

Dental Plan 2 - Deductible and Benefit Maximum

Deductible	\$25 per benefit year (July through June)* <i>Deductible must be met before benefits are payable</i>
Benefit Maximum (Dental and Vision)	\$1,000 per benefit year (July through June)*

Plan 2 - Type I Benefits - Diagnostic and Preventive Services

Benefit	100%
Reimbursement**	In-Network: Benefits paid to the network negotiated fee; Out-of-Network: Charges are considered for payment up to the 90th percentile of the UCR**
Covered Services (Frequency Limitations)	Routine Exam (1 per 6 month period) Bitewing X-rays (1 per 12 month period) Full Mouth/Panoramic X-rays (1 per 5 year period) Periapical X-rays Cleanings (1 per six month period)

Plan 2 - Type II Benefits - Basic Services

Benefit	50%
Reimbursement**	In-Network: Benefits paid to the network negotiated fee; Out-of-Network: Charges are considered for payment up to the 90th percentile of the UCR**
Covered Services <i>For more detailed information on covered services, please see the attached procedure summary or the full certificate</i>	Fillings Endodontics (nonsurgical) Periodontics (nonsurgical) Simple and Surgical Extractions

Vision Benefit***

Exam	\$100 Allowance (combined)
Lenses / Contact Lenses / Frames	

Plan 2 – Dental/Vision Rate

\$17.04 per member per month

* Unlike medical, deductible and benefit maximums accrue based on the policy benefit year, July through June. Deductibles and benefit maximums reset on July 1 for all enrolled members, regardless of their actual start date.

** Ameritas has negotiated discounts on services provided by contracted (network) dentists. Those providers are required to "write off" any difference in their normal charges for a service and the negotiated fee. Non-contracted, or non-network dentists are under no such obligation and are free to bill the member for any amounts exceeding the negotiated fee. Charges from non-network dentists will be considered for payment up to the 90th percentile of the Usual and Customary for the given geographical area.

***No vision provider network. Member may use any vision provider.

Please note: Ameritas handles dental/vision insurance claims and customer service but does not administer the medical/Rx benefits. If you have questions relating to medical/prescription drug, please contact Summit America at 1-800-301-9128

Important Information about Your Dental/Vision Benefits

- **Customer Service** is available to answer questions from members or providers regarding benefits, eligibility, claim status, etc. Hours are Monday - Thursday 7:00 a.m. - 7:00 p.m. (Central) and Friday 7:00 a.m. - 5:30 p.m. (Central).
Phone: 1-800-487-5553 Email: group@ameritas.com
- **Plan info**, including forms, contacts and online claim status can be accessed at www.ameritasgroup.com/corpsnetwork
- **You will save money and stretch your dental benefit dollars** by using an Ameritas network provider when available.
- **Dental Provider look up** is available on the Ameritas website at <http://ameritasgroup.com/resources/find.asp>
- **Claims** can be submitted by the provider or the member using a universal claim form. The Ameritas version can be accessed on the website or by contacting customer service.
- **Claims should be submitted to Ameritas at:**
Address: Group Claims
Ameritas Group
PO Box 82520
Lincoln, NE 68501
Fax: 402-467-7336
- **A pretreatment estimate** can be requested by asking your provider to submit the proposed services to be billed prior to receiving the service. Pretreatment estimates are sent to the claims address or fax.

➤ **Vision Benefits** are on a reimbursement basis. A claim form must be submitted with an itemized receipt. Exam and/or hardware (glasses, contacts) are eligible for a combined maximum of \$100. See the website listed above for more details.

Plan 2 - Type 2 Dental Procedure Summary (2013-2014 Plan Year)

<i>Procedure*</i>	<i>Benefit**</i>
Limited Oral Evaluation (Problem Focused)	
Problem Focused	50%
Oral Pathology/Laboratory	
Oral pathology/laboratory	50%
Amalgam Restorations (Fillings)	
1 to 4 surfaces, primary or permanent	50%
Resin Restorations (Fillings)	
1 to 4 surfaces, anterior and posterior	50%
Gold Foil Restorations, 1 to 3 surfaces	50%
Stainless Steel Crown	
Prefabricated crowns and resin-based composite crown (anterior)	50%
Re-cement	
Re-cement	50%
Sedative Filling	
Sedative Filling	50%
Endodontics Miscellaneous	
Pulpotomy, pulpal debridement, pulpal therapy	50%
Other Miscellaneous Endodontics	50%
Endodontic Therapy	
Root Canals	50%
Retreatment of root canals	50%
Non-Surgical Periodontics	
Perio scaling and root planing	50%
Chemotherapeutic agents	50%
Full Mouth Debridement	
Full mouth debridement	50%
Periodontal Maintenance	
Perio maintenance	50%
Denture Repair	
Repair dentures, replace missing or broken tooth (per tooth)	50%
Denture Relines	
Chairside, Laboratory	50%
Non-Surgical and Surgical Extractions	
Coronal remnants - deciduous tooth, erupted tooth or exposed root	50%
Other Oral Surgery	
Other covered oral surgery including Surgical Extractions	50%
Biopsy of Oral Tissue	
Biopsy, sample collection	50%
Palliative	
Emergency treatment of pain	50%
Professional Consultation	
Consultation, office visit, treatment of complications	50%
Occlusal Adjustment	
Limited and complete	50%
Miscellaneous	
Miscellaneous covered services	50%

This is a brief summary of type 2 benefits covered under the policy. Not all services that fall under the listed categories are covered. For a detailed listing of covered service, please consult your certificate of insurance.

*Procedures listed are broad categories rather than specific services. For a complete list of covered services, please consult your certificate.

**Network services are subject to the negotiated fee. Non-network charges are considered up to the 90th percentile of Usual and Customary.