

**Dental Plan Summary**

**Effective Date: 6/1/2007**

<b>Coinsurance</b>	
Type 1	100%
Type 2	80%
Type 3	50%
Type 4	65%
<b>Deductible</b>	\$50/Calendar Year Type 2, 3 & 4 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C
<b>Waiting Period</b>	Varies - See Plan Features
<b>LASIK Advantage<sup>SM</sup></b>	None

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

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

**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](http://ameritasgroup.com/member).

**PPO Information**

Go online to [ameritasgroup.com/member](http://ameritasgroup.com/member) to find the participating network dentists who are most convenient for you. While using a PPO dentist will almost always lower your out of pocket costs, every Ameritas Group plan gives you the freedom to visit any dentist you choose.

**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. There are no open enrollment periods for this plan.

### 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.

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.

# Nurse Staffing, LLC

Eye Care Highlight Sheet



## Focus® Plan Summary

Effective Date: 6/1/2007

	VSP Network	Out of Network
<b>Deductibles</b>		
Exam	\$10	\$10
Eye Glass Lenses	See materials	See materials
Materials	\$25	\$25
<b>Annual Eye Exam</b>	Covered in full	Up to \$47
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$48
Bifocal	Covered in full	Up to \$69
Trifocal	Covered in full	Up to \$85
Lenticular	Covered in full	Up to \$125
<b>Contacts</b>		
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
<b>Frames</b>	\$105	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

## Lens Options (member cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	\$60-\$119	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 - \$35 adults	
<b>High Luster Edge Polish</b>	\$14	No benefit
<b>Solid Plastic Dye</b>	\$13 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$27-\$76	No benefit
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$61	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail. See Additional Focus Features.	No benefit

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

#### Additional Focus® Features

<b>Contact Lenses Elective</b>	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.
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<b>Laser VisionCare</b>	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.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

#### 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: 6 a.m. to 7 p.m. PST Monday through Friday
- Interactive Voice Response available 24/7

**Locate a VSP provider at:** [ameritasgroup.com/provider](http://ameritasgroup.com/provider)

**View plan benefit information at:** [vsp.com](http://vsp.com)

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