

fulfilling life

Group benefits proposal for La Vernia ISD

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Dental and Eye Care Proposal

Presented By
FIRST FINANCIAL CAPITAL CORPORATION

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Ameritas Life Insurance Corp.





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Based on the information provided to us, we've prepared this proposal to meet the needs of La Vernia ISD and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

Dental Summary

Proposed Effective Date: 9/1/2026

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

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.	
Plan Benefit	50%
Coverage for Adults	No
Lifetime Maximum (per person)	\$1,000
Waiting Period	None
Takeover Benefit	Initial Insureds & New Enrollees

Monthly Rates

Employee (EE)	\$29.56
EE + 1 Dependent	\$67.16
EE + 2 or More Dependents	\$109.16

Rates are guaranteed for 24 months following the effective date listed above and include Orthodontia if part of plan design.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 500

	The greater of 40% or 3 lives Voluntary
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Plan 1

100/80/50
 \$50/Calendar Year
 Waived Type 1
 \$150/family
 \$1,000

Plan Design Summary

Type 1
 Procedure
 (Frequency)

- Routine Exam
(1 in 6 months)
- Bitewing X-rays
(1 in 12 months)
- Full Mouth/Panoramic X-rays
(1 in 5 years)
- Cleaning
(1 in 6 months)
- Fluoride for Children 16 and under
(1 in 12 months)
- Sealants (age 16 and under)
- Space Maintainers

Type 2
 Procedure
 (Frequency)

- Periapical X-rays
- Fillings for Cavities
- Restorative Composites
(anterior and posterior teeth)
- Simple Extractions
- Anesthesia

Type 3
 Procedure
 (Frequency)

- Onlays
- Crowns
(1 in 8 years per tooth)
- Crown Repair
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures)
(1 in 8 years)
- Complex Extractions

Current Dental Terminology © American Dental Association.

Ameritas Dental Network

- The Ameritas Dental Network is one of the nation's largest. Contracted network providers have agreed to charge 25-50% less than their regular rates which helps benefit dollars go further.
- Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can even visit dental providers in Mexico and still receive coverage.

Orthodontia - Initial Insureds and New Enrollees

Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier.

Flex 6 - Flat Maximum

- Lets plan members pay for their dental plan with pretax dollars.
- Allows groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductible and maximums.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 10% 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.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Dental Health Scorecard

Available in 2016, your Ameritas dental plan members can receive a Dental Health Report Card through their secure member account online. They'll receive a score for their dental health based on claims and procedures they've submitted while covered under the plan. They'll also learn what they can do if they need to improve their dental health. Please encourage plan members to access the report card in their secure member account on ameritas.com.

If your group has over 300 enrolled members, you have the opportunity to receive a Dental Health Report Card that indicates how your plan members' dental health rates overall. You'll gain insights into why dental health should be a priority for you and your plan members, and learn where to find more information that can help you communicate the importance of dental wellbeing.

U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 75th U&C means 7.5 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Value Source®

- Sound coverage balanced with smart cost controls to help employers offer attractive benefits in an expensive world.
- Numerous plan design options offer competitive benefits and features.
- Group size flexibility, available for groups with 3+ employees.

Composites on Molars

This dental proposal includes a benefit for composite fillings on the molars located in the back of the mouth. This complements the composite filling benefit we already offer on bicuspids, which are the teeth next to the molars. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in composite dental fillings have made them strong enough for back teeth. So with this strength, along with their natural look, composites have become a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional. By selecting this enhanced benefit, employers would be giving their employees the freedom to choose either amalgam or composite fillings with fewer financial concerns.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Individual Dental and Vision Benefits

Without contributing any of the member's monthly premium, you can offer Ameritas individual dental and vision insurance plans to retiring employees and those not eligible for group benefits. Ask your broker or Ameritas sales representative for more details.

Deductibles

After the date that \$150 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family members for the rest of that calendar year. At no time can a family member contribute more than the selected deductible amount.

