

dental plan 1250

Fulfilling lives with dependable, affordable dental insurance backed by an industry leader

Long-Standing Customer Focus

The group division of Ameritas Life Insurance Corp. has served customers since 1959, and today provides dental, vision and hearing care products and services for nearly 113,000 employer groups, insuring or administering benefits for more than 6 million people nationwide.

Our contact centers have earned BenchmarkPortal's Center of Excellence certification for seven straight years, and twice placed in BenchmarkPortal's Top 100 contest for small centers in 2011 and 2014.



But we do more than just provide benefits coverage. Our award-winning contact center associates offer friendly, skilled service to explain your benefits. Once enrolled, you can register online at ameritas.com and sign up for a secure member account to access plan information such as a benefit summary, remaining benefits, pending/paid claims and ID cards.

It's all available at ameritas.com.

See Any Dentist

You have no limitations on the dental provider(s) you choose. You may, however, lower your out-of-pocket costs by selecting a provider from our expansive dental network.

Our nationwide network includes over 360,000 access points. For a complete list of dental network providers, please visit ameritas.com, or download the "Ameritas Provider Locator" app on your mobile phone.

Fixed Benefit Dental Plan

With Ameritas coverage, insurance surprises are limited because you'll know what the plan will pay for a covered procedure ahead of time. You pay the difference between what the plan pays and

the network provider's reduced fee. If you choose to go out of network, you pay the difference between what the plan pays and the provider's actual charge. You almost always save on out of pocket costs when visiting a network provider.

The plan provides comprehensive coverage for all members. Please note, on Type 3 Major procedures, there is a 12-month waiting period.

Annual Maximum \$1,250

Deductible \$50

(waived for Type 1 Preventive procedures such as exams, cleanings and x-rays)

A Family Deductible Maximum is included in your plan. This means when three family members satisfy their annual deductible amounts in the same benefit year, they have reached the Family Deductible Maximum, so no more family member deductibles are required in that benefit year.

Dental Rewards®

Ameritas is the industry pioneer behind Dental Rewards. This option allows those who use little of their annual maximum benefit to carry over a portion of it to help offset more expensive dental procedures that may arise in the future. So when you stay under the plan's threshold amount of \$500 for annual paid claims, you get a \$250 dental reward. If visiting one of our network providers, you get an extra \$100 bonus. Accumulate up to \$1,000 to add to your \$1,250 annual maximum.

Alternate Benefit Provision

If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

**Don't miss this opportunity.
Sign up today!**



sample dental procedures

Type 1 : Preventive

The following is a PARTIAL list of Type 1 (Preventive) dental procedures payable under this dental plan. Please see the Dental Limitations for additional coverage information. Current Dental Terminology©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Routine Oral Evaluation		
D0120	Periodic oral evaluation.....	\$ 33.00
<i>One per 6 months.</i>		
D0150	Comprehensive oral evaluation - new or established patient.	\$ 51.00
D0180	Comprehensive periodontal evaluation - new or established patient..	\$ 51.00
Complete Series Or Panoramic Film		
D0210	Intraoral - complete series (including bitewings).	\$106.00
D0330	Panoramic film.	\$ 85.00
<i>One per 5 years.</i>		
Other X-Rays		
D0220	Intraoral - periapical first film..	\$ 19.00
D0230	Intraoral - periapical each additional film..	\$ 15.00
D0240	Intraoral - occlusal film.	\$ 27.00
D0250	Extraoral - first film.	\$ 34.00
D0260	Extraoral - each additional film.	\$ 27.00
Bitewing Films		
D0270	Bitewing - single film.	\$ 16.00
D0272	Bitewings - two films.	\$ 30.00
D0274	Bitewings - four films.	\$ 46.00
D0277	Vertical bitewings - 7 to 8 films.	\$ 70.00
<i>One per 12 months.</i>		
Prophylaxis (Cleaning) And Fluoride		
D1110	Prophylaxis - adult.	\$ 70.00
D1120	Prophylaxis - child.	\$ 49.00
<i>One per 6 months. A child is defined as age 13 and under.</i>		
D1208	Topical application of fluoride (prophylaxis not included) - child.	\$ 27.00
<i>One per 12 months.</i>		

Type 2 : Basic

The following is a PARTIAL list of Type 2 (Basic) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information. Current Dental Terminology©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Amalgam Restorations (Fillings)		
D2140	Amalgam - one surface, primary or permanent.	\$ 46.00
D2150	Amalgam - two surfaces, primary or permanent.	\$ 58.00
D2160	Amalgam - three surfaces, primary or permanent.	\$ 71.00
D2161	Amalgam - four or more surfaces, primary or permanent.	\$ 84.00
<i>One per 6 months.</i>		
Resin Restorations (Fillings)		
D2330	Resin-based composite - one surface, anterior.	\$ 56.00
D2331	Resin-based composite - two surfaces, anterior.	\$ 71.00
D2332	Resin-based composite - three surfaces, anterior.	\$ 88.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$ 97.00
D2391	Resin-based composite - one surface, posterior.	\$ 61.00
D2392	Resin-based composite - two surfaces, posterior.	\$ 77.00
D2393	Resin-based composite - three surfaces, posterior.	\$ 97.00
D2394	Resin-based composite - four or more surfaces, posterior..	\$107.00
<i>One per 6 months. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</i>		

Type 2 : Basic(continued)

Procedure

Maximum Covered Expense

Number	Description Of Service	Plan Pays
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Stainless Steel Crown (Prefabricated Crown)

D2390	Resin-based composite crown, anterior.	\$119.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$100.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$106.00
D2932	Prefabricated resin crown.	\$119.00
D2933	Prefabricated stainless steel crown with resin window.	\$119.00

One per 12 months.

