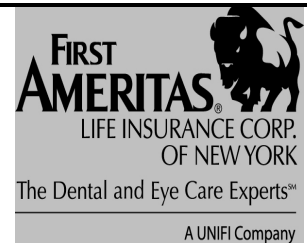


**Dental Insurance...Something to Sink Your Teeth Into
Dental Highlight Sheet**



**Hamilton College #026-201361
Effective Date 01/01/2007
PLAN HIGHLIGHT**

Coinsurance (Plan Pays)

Type 1 Procedures	Schedule
Cleanings, Exams, Space Maintainers, Fluoride for Children (age 18 and under), Sealants, Other Procedures	
Type 2 Procedures	Schedule
X-Rays, Bitewings, Amalgams, Anesthesia, Oral Surgery - Simple Extractions, Oral Surgery - Complex Extractions, Other Procedures	
Type 3 Procedures	Schedule
Root Canals, Apicoectomy, Gum Disease - Non-Surgical, Gum Disease - Surgical, Crowns, Dentures, Bridges, Onlays, Other Procedures	

Deductible Amounts

Type 1 Procedures	Waived
Type 2 Procedures	
Lifetime-Per Person	\$50
Type 3 Procedures	
Calendar Year-Per Person	\$50

Maximum

Type 1, Type 2 and Type 3 Procedures	
Calendar Year-Per Person	\$1000
Carrier Over Amount – Per Person – Each Benefit Period	\$250
Benefit Threshold – Per Person – Each Benefit Period	\$500
Maximum Carry Over Amount	\$1000

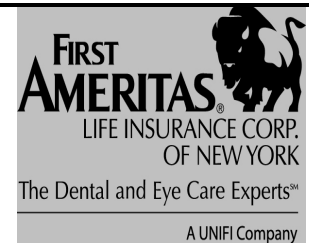
<u>Proposed Rates</u>	<u>Monthly Dental Rates</u>	<u>Weekly Dental Rates</u>
Employee	\$14.52	\$ 3.63
Employee & One Dependent	27.28	6.82
Employee & 2 or more Dependents	43.48	10.87

This form is a benefit highlight, not a certificate of insurance. Current Dental Terminology © 2004 American Dental Association. All rights reserved.

First Ameritas Life Insurance Corp.

First Ameritas is a subsidiary of Ameritas Life Insurance Corp. ("Ameritas"). Founded in 1887 and known as Bankers Life Nebraska for our first 100 years, Ameritas is one of the leading dental carriers in the nation. Ameritas Life Insurance Corp.'s successful performance during the past 100 years has resulted in high ratings from those who determine and monitor the standard for our industry. First Ameritas continues to earn high ratings from independent rating analysts.

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There is no reason for poor dental health. With all the advances in dental care, regular checkups and proper dental maintenance, no one should suffer from tooth decay or dental disease. By participating in the **First Ameritas** dental program, your employees have the opportunity to make regular checkups much easier and less costly.

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-659-5556. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

PPO Information

Utilize our website to access PPO locations at www.firstameritasgroup.com. Click on "Find a Provider" on the top of the screen for step-by-step instructions.

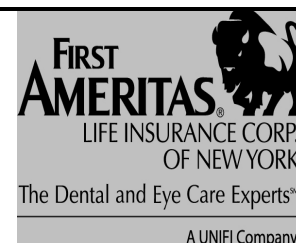
Pretreatment

Please note that we do not require the filing of a pre-authorization form. However, **we recommend** that as smart, aware consumers, you request your dentist file for a pre-treatment estimate with the claim office for any suggested work of **\$200** or more, **before the work is done**. The paperwork will be processed and a copy returned to you and the dentist so that both parties will know the exact amount of benefits payable and any remaining financial obligation.

Section 125

This plan is based on the assumption it will be sold in conjunction with a bonafide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. First Ameritas Life Insurance Corp. of New York reserves the right to request a copy of the employer's Section 125 cafeteria plan.

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Effective Date 01/01/2007
PLAN HIGHLIGHT**

The following is a sample list of dental procedures payable under this plan. A complete list of the procedures can be obtained by contacting your First Ameritas Life Insurance Corp. of New York Sales Representative. Please read the "Limitations" section for additional coverage information. *Current Dental Terminology* © 2004 American Dental Association. All rights reserved.

PROC NO.	DESCRIPTION OF SERVICE	MAXIMUM COVERED EXPENSE
Type 1		
D0120	Periodic Oral Evaluation (Twice in a Benefit Period).	\$17.00
D1110	Prophylaxis - adult (Twice in a Benefit Period).	37.00
D1203	Topical Fluoride (separate code) in conjunction with prophylaxis. (Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period.)	14.00
D1351	Sealant - per tooth (Coverage is limited to treatment of the occlusal surface of permanent molar teeth once during a 3-year period for persons age 16 and under).	20.00
D1510	Fixed space maintainer, unilateral.	131.00
Type 2		
D0210	Intraoral - complete series (including bitewings).	46.00
D0272	Bitewings - two films (Twice in a Benefit Period).	13.00
D2140	Amalgam restoration - one surface, primary or permanent.	39.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	44.00
D7240	Surgical removal of tooth (completely bony).	163.00
D5510	Denture repair - Repair broken base.	49.00
D9220	Deep sedation/general anesthesia.	125.00
Type 3		
D3310	Endodontics - root canal, anterior.	145.00
D3410	Apicoectomy/periradicular surgery - anterior.	149.00
D4341	Periodontal scaling and root planing, four or more teeth. Each quadrant is eligible for consideration once in a 2 year period.	48.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.	237.00
D5211	Maxillary partial denture - resin base.	185.00
D2792	Crown - full cast noble metal.	209.00
D2980	Crown repair.	40.00
D6242	Pontics - porcelain fused to noble metal.	215.00