Maternity Benefit

Because we want to keep expectant mothers as healthy as possible, our maternity dental benefit provides an additional comprehensive evaluation and cleaning during pregnancy.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 9/1/2026

	Plan 1: ViewPointe® Plan H	
	EyeMed Insight Network	Out of Network
Annual Eye Exam	Covered in full	Up to \$35
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Frame Allowance	\$130	Up to \$65
Frequencies		
Exam/Lens/Frames	12/12/12 Based on date of service	12/12/12 Based on date of service

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses	No deductible
Maximum per benefit period	None	None

Contact Lenses

Fit & Follow Up Exams	Standard: Member cost up to \$40	No benefit
	Premium: 10% off of retail	No benefit
Contacts		
Elective	Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$200

Monthly Rates

Employee (EE)	\$6.76
EE + Spouse	\$13.56
EE + Children	\$15.46
EE + Spouse & Children	\$23.86

Rates are guaranteed for 24 months following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 500

	Minimum 3 lives Voluntary
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Lens Options (member cost)

	Plan 1: ViewPointe® Plan H	
	EyeMed Insight Network	Out of Network
Progressive Lenses		
Standard	\$65 + lens deductible	No benefit
Premium		
Tier 1	\$85 + lens deductible	No benefit
Tier 2	\$95 + lens deductible	No benefit
Tier 3	\$110 + lens deductible	No benefit
Tier 4	\$65 plus 80% of charge less \$120 allowance	No benefit
Std. Polycarbonate	\$40	No benefit
Scratch Resistant	\$15	No benefit
Coating		
Anti-Reflective		
Coating		
Standard	\$45	No benefit
Premium		
Tier 1	\$57	No benefit
Tier 2	\$68	No benefit
Tier 3	80% of the charge	No benefit
Ultraviolet Coating	\$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Additional ViewPointe® Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient). \$75 - Plastic Photochromatic/Transition.
Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts online. Visit EyeMedvisioncare.com for details.

Ameritas ViewPointe® Eye Care

EyeMed Network

Five of the top six national retail chains accept EyeMed, including LensCrafters, Pearle Vision and Target Optical. See network providers in your area at eyemed.com.

Online In-Network Options

Glasses.com and Contacts Direct are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed Benefits are Easy to Use

- Members create an account at eyemed.com to review their vision benefits.
- At their appointment, members tell the office they have EyeMed coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing an EyeMed network provider.

EyeMed savings

EyeMed provider discounts include 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Discounts also are available on LASIK or PRK laser vision correction procedures.

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

All Plans

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- The rates are based on Standard Industry Code 821111.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If La Vernia ISD wishes to apply for group insurance based upon this proposal, La Vernia ISD may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Ameritas does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Texas.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.

Dental

- In Texas, our network and plans are referred to as the Ameritas Dental Network.
- 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 September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.
- 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. An employee who elects to participate at an election period other than the initial election period or annual open enrollment period will be a Late Entrant and subject to the Late Entrant provision.
- This proposal assumes a Section 125 plan year of September 1, 2026 to September 1, 2027.
- Our proposal assumes that the Ameritas Life Insurance Corp. dental plan is the only plan offered for acceptance or consideration. If any other dental coverage is involved, such as a self-insured, DHMO or Prepaid plan, we would gladly provide another quote, as this one is no longer valid.
- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the dental benefits to accommodate this change.

Eye Care

- This proposal assumes 0% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change.
- No benefits are payable for a service which is not listed under the list of eye care services.
- 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.
- Employees electing coverage on the September 1, 2026, effective date must remain in the plan for the first 24 months. Employees will be allowed an election period on September 1, 2026.
- This proposal assumes a Section 125 plan year of September 1 to September 1. The first plan year will run September 1, 2026 through September 1, 2028. Subsequent plan years will be on a September 1 to September 1 basis to coincide with the Section 125 plan year. Please check with your tax advisor regarding the long plan year.

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member 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.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for a Program which was begun on or after the member's 19th birthday.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.
- for a Program begun before the member became covered under this section, unless the member was covered for orthodontic expense benefits under the prior carrier and are both:
 - insured under this policy; and
 - currently undergoing a treatment program.

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

All Plans

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - High Ametropia exceeding -10D or +10D in meridian powers.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.