Endodontic Therapy (Root Canals)

D3310	Anterior (excluding final restoration).	\$284.00
D3320	Bicuspid (excluding final restoration).	\$334.00
D3330	Molar (excluding final restoration).	\$438.00

On permanent teeth only. Allowances include intraoperative films and cultures.

D3346	Retreatment of previous root canal therapy - anterior.	\$353.00
D3347	Retreatment of previous root canal therapy - bicuspid.	\$407.00
D3348	Retreatment of previous root canal therapy - molar.	\$505.00

One per 12 months. Allowances include intraoperative films and cultures.

Denture Relines

D5730	Reline complete maxillary denture (chairside).	\$107.00
D5731	Reline complete mandibular denture (chairside).	\$107.00
D5740	Reline maxillary partial denture (chairside).	\$ 96.00
D5741	Reline mandibular partial denture (chairside).	\$ 97.00
D5750	Reline complete maxillary denture (laboratory).	\$159.00
D5751	Reline complete mandibular denture (laboratory).	\$156.00
D5760	Reline maxillary partial denture (laboratory).	\$159.00
D5761	Reline mandibular partial denture (laboratory).	\$160.00

Type 3 : Major (12-Month Waiting Period)

The following is a PARTIAL list of Type 3 (Major) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information.

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Procedure

Maximum Covered Expense

Number	Description Of Service	Plan Pays
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Crowns Single Restorations

D2710	Crown - resin-based composite (indirect).	\$160.00
D2720	Crown - resin with high noble metal.	\$408.00
D2740	Crown - porcelain/ceramic substrate.	\$441.00
D2750	Crown - porcelain fused to high noble metal.	\$428.00
D2780	Crown - 3/4 cast high noble metal.	\$407.00
D2783	Crown - 3/4 porcelain/ceramic.	\$441.00
D2790	Crown - full cast high noble metal.	\$407.00

One per 10 years. Frequency is waived for accidental injury. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.

Fixed Crown And Partial Denture Repair

D2980	Crown repair, by report.	\$ 71.00
D6980	Fixed partial denture repair, by report.	\$ 80.00

Surgical Endodontics

D3421	Apicoectomy/periradicular surgery - bicuspid (first root).	\$304.00
D3425	Apicoectomy/periradicular surgery - molar (first root).	\$329.00

Surgical Periodontics

D4211	Gingivectomy or gingivoplasty - one to three contiguous/bounded teeth spaces per quadrant.	\$ 84.00
D4263	Bone replacement graft - first site in quadrant.	\$137.00

Prosthodontics - Fixed/Removable (Dentures)

D5110	Complete denture - maxillary.	\$456.00
D5120	Complete denture - mandibular.	\$442.00
D5130	Immediate denture - maxillary.	\$494.00
D5140	Immediate denture - mandibular.	\$478.00

One per 10 years. Frequency is waived for accidental injury. Allowances include adjustments within 6 months after placement date.

General Information

Participation is Voluntary — This policy is only available to groups headquartered in AZ, CA, NV, and UT. Employees can live in any state. Each employee has the option of participating or not participating.

Enrollment — Employees and dependents must enroll within 31 days from the date they become eligible for the insurance. There is no open enrollment period. Enrollment changes are only accepted after a qualifying event. Qualifying events are marriage, divorce, birth of a child, spouse or child's death, or termination of spouse's employment.

Twelve-month Elimination Period — On Type 3 procedures, there is a 12-month waiting period. See Limitation #1 below. This may be waived for groups with proof of at least twelve months' prior group dental coverage.

Pretreatment Estimates — We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility, but an estimate of benefits available if the described procedure(s) were performed.

This form is a benefit highlight sheet only, and it is not a certificate of insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp. and North Ranch Benefits Trust.

Dental Limitations

Covered expenses will not include and no benefits will be payable for expenses incurred:

1. for Type 3 procedures in the first twelve months that the insured person is covered under the dental expense benefit.
2. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
3. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the insured person is covered under the dental expense benefit, it will be considered covered.
4. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
5. for any procedure begun before the insured person was covered under the dental expense benefit.
6. for any procedure begun after the insured's insurance under the dental expense benefit terminates, or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the dental expense benefit terminates.
7. to replace lost or stolen appliances.
8. for appliances, restorations or procedures to:
 - a. alter vertical dimension,
 - b. restore or maintain occlusion,
 - c. splint or replace tooth structure lost because of abrasion or attrition
9. for any procedure which is not shown on the Table of Dental Procedures.
10. for orthodontic treatment.
11. for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
12. for charges which the insured person is not liable or which would not have been made had no insurance been in force.
13. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
14. because of war or any act of war, declared or not.



www.NRBT.com



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