



My Dental Plan[®]

For Individuals and Families





Do you want your smile to look its best? Want to do what you can now, to prevent expensive dental work later? Our plans help cover the cost of regular dental exams, cleanings and treatment to help keep your smile healthy for a lifetime.

- Single or family
- Freedom to see any dentist (save with PPO where available)
- Certified excellence in claims service
- If you qualify for takeover, no waiting periods (see details, last page)
- A plan that includes vision
- Non-insurance discount on prescription medications at Walmart or Sam's Club pharmacy included at no additional cost

“annual” = calendar year

My Dental Plan options		Plan 1	Plan 2	Plan 3
Annual maximum benefit		\$500	\$1,000	\$1,500
Dental Rewards® with PPO bonus	Threshold Amount	\$250	\$250	\$500
	Annual Reward	\$125	\$125	\$250
	Maximum Reward (including PPO bonus)	\$500	\$500	\$1,000
Where PPO is available, if you qualify for your Annual Reward by seeing an Ameritas PPO dentist, we'll add a \$50 PPO bonus amount to your Annual Reward.		Boost your annual maximum benefit by submitting at least one dental claim each year and keeping your total benefits received for the year at or below the Threshold Amount . You will “earn” an Annual Reward that you carry over to increase your annual maximum benefit available the next year. Accumulate rewards up to the total Maximum Reward amount. If no dental claims are submitted during a year, no rewards are earned and accumulated rewards are lost. But you can begin building rewards again the very next year.		

No waiting periods if you were covered by another dental plan within 30 days of the date we receive your application. See takeover benefits answer, next page, for details.

Waiting periods	Preventive - none Basic - 6 months	Preventive - none Basic - 6 months Major - 12 months	Preventive - none Basic - 6 months Major - 12 months	
Annual dental deductible (per person)	\$50	\$50	\$50	
Coinsurance (plan pays*)	Preventive (type 1) <ul style="list-style-type: none"> exams/cleanings (once annually Plans 1 & 2; twice annually Plan 3) fluoride treatment under age 14 (once per plan year) bitewing films (once per plan year) full mouth series or panoramic x-ray (once every 5 years) 	80%	100%	100%
	Basic (type 2) <ul style="list-style-type: none"> amalgams & resin restorations (fillings) simple extractions sealants (under age 14) 	50%	50%	80%
	Major (type 3) <ul style="list-style-type: none"> space maintainers root canals surgical endodontics periodontal procedures surgical extractions general anesthesia crowns 	not covered	50%	50%
Vision Benefit (Plan 3 only)	Included with Plan 3 only. A \$100 benefit that you may use for exams, frames, lenses or contact lenses from the vision provider of your choice. In addition, if you purchase Plan 3, you will receive a vision ID card that explains how to access discounts on eye exams and products. If you choose to use your vision benefit, it is deducted from the total annual maximum allowed for dental benefits. If you use your plan's entire annual maximum benefit for dental care, no vision benefit will be available that year.			

***Claim allowance, or plan payment, in network, all plans:** When you visit an Ameritas PPO network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Charge (MAC). The MAC is the network provider's contracted fee, derived and discounted from the array of provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the network dentist's contracted fee.

***Claim allowance, or plan payment, out of network, all plans:** When you visit a non-network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Benefit (MAB). The MAB is derived from a blending and discounting of submitted provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the dentist's actual charge.

Answers

The plans described in this brochure are marketed by Ameritas group division, insured by Ameritas Life Insurance Corp. and administered by HealthPlan Services, Inc.

Does My Dental Plan offer takeover benefits?

If you were previously covered under a dental plan, you may be eligible for takeover benefits, which means waiting periods are waived. You will be asked to complete and submit a replacement form, plus provide an evidence of coverage letter from your prior carrier. The letter must include a termination date of the prior plan that is no more than 30 days prior to the date we receive your application for coverage.

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

Can I see the dentist I have now?

Yes, you are always free to visit the dentist of your choice. The Ameritas PPO network offers more than 290,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided. Find a PPO provider at www.ameritasgroup.com/individual.

How do I apply?

Compare plans and prices, view the Outline of Coverage, and apply online at www.ameritasgroup.com/individual.

How much does the coverage cost?

Please go to www.ameritasgroup.com/individual for plan prices and availability in your area.

Are my rates guaranteed?

Your rates are guaranteed for 12 months following your plan's effective date. After that, you will receive at least 30 days' notice (more if required by state law) if your rates change.

When will my policy be effective?

Your policy will be effective on the first day of the month following the approval of your application and collection of your first month's premium.

Are there services that are not covered?

Yes, some services such as orthodontia are not covered. Procedures begun prior to your effective date are not covered. The plan does not provide benefits for lost or stolen appliances or cosmetic procedures. It does not cover hospitalization or prescription drugs. Certain covered expenses may be subject to a waiting period (an elimination period). At times, two or more procedures are considered adequate and appropriate treatment. In this case, the benefit will be based on the charge for the least expensive procedure.

This is not a complete list of exclusions. Your policy will contain a complete listing of exclusions, procedures covered and any frequency or other limitations on specific procedures. To preview the policy, please send an email request to us at individualdentalvision@ameritas.com.

Do I have coverage outside of the state I live in?

Yes, if you are traveling or have a covered dependent living in a different state, you will still have coverage.

How do I submit claims?

You or your dentist may submit completed claim forms along with any requested information to Ameritas Life Insurance Corp., P.O. Box 82520, Lincoln, NE, 68501-2520, fax 402-467-7336. Dentists may submit claims electronically. Our customer service claims contact center earned BenchmarkPortal's Center of Excellence certification for 2012, the sixth year in a row. We believe that being able to count on us for great claims service is one big reason our customers keep coming back.

What if I want to cancel the policy?

All cancellations must be submitted to HealthPlan Services by calling 800-237-1276 or writing P.O. Box 30102, Tampa, FL 33630-3102. Once the request is received, the policy will be cancelled the later of the first day of the following month or the requested cancel date (must be the first day of a month).

What if I have more questions?

Please visit us at www.ameritasgroup.com/individual or contact your insurance agent. Or, if you don't have an agent, please send an email (subject: My Dental Plan) to individualdentalvision@ameritas.com.

Ameritas for plan info: www.ameritasgroup.com/individual • **Claims:** 877-667-6127, PO Box 82520, Lincoln, NE 68501-2520

HealthPlan Services for admin. service: 800-237-1276, Fax 877-275-0685 • PO Box 30102, Tampa, FL 33630-3102



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our PPO network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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