PACIFIC LIFE

DENTAL

Pacific Life & Annuity Company

Benefit Highlight Sheet

Coverage effective date: October 1, 2025

Hunt County

Welcome to Pacific Life Dental Insurance

Pacific Life Dental promotes good dental health by providing you with high-quality dental benefits that offer coverage for routine exams and other services at reduced costs.

Coverage available for:

- Employee Only
- Employee + Family

Large National Network

Your plan gives you the flexibility to choose any dentist or a dentist in our extensive, national network.

The benefits of going in-network include:

- **Reduced out-of-pocket costs**
  In-network dentists have accepted negotiated fees that will save you money
- **No claims to fill out**
  In-network dentists will file claims on your behalf
- **Quality assurance**
  In-network dentists are credentialed and regularly reviewed assuring strict network standards

Search for providers at pacificlife.com/dental

Plan Services - Premier

PPO Plan	In-Network	Out-of-Network
Benefit Year Maximum	**Applies to Class A, B & C Services** $3,000 per person	**Applies to Class A, B & C Services** $3,000 per person
COINSURANCE		
Class A: Preventive	100%	100%
Class B: Basic	80%	80%
Class C: Major	50%	50%
Class D: Orthodontics	50%	50%
Deductible	**Applies to Class B & C Services** $50 per person (Maximum 3 per family)	**Applies to Class A, B & C Services** $50 per person (Maximum 3 per family)

Dental Covered Services	
Class A - Preventive **No waiting period**	• Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months , additional cleaning for verified health conditions) • Bitewing x-rays (maximum of 4 films per 12 months) • Full mouth x-rays (1 per 36 months) • Fluoride (children up to age 16) • Sealants (children up to age 16) • Oral cancer screening for ages 40+
Class B - Basic **No waiting period**	• Fillings • Posterior composite restorations • Simple extractions • Surgical extractions • Non surgical periodontics • Surgical periodontics • Periodontal maintenance (in combination with prophylaxis) • Oral surgery • Endodontics • Emergency pain • Space maintainers • Crown, denture and bridge repairs
Class C - Major **No waiting period**	• Inlays and onlays • General anesthesia (Covered) • Crowns, Bridges, Dentures and Implants
Class D - Orthodontics **No waiting period**	• Separate lifetime maximum: $1,500 • This benefit is available for adults and children

Plan Benefits and Information

Search for providers online:

pacificlife.com/dental

Log in for access to:

- Our large dental network
- Network discounts
- Provider ratings

You can also:

- Access benefit information
- View claims
- Access ID cards
- Leverage dental cost estimator
- Review oral health library

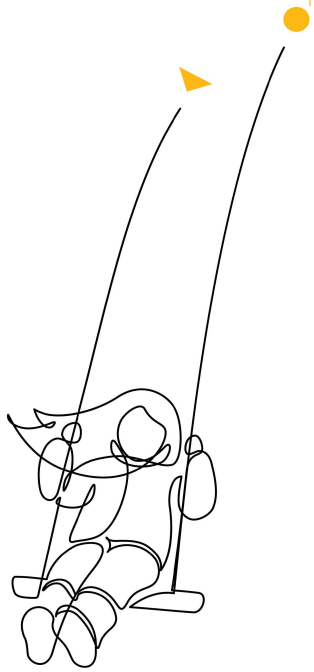
Maximum Rollover Benefit

Your plan includes a Maximum Rollover Benefit, which allows you to rollover a portion of your unused Annual Maximum Benefit to the following plan year and help offset costs for more expensive services such as implants or crowns.

- To be eligible for the Rollover Benefit, you must have had at least one cleaning in the benefit year and paid a total claims amount for Preventive, Basic, and Major services under the Rollover Threshold limit.
- The Rollover Amount shown below (up to the Rollover Maximum) is the amount that can be added to your following year's Annual Maximum Benefit.*

Rollover Threshold	Rollover Amount	Rollover Maximum
$800	$375	$1,500

* The maximum rollover benefit is not available to pay for orthodontics services.



Exclusions and Limitations

We encourage members to request a pre-treatment estimate for major services or services that are expected to exceed $300.

