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## *Ameritas Dental Plan - Low*

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**Effective Date: September 1, 2013**

**TYPE I - PREVENTIVE AND DIAGNOSTIC**

70-80-90-100% coinsurance requirements. \$100.00 combined lifetime (per person) deductible applies.

- Evaluations ( Two per benefit period)
- Cleanings (Two per benefit period)
- Fluoride for Children (Under age 19)
- Space Maintainers
- Radiographs (X-rays)
- Bitewings (Two per benefit period)

**TYPE II - BASIC PROCEDURES**

70-80-90-100% coinsurance requirements. \$100.00 combined lifetime (per person) deductible applies.

- Sealants (Under age 17)
- Restorative Amalgam & Resin (Excluding Inlays & Crowns)
- Oral Surgery - Simple Extractions
- Oral Surgery - Complex Extractions
- Limited exams
- Anesthesia
- Denture Repair
- Endodontics (Root Canal)
- Periodontics (Gum Disease)

**ANNUAL MAXIMUM BENEFIT**

Type I and II Procedures -\$1,000 per calendar year per person.

**INCENTIVE MECHANISM 70-80-90-100%**

Everyone insured on the effective date of the Company's policy begins with 70% coinsurance for (Preventive) and (Basic) procedures and will remain at that level until the next January 1. If you visit a dentist during each Calendar Year and have at least one covered dental procedure performed while insured under the Company's policy, your Preventive and Basic procedures will advance to the next coinsurance level at the beginning of each year as long as you had one covered procedure in the previous year.

Once you have reached the 100% coinsurance level, preventive and basic will remain at that level as long as you continue to visit the dentist for one covered procedure each year.

If you do not have at least one covered dental procedure during any calendar year while insured under the Company's policy, you will revert back to 70% coinsurance level during the next calendar year and must begin to progressively advance to the next levels as described above.

**All new enrollees in this plan** will begin at the 70% coinsurance for Preventive and Basic procedures. These employees will advance through the Incentive plan at the 80, 90, and 100% levels.

## **ANNUAL MAXIMUM CARRYOVER**

1. Visit a dentist between January 1 and December 31 of each year.
2. Submit a claim for a covered procedure prior to **March 1** of the following year.
3. Total dental benefits paid for the calendar year must be less than \$500.

If you meet all 3 requirements then you will be eligible for the Annual Maximum Carryover benefit. This benefit will provide you with an additional \$250 towards your annual dental maximum for the following year. In future years, if you continue to meet these requirements you will continue to see an increase in your annual maximum by \$250 until you have reached an annual maximum carryover limit of \$1,000. This benefit allows you to accumulate up to a \$2,000 **annual dental maximum**.

## **ELIGIBLE EMPLOYEES**

You are eligible for insurance if you are a full-time active employee working at least 30 hours per week.

## **ELIGIBLE DEPENDENTS**

Provides Coverage On:

- Your Spouse
- Children up to age 19 and unmarried (Up to age 26 if wholly dependent upon you for maintenance and support and if enrolled as a full-time student in an accredited school or college.). A child must be added within thirty-one (31) days of turning age 2 not to be considered a late entrant.

## **PASSIVE PPO**

In passive PPO, the coinsurance, deductible and maximum are the same for the member in and out-of-network. The only difference 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 dentist. As with all Ameritas PPO Solutions, the member has the liberty to choose any dentist they wish. However, they will usually save out-of-pocket costs by seeing an in-network dentist.

## **AMERITAS MANAGED CARE PRODUCTS**

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using PPO dentist who have agreed to provide dental care at contracted fees.
- Over 70,000 PPO provider access points are available nationwide.
- PPO network dentists must meet our credentialing and quality assurance evaluation requirements.

### **Commonly Asked PPO Questions**

The plan provides excellent coverage for you and your eligible dependents. Please refer to the plan highlight for more details. As an added bonus, our plan includes access to Ameritas' Participating Provider Organization (PPO).

#### **Do I have to use an Ameritas PPO provider?**

No, 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?**

By using a PPO provider:

- A Participating Provider is a dentist who has entered into an agreement to provide services to insured members of Ameritas' plans for 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](http://www.ameritasgroup.com) to search for a provider in your area.

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

For members that do not want to utilize an Ameritas PPO provider, or if a PPO provider is not available in your area:

- Your Employer 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 (Usual & Customary) 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 or on the Ameritas website (this will be available via our Intranet in the near future), or the patient can use any generic claim forms that the dental office may have available. Filing claims is fast and easy with Ameritas!

## **LATE ENTRANT PROVISION**

There is a 12 month waiting period on all services except **cleanings, exams, and fluoride applications** for employees who do not enroll when first eligible for coverage. This provision is waived for employees who enrolled during the initial enrollment period.

## **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.
- 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 laws.
- Services for Major and Orthodontic procedures. Endodontics (root canals) and Periodontics (gum disease) which are normally in the Major category are included in the Basic procedural category for this plan.

## **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 this policy.

***A member may change their election only during an annual election period, except for a change in 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.***

## **PRE-DETERMINATION OF BENEFITS**

A 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 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.

## **CERTIFICATE OF INSURANCE**

The Certificate of Insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

## MONTHLY DENTAL RATES

Employee Only	\$22.28
Employee & Spouse	\$63.98
Employee & Child(ren)	\$56.38
Employee & Family	\$96.26

**For Claims/Customer Service Questions call Ameritas: 1-800-487-5553.  
Or, visit the Ameritas website at: [www.AmeritasGroup.com](http://www.AmeritasGroup.com)**

This insurance is underwritten by Ameritas Life Insurance Corp.

