# **MILLARD PUBLIC SCHOOLS**

Dental Highlight Sheet



| Plan 1: Dental Plan Summary                |                                                                     | Effective Date: 1/1/201                                                                     |
|--------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Plan Benefit                               | In Network                                                          | Out of Network                                                                              |
| Туре 1                                     | 100%                                                                | 90%                                                                                         |
| Type 2                                     | 80%                                                                 | 70%                                                                                         |
| Туре 3                                     | 50%                                                                 | 40%                                                                                         |
| Deductible                                 | \$10/visit Type 1                                                   | \$10/visit Type 1                                                                           |
|                                            | \$50 Calendar Year Type 2,3                                         | \$50 Calendar Year Type 2,3                                                                 |
|                                            | No Family Maximum                                                   | No Family Maximum                                                                           |
| Maximum (per person)                       | \$1,500 per calendar year                                           | \$1,500 per calendar year                                                                   |
| Allowance                                  | Discounted Fee                                                      | Discounted Fee                                                                              |
| Waiting Period                             | None                                                                | None                                                                                        |
| Annual Open Enrollment                     | None                                                                | None                                                                                        |
| • • • • • •                                | nt Dental Terminology © American Dental Association.)<br>In Network | <b>T</b> ime <b>0</b>                                                                       |
| Type 1                                     | Type 2                                                              | Туре 3                                                                                      |
| Routine Exam                               | <ul> <li>Restorative Amalgams</li> </ul>                            | Onlove                                                                                      |
|                                            |                                                                     | Onlays                                                                                      |
| (2 per benefit period)                     | Restorative Composites                                              | Crowns                                                                                      |
| Bitewing X-rays                            | <ul><li>Restorative Composites</li><li>Crown Repair</li></ul>       | •                                                                                           |
|                                            | •                                                                   | Crowns                                                                                      |
| Bitewing X-rays                            | Crown Repair                                                        | Crowns     (1 in 10 years per tooth)                                                        |
| Bitewing X-rays     (1 per benefit period) | <ul><li>Crown Repair</li><li>Endodontics (nonsurgical)</li></ul>    | <ul> <li>Crowns <ul> <li>(1 in 10 years per tooth)</li> <li>Implants</li> </ul> </li> </ul> |

| Out | of  | Netwo |
|-----|-----|-------|
|     | π., |       |

**Denture Repair** 

Anesthesia

Simple Extractions

Complex Extractions

| Out of Network                     |                                               |                                         |  |  |
|------------------------------------|-----------------------------------------------|-----------------------------------------|--|--|
| Type 1                             | Туре 2                                        | Туре 3                                  |  |  |
| Routine Exam                       | Restorative Amalgams                          | Onlays                                  |  |  |
| (2 per benefit period)             | Restorative Composites                        | Crowns                                  |  |  |
| Bitewing X-rays                    | Crown Repair                                  | (1 in 10 years per tooth)               |  |  |
| (1 per benefit period)             | <ul> <li>Endodontics (nonsurgical)</li> </ul> | <ul> <li>Implants</li> </ul>            |  |  |
| Full Mouth/Panoramic X-rays        | Endodontics (surgical)                        | Prosthodontics (fixed bridge; removable |  |  |
| (1 in 5 years)                     | Periodontics (nonsurgical)                    | complete/partial dentures)              |  |  |
| Periapical X-rays                  | Periodontics (surgical)                       | (1 in 10 years)                         |  |  |
| Cleaning                           | Denture Repair                                |                                         |  |  |
| (2 per benefit period)             | Simple Extractions                            |                                         |  |  |
| Fluoride for Children 18 and under | Complex Extractions                           |                                         |  |  |
| (1 per benefit period)             | Anesthesia                                    |                                         |  |  |
| Sealants (age 15 and under)        |                                               |                                         |  |  |
| Space Maintainers                  |                                               |                                         |  |  |

## **Ameritas Information**

## We're Here to Help

Cleaning

(2 per benefit period)

(1 per benefit period)

**Space Maintainers** 

Fluoride for Children 18 and under

Sealants (age 15 and under)

This plan was designed specifically for the associates of MILLARD PUBLIC SCHOOLS. 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.

## MILLARD PUBLIC SCHOOLS



### **Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this 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.

#### 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.

#### **Dental Cost Estimator**

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- . Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

#### 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.