The Policy contains exclusions and limitations, and unless identified in the Schedule of Covered Procedures, no benefits will be paid for the following:

- Any service that doesn't meet professionally recognized standards of dental practice or is considered to be experimental.
- Any service on a tooth with a guarded, questionable, or poor prognosis.
- Any service used solely to alter occlusal vertical dimensions, restore or maintain occlusion, treat a condition resulting from attrition, abrasion, erosion, or abfraction, or splint or stabilize teeth for periodontal reasons.
- Any service provided solely for cosmetic reasons, such as teeth whitening, characterization, or personalization of a dental prosthesis, or odontoplasty.
- Replacement of a lost, missing, or stolen appliance or dental prosthesis, or the fabrication of a spare appliance or dental prosthesis.
- Upgrading from one appliance or dental prosthesis to another appliance or dental prosthesis, such as replacing a bridge with a dental implant or replacing a denture with a bridge.
- A temporary or provisional appliance or dental prosthesis, unless it is an interim partial denture that replaces anterior teeth extracted while this coverage was in place. These are the incisor and cuspid teeth located in the front of the mouth.
- Overdentures and related services, including root canal therapy on teeth supporting the overdenture.
- Any educational or instructional service such as oral hygiene instruction, tobacco counseling or nutritional counseling.
- Bite registration, bite analysis or occlusion analysis - mounted case.
- Maxillofacial prosthetics to repair facial or skeletal anomalies, maxillofacial surgery, orthognathic surgery, or any oral surgery requiring the setting of a fracture or dislocation that results from or is incidental to a medical condition.
- Any service intended to treat or diagnose disorders of the temporomandibular joint (TMJ).
- Charges for implants unless specified in the Covered Procedures, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures, and any associated surgery, or other customized services or attachments.
- Treatment of malignancies, cysts, and neoplasms.
- Replacement of 3rd molars.
- Restorations used to restore teeth with micro fractures or fracture lines, undermined cusps, or large existing restorations without over pathology.

Other exclusions may apply, refer to the Schedule of Covered Procedures for a complete list.

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. During a single visit, multiple periapical and bitewing x-rays may be paid as a full-mouth x-ray.

Alternate Benefit:

There are multiple options for dental treatment, all of which provide acceptable results. An alternate benefit may be applied if there is a less expensive Covered Procedure appropriate for the course of treatment, capable of producing acceptable results. When an Alternate Benefit is applied, the less expensive Alternate Benefit is used to determine the amount payable under the certificate.

Network:

Network access plan available.

Termination of Coverage:

If applicable, child coverage terminates at age 26.

Questions? Give us a call at (855) 810-3301

The Insured has a right to receive, free of charge, a paper copy of the certificate of coverage and any amendments at any time. The Insured can exercise the right to receive a paper copy at no cost to the Insured by calling us at (855) 810-3301.

Policy Form Series: PLADNPOL22 and PLADNCERT22. Form numbers, provisions and availability may vary by state. The state approved form is the governing document. Dental policy forms issued in Idaho include PLADNPOL22-ID and PLADNCERT22-ID.

Dental insurance plans are underwritten by Pacific Life & Annuity Company (Pacific Life).

Pacific Life refers to Pacific Life Insurance Company and its subsidiary Pacific Life & Annuity Company. Insurance products can be issued in all states, except New York, by Pacific Life Insurance Company and in all states by Pacific Life & Annuity Company. Product/material availability and features may vary by state. Each insurance company is solely responsible for the financial obligations accruing under the products it issues.

The home office for Pacific Life & Annuity Company is located in Phoenix, Arizona. The home office for Pacific Life Insurance Company is located in Omaha, Nebraska.

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VISION

POWERED BY eyeMed

Benefit Highlight Sheet

Coverage effective date: October 1, 2025

Hunt County

Welcome to Pacific Life Vision - Classic-24

Your Pacific Life Vision Plan powered by EyeMed® provides comprehensive vision benefits with an extensive provider network, contributing to good eye health while reducing out-of-pocket costs. With Pacific Life Vision benefits, you can gain access to smart savings, advanced technology, and quality providers.

Coverage available for:

- Employee Only
- Employee + Spouse
- Employee + Children
- Employee + Family

Plan Services

Covered Services	Benefit Frequencies
Exams	Once Every Calendar Year
Diabetic Exam Benefit	Once Every 6 Months
Frames	Once Every Two Calendar Years
Eyeglass Lenses	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year

Visit www.pacificlife.com/vision to locate a provider near you.

