# **Construction Partners, Inc.**

High Plan Dental Highlight Sheet



Effective Date: 1/1/2026

Plan Benefit Type 1 Type 2 Type 3	100% 80% 50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$2,000 per calendar year
Allowance	90th U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

**Orthodontia Summary - Child Only Coverage** 

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Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None
Takeover Benefit	None

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

	Type 1		Type 2		Type 3
•	Routine Exam	•	Periapical X-rays	•	Onlays
	(1 in 6 months)	•	Fillings for Cavities	•	Crowns
•	Bitewing X-rays	•	Restorative Composites		(1 in 8 years per tooth)
	(1 in 12 months)	•	Simple Extractions	•	Crown Repair
•	Full Mouth/Panoramic X-rays	•	Complex Extractions	•	Endodontics (nonsurgical)
	(1 in 3 years)	•	Anesthesia	•	Endodontics (surgical)
•	Cleaning			•	Periodontics (nonsurgical)
	(1 in 6 months)			•	Periodontics (surgical)
•	Fluoride for Children 13 and under			•	Denture Repair
	(1 in 12 months)			•	Implants
•	Sealants (age 18 and under)			•	Prosthodontics (fixed bridge; removable
•	Space Maintainers				complete/partial dentures)
ĺ					(1 in 8 years)

## **Ameritas Information**

### We're Here to Help

This plan was designed specifically for the associates of **Construction Partners**, **Inc.**. 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.

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#### **Dental Rewards®**

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be 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	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

#### **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.

Your provider network is Ameritas Classic and Plus 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 January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

# **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.

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.