

ASBA® 360 Choice and Essential Benefit Package Product Handbook

An overview of the ASBA-group rated 360 plans

Endorsed by: American Senior Benefits Association
Underwritten by:Ameritas Life Insurance Corp.

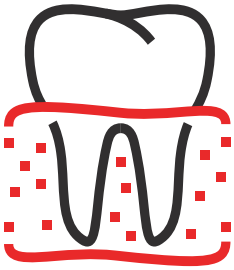
For Producers Only

ASBA® group-rated products

Have confidence selling the ASBA®360 Packages. We make the entire process simple from enrollment to claims processing.

Why sell dental insurance?

Dental health is an extension of overall health and is a highly requested benefit by people of all ages. A healthy smile builds confidence and creates independence. Plus, regular dental examinations with health providers allows them the ability to see their patients on a regular basis and can catch other health issues early.



Gum disease affects more than 2 in 5 adults between the ages of 45 and 64.[1]

Gum disease is associated with nearly 60 other health problems, including diabetes, heart conditions and Alzheimer's disease.[1]

With both the ASBA®360 Essential and Choice plans, your clients will receive a full benefit package including Dental, Vision, and Hearing benefits.

Forbes Advisor ranked Ameritas the best individual dental insurance company for seniors in 2023.

Dental network

The Ameritas Dental Network is one of the nation's largest. Members can see any dentist they choose, in- or out-of-network. Dentists in the Ameritas network have agreed to charge 25-50% less than their regular rates, which can lower out-of-pocket costs. Search Classic (PPO) and Plus network providers at ameritas.com – Find a Health Provider.

[1] Oral Health in America: Advances and Challenges, A Report from the National Institutes of Health, 2021

Ameritas offers plans to fit your clients' needs regardless of age[1] or budget. All plan pricing is determined by location, not by age. Visit your personal URL for current rates.

These exceptional Dental, Vision and Hearing benefit packages are immediately available to you when you enroll in the ASBA360 Essential or Choice plan.

TWO PLANS TO CHOOSE FROM: ESSENTIAL AND CHOICE

Dental Benefits[1] What the plan pays	ESSENTIAL PLAN In-Network*/Out-of-Network	CHOICE PLAN In-Network*/Out-of-Network
Type 1: Routine cleanings & routine oral exams, bitewing/full mouth x-rays	100%	70% 1st calendar year ** 80% 2nd calendar year 90% 3rd calendar year 100% 4th calendar year
Type 2: Fillings, restorative composites & denture repair	50%	50% 1st calendar year ** 60% 2nd calendar year 70% 3rd calendar year 80% 4th calendar year
Type 3: Root canals, gum disease, crowns, dentures, oral surgery, implants & general anesthesia	20%	20% 1st calendar year ** 30% 2nd calendar year 40% 3rd calendar year 50% 4th calendar year
Deductible (per person)	$25 per visit	$25 per visit
Dental Maximum (per person)	**$1,500 per calendar year**	**$5,000 per calendar year**
Vision Benefits	**In-Network***	
Frequency		
Exam	every 12 Months	every 12 Months
Frames/Lenses	n/a	every 24 Months
Copays		
Exam	$0.00 copay	$5.00 copay
Materials Combined	n/a	$30.00 copay
Benefits		
Exam	Covered in full	Covered in full ***
Frame	20% savings on complete pair of prescription eye glasses	$120 allowance ***
Lenses		
Single, Lined Bifocal & Trifocal		Covered in full ***
Polycarbonate for Children		Covered in full ***
Standard Progressives		Covered in full ***
Premium Progressives		$95 - $105 copay
Custom Progressives		$150 - $175 copay
Other Lens Options		Average 30% savings
Elective Contact Lenses	n/a	$100 allowance *

You have the ability to visit any licensed dentist, you will receive the greatest out of pocket savings if you see an in-network PPO provider. *When using an out-of-network provider, you will likely pay the highest expenses and be balanced billed. ** Plan coverage increases each year. Increase is subject to the individual requirement of one dental claim per year. In absence of a dental claim the coinsurance reverts back to the beginning benefit.*** Less any applicable copays. Based on applicable laws, reduced costs may vary by doctor location.

