

*need a plan?*

# my dental plan<sup>SM</sup> for individuals

- Single or family
- Freedom to see any dentist  
(save with PPO where available)
- Certified excellence in claims service
- A plan that includes eye care

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Start your first career, or start over. Work your dream job, or retire to live your dream. Get an education. Begin a family. Launch

your own business. Whether you're settled in or setting out on a new adventure, you still need your dental plan to be there for you.

**with My Dental Plan it's all yours:**

- **INDEPENDENCE** – since plan availability is not tied to your job, getting benefits through your employer is not your only chance to have affordable coverage.
- **SECURITY** - your protection is not automatically lost if you change jobs, lose your job or retire. And it can't be taken away just because you reach a certain age.
- **CHOICE** – three plan options let you select the level of coverage that's right for you.
- **SOMETHING EXTRA** - one plan offers an eye care benefit along with your dental benefits.

## protect what's yours

Do you want your smile to look its best? Want to do what you can now, to help prevent expensive dental work later? Regular exams and cleanings from your dentist help teeth and gums stay healthy. And we keep hearing about the growing body of evidence linking our oral health with our overall wellness. Yet people without dental insurance are 2.5 times less likely to visit the dentist than those with dental coverage, according to a 2007 National Association of Dental Plans survey. It makes sense; it's easier to get the right care when we have a plan to help cover the cost.

But lately the traditional model – relying on employer-sponsored benefits – doesn't always fit the world we live in.

That's why it's good to have a plan.

“annual” = calendar year

My Dental Plan options		Plan 1	Plan 2	Plan 3
annual maximum benefit		\$500	\$1,000	\$1,500
dental rewards® and PPO bonus		Boost your annual maximum by submitting at least one dental claim per year and keeping your total paid claims for the year at or below the Threshold Amount: \$250 for Plans 1 and 2; \$500 for Plan 3. You will “earn” an Annual Reward – \$125 for Plans 1 and 2; \$250 for Plan 3 – to carry over toward your annual maximum benefit the next year. Accumulate rewards each year up to the total Maximum Reward Amount: \$500 for Plans 1 and 2; \$1,000 for Plan 3. Where PPO is available, there's also a \$50 bonus to carry over if you see an Ameritas PPO provider. If no 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
coinsurance (plan pays*)	annual dental deductible (per person)	\$50	\$50	\$50
	preventive (type 1) • 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) • amalgams & resin restorations (fillings) • simple extractions • sealants (under age 14)	50%	50%	80%
	major (type 3) • space maintainers • root canals • surgical endodontics • periodontal procedures • surgical extractions • general anesthesia • crowns	not covered	50%	50%
	eye care 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 eye care provider of your choice. In addition, if you enroll in Plan 3, you will receive an eye care ID card that explains how to access discounts on eye exams and products. If you choose to use your eye care 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 eye care 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

### 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. Ameritas plan members also have more than 130,000 PPO provider 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](http://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](http://www.ameritasgroup.com/individual).

### How much does the coverage cost?

Please go to [www.ameritasgroup.com/individual](http://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 [grfieldservice@ameritas.com](mailto:grfieldservice@ameritas.com).

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

Yes, if you are traveling or have a covered student 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. In 2009, our customer service claims contact center earned BenchmarkPortal's Center of Excellence certification (our third year in a row). To achieve annual recognition, we participate in BenchmarkPortal's rigorous certification process, which is based on established scientific operational metrics as well as customer and agent satisfaction.

### 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 33630-3264. 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 of a month).

### What if I have more questions?

For information about the plans, please visit us at [www.ameritasgroup.com/individual](http://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 [grfieldservice@ameritas.com](mailto:grfieldservice@ameritas.com).

So the old-school idea of security – great benefits from one lifelong career with the same employer – may be getting a little harder to find. You can still have a plan.

**my  
dental  
plan<sup>SM</sup>**



Plan info: [www.ameritasgroup.com/individual](http://www.ameritasgroup.com/individual)  
Claims: 877.667.6127  
PO Box 82520  
Lincoln, NE 68501-2520

**HealthPlan Services**

Admin. Service: 800.237.1276  
Admin. Fax: 877.275.0685  
PO Box 30102  
Tampa, FL 33630-3264

The plans described in this brochure are marketed and insured by Ameritas Life Insurance Corp., a UNIFI company, and administered by HealthPlan Services.