Dental Highlight Sheet



Dental Plan Summary	LOW PLAN	Policy #37431
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Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	50%	50%
Type 3	50%	50%
Deductible	\$50/Calendar Year Type 1,2 & 3	\$25/Calendar Year Type 2 & 3
		Waived Type 1
	No Family Maximum	No Family Maximum
Maximum (per person)	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	Discounted Fee	Discounted Fee
Waiting Period	6 - Months Type 3 new Hires Only	6 - Months Type 3 new Hires Only
Annual Open Enrollment	Included	Included

Sa	mple Procedure Listing (Current D	ental Te		tion.)			
	In Network						
	Type 1		Type 2		Type 3		
•	Routine Exam	•	Full Mouth/Panoramic X-rays	•	Onlays		
	(2 per benefit period)		(1 in 5 years)	•	Crowns		
•	Bitewing X-rays	•	Sealants (age 16 and under)		(1 in 5 years per tooth)		
	(1 per benefit period)	•	Restorative Amalgams	•	Crown Repair		
•	Periapical X-rays	•	Restorative Composites	•	Endodontics (nonsurgical)		
•	Cleaning	•	Denture Repair	•	Endodontics (surgical)		
	(2 per benefit period)	•	Simple Extractions	•	Periodontics (nonsurgical)		
•	Fluoride for Children 18 and under			•	Periodontics (surgical)		
	(1 per benefit period)			•	Prosthodontics (fixed bridge; removable		
•	Space Maintainers				complete/partial dentures)		
					(1 in 5 years)		
				•	Complex Extractions		
				•	Anesthesia		
	Out of Network						
	Type 1		Type 2		Type 3		
•	Routine Exam	•	Full Mouth/Panoramic X-rays	•	Onlays		
	(2 per benefit period)		(1 in 5 years)	•	Crowns		
•	Bitewing X-rays	•	Sealants (age 16 and under)		(1 in 5 years per tooth)		
	(1 per benefit period)	•	Restorative Amalgams	•	Crown Repair		
•	Periapical X-rays	•	Restorative Composites	•	Endodontics (nonsurgical)		
•	Cleaning	•	Denture Repair	•	Endodontics (surgical)		
	(2 per benefit period)	•	Simple Extractions	•	Periodontics (nonsurgical)		
•	Fluoride for Children 18 and under			•	Periodontics (surgical)		
	(1 per benefit period)			•	Prosthodontics (fixed bridge; removable		
•	Space Maintainers				complete/partial dentures)		
					(1 in 5 years)		
				•	Complex Extractions		
				•	Anesthesia		

# **Ameritas Information**

## We're Here to Help

This plan was designed specifically for the associates of CALHOUN COUNTY SCHOOL BOARD. 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 ameritas.com.

Dental Highlight Sheet



### 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 visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## **Eyewear Savings**

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

### **Dental Network Information**

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

### **Pretreatment**

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

### **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 January 1.

### **Late Entrant Provision**

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## **Worldwide Support**

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

### **Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.BS 9.9.16



Dental Highlight Sheet

Dental Plan Summary HIGH PLAN Policy #37431
Plan Benefit

Type 1 100%
Type 2 80%
Type 3 50%

Deductible \$0/Calendar Year Type 2,3
Waived Type 1
No Family Maximum

Maximum (per person) \$1,000 per calendar year

Maximum (per person)

Allowance

Waiting Period

No Family Maximum

\$1,000 per calendar year

90th U&C

None

Annual Open Enrollment Included

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

Type 1	Type 2	Type 3
Routine Exam	Restorative Amalgams	<ul> <li>Onlays</li> </ul>
(2 per benefit period)	Restorative Composites	• Crowns
Bitewing X-rays	<ul> <li>Endodontics (nonsurgical)</li> </ul>	(1 in 5 years per tooth)
(2 per benefit period)	<ul> <li>Endodontics (surgical)</li> </ul>	Crown Repair
Full Mouth/Panoramic X-rays	<ul> <li>Periodontics (nonsurgical)</li> </ul>	<ul> <li>Prosthodontics (fixed bridge; removable</li> </ul>
(1 in 3 years)	Periodontics (surgical)	complete/partial dentures)
Periapical X-rays	Denture Repair	(1 in 5 years)
Cleaning	Simple Extractions	
(2 per benefit period)	Complex Extractions	
Fluoride for Children 18 and under	Anesthesia	
(1 per benefit period)		
Sealants (age 16 and under)		
Snace Maintainers		

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