Dental Rewards

These dental plans include a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Members and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold:	**$750** Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount:	**$250** Dental Rewards amount is added to the following year's maximum
Maximum Carryover:	**$1,000** Maximum possible accumulation for Dental Rewards

Hearing Benefits

You and your extended family members have exclusive access to hearing consultations and discounts up to 48% off all levels of hearing technology through Start Hearing.

Find a Provider

Dental: Visit dentalnetwork.ameritas.com and select from Classic PPO & Plus networks. Find a Provider to see if your current provider is in the Ameritas Dental Network.

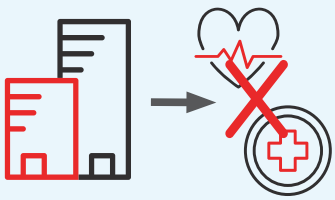
Vision: Find a VSP doctor today by visiting www.vsp.com/eye-doctor.

Hearing: Search providers at www.starthearing.com/partners/amba.

Plan Availability

REGION 1: AL, AR, KY, MO, MS, TN, WV
REGION 2: FL, GA, IA, IL, IN, MI, MN, NE, NM, OH, OK, PA, TX, WI, WY
REGION 3: AZ, CO, ID, VA
REGION 4: CT, DC, MA, NJ
REGION 5: CA

Dental underwritten by Ameritas fulfilling life. Vision services through VSP



64% of uninsured workers were not offered health benefits by their employer.[2]

Endorsed by: American Senior Benefits Association. Underwritten by: Ameritas Life Insurance Corp. Plans Marketed by: Association Member Benefits Advisors Austin, TX 78730. Reimbursement percentages are based on the maximum plan allowance charges for services in your geographical area. All services are subject to limitations and exclusions.

[1]Individuals 18+ and their dependents are up to age 26 eligible for coverage.

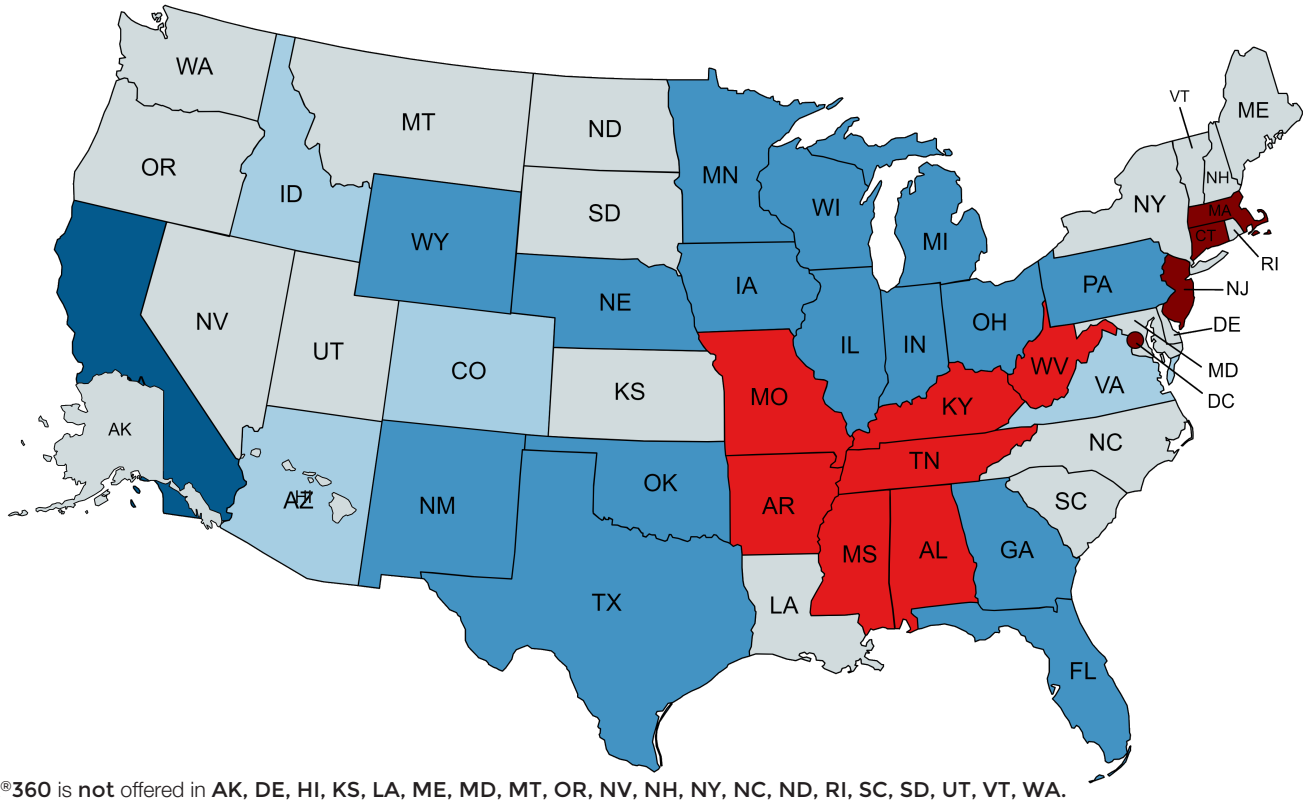
ASBA® 360 Essential and Choice Plan availability

