

# Inshore Benefits Dental Plan



Keep your employees happier, healthier with dental benefits from Inshore Benefits and Ameritas

## Dental benefit options that work for your business and your employees

Your employees have the flexibility of dental and vision benefits in one easy-to-use plan that leads to cost savings for your business. All of these plans can be set up as voluntary (employee pays full cost of coverage), or contributory (employer and employee share the cost of coverage).

When comparing the plans you'll see they all feature:

- \$100 maximum vision benefit
- all Preventive (Type 1) procedures covered at 100%, all Basic (Type 2) procedure covered at 80% and all Major procedures covered at 50%
- covered child orthodontia benefits of 50% with a lifetime maximum of \$1,500 per person

The things you need to consider when selecting a plan are:

**Annual maximum benefit** – Do you want a plan that pays \$1,500 or \$2,000 per person per calendar year?

**Out-of-network coverage** – Which claim allowance appeals to you, Discounted Fee or 90th U&C? Members can see any provider they choose. The claim allowance determines how much the plan pays if they visit an out-of-network dentist.

- Discounted Fee plans offer lower monthly rates because they're focused on in-network coverage. Members that visit an out-of-network provider will experience higher out-of-pocket costs.
- 90th U&C plans have a bit higher rates because they pay more towards out-of-network claims. The member's out-of-pocket expenses are very similar whether their dentist is in- or out-of-network.

## Benefits are backed by Ameritas' award-winning customer service<sup>1</sup>



Overall caller satisfaction survey score of 4.5 out of 5



99% dollar accuracy on processed claims



92% of claims processed in an average of 10 business days



Center of Excellence certification since 2006

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Benefits overview	Plans A & E	Plans B & F	Plans C & G	Plans D & H
<b>Maximum benefit</b> Per person per calendar year	\$1,500	\$2,000	\$1,500	\$2,000
	The entire maximum benefit can be applied to dental expenses, or use up to \$100 on eye exams, glasses or contacts and the remainder on dental care.			
<b>Deductible</b> Per calendar year	Waived for Type 1 \$50/person \$150/family \$0 vision			
<b>Preventive (Type 1)</b> Exams, X-rays, cleanings, fluoride and sealants for children	100%			
<b>Basic (Type 2)</b> Anesthesia, fillings, composites, extractions, endodontics, periodontics, space maintainers	80%			
<b>Major (Type 3)</b> Onlays, crowns, crown repair, implants, bridges, fixed bridges, dentures, denture repair	50%			
<b>Claim allowance</b>	MAC/MAB		90th U&C	
<b>Child orthodontia</b> Under age 19 Lifetime maximum per person	50% \$1,500			
Monthly Rates				
Voluntary plans	Plan A	Plan B	Plan C	Plan D
Employee	\$52.42	\$55.15	\$61.67	\$64.89
Employee + 1 dependent	\$95.11	\$100.15	\$111.89	\$117.83
Employee + 2 dependent	\$144.50	\$152.21	\$170.00	\$179.08
Employer-sponsored plans	Plan E	Plan F	Plan G	Plan H
Employee	\$44.02	\$46.25	\$51.78	\$54.42
Employee + 1 dependent	\$79.56	\$83.70	\$93.60	\$98.47
Employee + 2 dependent	\$120.70	\$127.00	\$142.00	\$149.43

These plans are available in Arizona, California, Nevada and Utah for groups of 2-200 eligible lives. All rates are valid for policies with an effective date starting January 1, 2023, and are guaranteed for 12 months. Voluntary plans may be set to align with the Section 125 plan year.

These plans can be set up as voluntary (employee pays full cost of coverage), or contributory (employer and employee share the cost of coverage).

## Maximum Allowable Charge (MAC)

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge an Ameritas dental plan member.

## Maximum Allowable Benefit (MAB)

When members visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted network fee in the ZIP Code area.

## 90th Usual & Customary (U&C)

We expect 9 out of 10 (90th percentile of usual and customary) out-of-network dental charges in the ZIP Code area to be the same as, or less than, the claim allowance.

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# Dental Rewards®

By using their dental benefits, members can earn rewards to help pay for more expensive dental services in the future. To qualify, they must visit the dentist, submit a claim, and keep benefits received at or below the annual threshold. Members can use their rewards after their initial benefit maximum is used. This program lets members earn increased benefits without increased premium.

Members can find benefit and rewards information online – there’s nothing for you to track.

Dental Rewards	Annual Maximum	Benefit Threshold	Annual Carryover Amount	Annual PPO Bonus	Maximum Carryover
Voluntary plans					
Plan A & C	\$1,500	\$500	\$250	\$150	\$1,000
Plan B & D	\$2,000	\$750	\$400	\$200	\$1,200
Employer-sponsored plans					
Plan E & G	\$1,500	\$500	\$250	\$150	\$1,000
Plan F & H	\$2,000	\$750	\$400	\$200	\$1,200

Benefit Threshold	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

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## Extra savings

Included with the dental plan are two non-insurance savings opportunities for members. Members will need to download and print the savings cards from their secure member portal at [ameritas.com](https://ameritas.com), sign in.

1. Prescription medication savings includes CVS, Rite Aid, Walgreens, Walmart
2. Eyewear savings at Walmart Vision Centers nationwide (eyeglasses only)

## Alternate benefit provision

To keep costs in check, 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.

## 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.

**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.

**Don't let this opportunity slip away. Sign your group up today.**

**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 Inshore Benefits.**

## Dental Limitations

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

1. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
2. 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.
3. 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.
4. for any procedure begun before the insured person was covered under the dental expense benefit.
5. 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.
6. to replace lost or stolen appliances.
7. 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
8. for any procedure which is not shown on the Table of Dental Procedures.
9. 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.
10. for charges which the insured person is not liable or which would not have been made had no insurance been in force.
11. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
12. because of war or any act of war, declared or not.

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<sup>1</sup> Customer service statistics from Ameritas claims processing system, 2021

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