350 [\$175 per eye] |
| | Year 2 - \$350 [\$175 per eye] |
| | Year 3 - \$700 [\$350 per eye] |

Monthly Rates

| | |
|----------------------------------|---------|
| Employee Only (EE) | \$6.30 |
| EE + 1 Dependent | \$12.56 |
| EE + 2 or more Dependents | \$18.48 |

Additional Focus® Choice Network Features

| | |
|--------------------------------|--|
| Contact Lenses Elective | 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. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance. |
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