360 ESSENTIAL PACKAGE MONTHLY RATES

REGION PRICING:	1	2	3	4	5
Member	$49.75	$53.66	$61.51	$65.76	$73.82
Member + Spouse/ Child	$87.50	$95.42	$101.15	$109.76	$126.12
Member & Family	$122.38	$137.86	$151.32	$168.13	$198.52

360 CHOICE PACKAGE MONTHLY RATES

REGION PRICING:	1	2	3	4	5
Member	$64.76	$71.55	$82.02	$87.68	$98.42
Member + Spouse/ Child	$116.67	$127.23	$134.87	$146.35	$168.17
Member & Family	$163.18	$183.82	$201.77	$224.18	$264.70



ASBA®360 is **not** offered in **AK, DE, HI, KS, LA, ME, MD, MT, OR, NV, NH, NY, NC, ND, RI, SC, SD, UT, VT, WA.**



Tooth decay affects 90% of adults aged 20-64.[1]

Gum disease affects almost 50% of adults aged 45-64.[1]



Understand dental benefits- Common Terms

Annual maximum
The annual maximum benefit is the amount of insurance available per year.

Billing date
The bill day is driven by the effective date. For example, if the plan starts on July 1st, it will bill the first time on June 24th and on the 24th of each subsequent month. Payment will be credited to the next month's coverage (June payment for July coverage). If the initial charge is not successful, the charge will be re-attempted for four subsequent days. This day can be changed any time.

Deductible
The deductible is the amount the policyholder pays before benefits apply. A per visit deductible applies to this plan. Meaning, the patient would pay the deductible prior to any insurance payments at each appointment.

Effective date
The effective date is the date the policyholder chooses for their coverage to begin. Effective dates are the first of any month. An application must be submitted by the 23rd of a month for the effective date to be the 1st of the next month (example March 23rd for April 1 effective date). You can set an effective date as far our as your client needs.

Residency
Since we are regulated by the State Departments of Insurance, we are required to issue plans to the state of residence. In the case of a true dual residency, either state can be used. A person who moves from one state to another, after reporting the change to our administrative team, will be contacted by the sales connect team if they need to change to a different plan.

Increasing coverage
To encourage persistency, ASBA® plans increase coverage and/or maximum benefits after the first year on the plan via Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	$1,000	Maximum possible accumulation for Dental Rewards

Frequently asked questions

Have questions? We have answers. For more information about submission of business or questions about plans, contact ASBA®360's Agent Services at asbaagentsupport@getamba.com.

Selling

How do I start selling?
Your personal URL will be assigned to you after your registration on salesengine360.com.

What if my client has a question during the enrollment process?
They can contact our Sales Support Team at asba360info@getamba.com. Your client will need to mention that they are working with you as their agent.

Can I complete the enrollment on behalf of my clients?
Yes, individuals can enroll on their own through your unique URL, or you can complete the online enrollment for them. You will need all of your client's, and any dependents', information including their name, social security number, date of birth, address, email and payment information.

1. Visit your personal URL with your client
2. Enter your clients information to determine the state of residency
3. Choose how many people will be covered on the policy
4. Complete all information for any one covered under the policy
5. Enter Billing information (credit card) that your client would like to use for their monthly premium payments
6. Submit the application

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

1. for initial placement of any prosthetic crown, 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 contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.