Plan Services (continued)

Exams	In-Network	Out-of-Network
Vision exam (includes dilation if necessary)	$10 copay	$35
Retinal Imaging	Up to $39	Not covered
Diabetic Exam (if diagnosed with type 1 or type 2 diabetes)		
Medical follow-up	Covered	$73
Fundus photography	Covered	$61
Extended opthalmoscopy	Covered	$23
Gonioscopy	Covered	$23
Scanning Laser	Covered	$40
EYEGLASSES		
Frames	$150 allowance (20% off balance less allowance)	$66
Eyeglass Lenses		
Single vision	$25 copay	$40
Bifocal	$25 copay	$50
Trifocal	$25 copay	$80
Lenticular	$25 copay	$80
Standard progressive	$90 copay	$50
Premium progressive tier 1	$110 copay	$50
Premium progressive tier 2	$120 copay	$50
Premium progressive tier 3	$135 copay	$50
Premium progressive tier 4	$90 copay, 20% off charge less $120 allowance	$50
Lens Options		
Polycarbonate Lenses (under age 19)	Covered	$32
Scratch resistant coating	Covered	$12
CONTACT LENSES (in lieu of eyeglass lenses)		
Elective contacts	$150 allowance	$120
Non-elective contacts	Covered in Full	$300
Standard contact lens fit + follow up	Up to $40	Not Covered
Premium contact lens fit + follow up	10% discount	Not Covered

Large Vision Network

Pacific Life utilizes the EyeMed Insight Vision Network to ensure that you have choices — lots of them. Be it an independent eye doctor, popular retailer, or online option, with the Insight network, you'll get the latest in advanced vision technology. And with one of the largest provider networks in the nation, you'll have the freedom to find one who fits your unique needs.

- You can see any provider but will save more when you go to an in-network provider

Independent Providers

The Insight network makes it easy to find a trusted neighborhood eye doctor.

Retail Providers

With options including LensCrafters®, Pearle Vision®, Target Optical® and many other favorite regional retailers, you can pick the location and hours that work for you.

Shop Online

Staying in-network can also mean using your vision benefits online at:

- Lenscrafters.com
- Targetoptical.com
- Ray-ban.com
- Glasses.com
- Contactsdirect.com
- Oakley.com

INDEPENDENT PROVIDER NETWORK · LENSCRAFTERS · PEARLE VISION EST. 1961 · OPTICAL · more options available

More Savings for You

Receive additional discounts when you visit an in-network provider including:

- 40% off additional complete pair of prescription eyeglasses
- 15% off additional conventional contact lenses after benefit has been used
- 20% off non-covered items including non-prescription sunglasses
- 15% off retail or 5% off promotional price for LASIK or PRK from U.S. Laser Network [1]
- Additional savings of 20-40% on non-covered lens options at in-network providers including fixed costs such as:
  - UV Treatment - $15
  - Tint (solid and gradient) - $15
  - Adult polycarbonate lenses - $40
  - Anti-reflective coating
    - Standard - $45
    - Tier 1 - $57
    - Tier 2 - $68
  - Photochromic/transition plastic lenses - $75

Discounts on hearing care through Amplifon® Hearing Health Care [2]:

- 64% off hearing aids at thousands of locations nationwide
- 60 day hearing aid trial period with no restocking fees
- free batteries for 2 years with initial purchase

[1] Lasik special pricing is not an insured benefit and may not be combined with any other discounts. Laser vision correction is an elective procedure performed by specially trained providers. Discounts may not be available at all locations.

[2] Hearing discounts are not an insured benefit and are subject to change.

Search for providers and schedule appointments online: **pacificlife.com/vision**

Log in for access to:

- View benefit
- Check claims status
- Access ID cards
- Provider search and schedule an appointment online
- Know before you go – You can estimate your cost ahead of time so there are fewer surprises
- Access exclusive member-only special offers on vision-related products and services that may be used above and beyond your vision benefit

Exclusions and Limitations

Limitations: Fees charged by provider for services other than a covered benefit and any local, state or federal taxes must be paid in full by the member to the provider. Such fees, taxes or materials are not covered under the Policy.

Allowances provide no remaining balance for future use within the same benefit frequency.

Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

Exclusions: No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; refraction, when not provided as part of a comprehensive eye examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; occupational safety eyewear; non-prescription sunglasses; plano (non-prescription) lenses; two pair of glasses in lieu of bifocals; services rendered after the date an member ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next benefit frequency when vision materials would next become available. Other exclusions may apply, see the Certificate of Coverage for a complete list.

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Network access plan available.

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The home office for Pacific Life & Annuity Company is located in Phoenix, Arizona. The home office for Pacific Life Insurance Company is located in Omaha, Nebraska.

EyeMed®, LensCrafters®, Pearle Vision®, Target Optical®, and Amplifon® are not affiliated companies of Pacific Life.

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