

Ameritas Dental High, Low & PPO Plans

Low Plan Dental Plan Summary

Coinsurance	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Deductible	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None

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

Type 1 - Preventive	Type 2 - Basic
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior teeth only) • Anesthesia • Periodontics (nonsurgical & surgical) • Simple Extractions

High Plan Dental Plan Summary

Coinsurance	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%
Deductible	\$50/Calendar Year Type 2 & 3, Waived Type 1, 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None

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

Type 1 - Preventive	Type 2 - Basic	Type 3 - Major
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior teeth only) • Periodontics (nonsurgical & surgical) • Denture Repair • Simple Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Complex Extractions • Endodontics (nonsurgical & surgical) • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

PPO Dental Plan Summary

Coinsurance	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%
Deductible	
	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum <i>(per person)</i>	\$1,000 per calendar year
Allowance	Contracted Fee*
Waiting Period	None

PPO Plan Sample Procedure Listing (Current Dental Terminology © American Dental Association)

Type 1 - Preventive	
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays 	<ul style="list-style-type: none"> • Cleaning (2 per benefit period) • Sealants (age 16 and under) • Space Maintainers • Fluoride for Children 18 and under (2 per benefit period)

Type 2 - Basic	
<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior teeth only) • Periodontics (nonsurgical & surgical) 	<ul style="list-style-type: none"> • Denture Repair • Simple Extractions • Anesthesia

Type 3 - Major	
<ul style="list-style-type: none"> • Onlays • Crown Repair • Endodontics (nonsurgical and surgical) • Prosthodontics (fixed bridge, removable complete/partial dentures (1 in 5 years)) 	<ul style="list-style-type: none"> • Crowns (1 in 5 years) • Complex Extractions • Implants

Dental Rewards® (Included in all plans)

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and 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 are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

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 July 1.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It's that easy. Or members can visit us at ameritasgroup.com and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.

Eligible Employee

You are eligible for insurance if you are a regular full-time employee working at least 40 hours per week.

Eligible Dependents

Eligible Dependents include your spouse and children. A dependent child is eligible up to age 26 regardless of student status.

Pre-Determination of Benefits

A pre-treatment plan may be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

Coordination of Benefits

If you or any of your covered dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

Limitations/Exclusions (not a complete list)

- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the 2nd bicuspid are considered cosmetic.
- Charges incurred prior to the date the individual became insured under this plan, or following the date of termination of coverage.
- Orthodontic treatment.
- Services which are not recommended by a dentist or which are not required for necessary care and treatment.
- Expenses incurred to replace lost or stolen appliances.
- Expenses incurred by an insured because of a sickness for which he/she is eligible for benefits under Worker's Compensation Act or similar.

Section 125

This policy is provided as part of the Policyholder's Section 125 Plan. Each member has the option under the Section 125 Plan of participating or not participating in the benefit offered.

A member may change their election only during an annual election period, except for a change in a family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

Passive PPO

City of Sanford proudly offers employees a dental program, administered by Ameritas Life Insurance Corp., providing excellent coverage for you and your eligible dependents. Please refer to the plan highlight for more details. As an added bonus, the plan includes access to Ameritas Participating Provider Organization (PPO). With a Passive PPO, the coinsurance, deductible and maximum are the same for the member when utilizing a network provider or non-network provider. The difference in these options is the claim allowance. There is an incentive for the member to see an in-network dentist; however, there is no penalty for seeing an out-of-network provider. The member has the liberty to choose any licensed dental provider. However, they will usually save out-of-pocket costs by utilizing an in-network dentist.

Do I have to use an Ameritas PPO provider?

Employees and their covered dependents may utilize ***any licensed dental provider that they choose***. Please note, there is no difference in the coinsurance, deductible, and maximums on either plan whether a PPO provider is utilized or not.

Why would I use an Ameritas PPO provider?

A Participating Provider is a dentist who has entered into an agreement to provide services to insured members of Ameritas' plans for at a specific fee. Any insured member who chooses to go to a PPO provider will receive this discounted fee for procedures performed by that provider. As part of their contractual agreement with Ameritas, the PPO provider cannot "back-bill" the patient for the difference between the dentists' normal charges and the discounted fees that the dentist agreed to charge as an Ameritas PPO provider. PPO providers are required to file the claim for the patient.

PPO providers are required to wait for reimbursement from Ameritas before billing the patient for any balances owed for deductibles, coinsurance, any amounts exceeding the annual maximum benefits, etc. PPO panels are available in many areas; please visit the Ameritas website at www.ameritasgroup.com to search for a provider in your area.

What happens if I don't use an Ameritas PPO provider?

The City of Sanford wants employees to have options regarding their choice of providers. In addition, we want to ensure that employees that utilize non-panel providers receive exceptional benefits that reimburse claims for non-panel providers in the most optimal way. Non-panel providers can charge their standard fees for any service. However, the amount Ameritas allows for each procedure for non-panel provider utilizes 90th percentile of U&C – which is considered to be one of the highest reimbursement levels in the industry. This means that 9 out of 10 dentist's charges will fall within the amount that Ameritas allows for each procedure. In doing so, employees can feel comfortable that very little back billing will occur due to the amounts allowed by the plan.

Non-panel providers have no specific requirements regarding filing of claims. However, we have found that many dentists will assist the patient with the paperwork needed to file the claim. If a dentist is not willing to file the claim on the patient's behalf, the patient can simply attach the dentist's bill to a claim form that includes the patient's name and identification number, and fax or mail the claim to Ameritas for processing. Ameritas will process the claim, typically within 7-10 working days. Claim payment can be made to the patient or directly to the dentist if noted on the claim form. The patient can use Ameritas' claim forms which are available in the Benefit's Department, on the Ameritas web site (or our employee Intranet site), OR the patient can use any generic claim forms that the dental office may have available. Filing claims is fast and easy with Ameritas!

Low Plan - Monthly Rates

Employee Only	\$27.80
Employee & 1 Dependent	\$56.84
Employee & 2 or more Dependents	\$88.64

High Plan - Monthly Rates

Employee Only	\$44.24
Employee & 1 Dependent	\$89.28
Employee & 2 or more Dependents	\$138.68

PPO Plan - Monthly Rates

Employee Only	\$42.12
Employee & 1 Dependent	\$85.00
Employee & 2 or more Dependents	\$132.04

Ameritas Information

This plan was designed specifically for the associates of City of Sanford. 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.