2. 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.

3. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.

4. to replace lost or stolen appliances.

5. for any treatment which is for cosmetic purposes.

6. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)

7. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).

8. for which the Insured person 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.

9. for charges which the Insured person is not liable or which would not have been made had no insurance been in force.

10. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.

11. because of war or any act of war, declared or not, while serving in the Armed Forces.

A full list of limitations and exclusions can be found in the SPD and/or the policy booklet.



Post-enrollment

How are ID cards accessed and can they be mailed?

Members do not need an ID card to use their dental or vision policy. However, members can download their ID cards (and policies) from their member account.

Dental: Members will receive ID cards in the mail within 7-10 days from Ameritas. After their effective date, members can create an online account at ameritas.com. The member can order replacement ID cards by calling 800-300-9566, option 3, option 1. PLEASE NOTE: The automated phone system will ask for the 9-digit member ID or social security number/date of birth/last name.

Vision: ID cards are not required or supplied for VSP. You can provide the last four digits of the policyholders social security number and date of birth to access benefits. You can access the portal at vsp.com.

What else is available in the member portal?

- Full exclusions and limitations are in the member portal plan documents.
- Members can view their plan benefits, look up information about their claims and remaining benefits, and sign up to receive their explanation of benefits (EOBs) electronically.
- Members can search cost estimates for both in- and out-of-network providers in their area.
- Savings cards for prescriptions and hearing care can be accessed in the portal and are offered at no additional cost to the plan premium.

What if the individual needs to update their account?

They can update a payment method, an email or phone number, a street address, and add or remove dependents by contacting our Customer Support team by emailing asba360info@amba.info. The team will contact the member to ensure the change is made. The member may also call our Customer Support team at 866-229-3210.

What if they want to cancel their coverage?

All plans continue until the policyholder calls or emails to cancel their plan. Any changes to rates will occur automatically to the members payment method. Cancellation requests from the member or the agent can be sent via email to asba360info@getamba.com.

When will I receive commission on my sale?

Commissions are paid as earned, meaning you will be paid by the end of the month that the premium is successfully processed for. For example, if premium is successfully collected on April 24th the premium will cover the month of May. The agent/agency will be paid applicable commission (minus any retroactive chargebacks) by the last business day of May.

How do I see my whole book of business on the producer portal?

By registering for the salesengine360.com, agents and brokers will be able to view their book of business. Clients can be searched by name, and the agent can view the status of the application. If an application is not fully completed the agent will receive a notification from the Sales Support team indicating the applications that are not complete. If you need assistance with salesengine360.com please call Agent Services at 866-251-8517, or email asbaagentsupport@getamba.com.

Please note: The ASBA®360 products will not be listed on the traditional Ameritas producer portal. While these plans are underwritten by Ameritas, they are administered separately from the Ameritas Primestar and individual plans.

Resources

We are here to help you be successful. Explore the online tools developed to make your job easier. And let us know how we can help.

Producer portal

The ASBA® portal (salesengine360.com) lets you manage your business on your schedule. You can submit new business, review past clients, update client information, and view your commission reports.

Shopping URL

ASBA® 360 plans can be viewed, quoted and purchased online. Share your unique URL with clients to receive automatic credit for sales. Your shopping URL was provided in an email when you registered for salesengine360.com. Be sure to save your personal URL by bookmarking it in your web browsers.

Marketing materials

Plan documents are available on salesengine360.com, on the main menu, under 'Carrier Info'.

Support team

The ASBA® Sales Support team is dedicated to supporting you. They can assist with both pre-and post-sale inquiries.



Email:
asbaagentsupport@getamba.com



Phone: 866-251-8517
Monday-Friday
9 a.m. - 4 p.m. EST

Dental plans underwritten by Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York

1 Oral Health in America: Advances and Challenges, A Report from the National Institutes of Health, 2021
2 Key Facts about the Uninsured Population, KFF 2022

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[a] THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at www.careingtonrxcard.com. A written list of participating providers is available upon request. You may cancel within the first 30 days after effective date or receipt of membership materials (whichever is later) and receive a full refund. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont or Washington.

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