Low Plan - Dental Highlight Sheet

Low Plan: Dental Plan Summary

# Effective Date: 1/1/2022

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	\$150/family
Maximum (per person)	\$500 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Open Enrollment	Included

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

	Type 1		Type 2		Туре 3
•	Routine Exam	•	Restorative Amalgams	•	Onlays
	(2 per benefit period)	•	Restorative Composites	•	Crowns
•	Bitewing X-rays		(anterior and posterior teeth)		(1 in 7 years per tooth)
	(2 per benefit period)	•	Endodontics (nonsurgical)	•	Crown Repair
•	Full Mouth/Panoramic X-rays	•	Endodontics (surgical)	•	Implants
	(1 in 3 years)	•	Periodontics (nonsurgical)	•	Prosthodontics (fixed bridge; removable
•	Periapical X-rays	•	Periodontics (surgical)		complete/partial dentures)
•	Cleaning	•	Denture Repair		(1 in 7 years)
	(2 per benefit period)	•	Simple Extractions		
•	Fluoride for Children 18 and under	•	Complex Extractions		
	(2 per benefit period)	•	Anesthesia		
•	Sealants (age 18 and under)				
•	Space Maintainers				

#### **Monthly Rates**

Employee Only (EE)	\$10.00
EE + 1 Dependent	\$34.00
EE + 2 or more Dependents	\$57.00

# **Ameritas Information**

We're Here to Help

This plan was designed specifically for the associates of SAVANNAH CHATHAM COUNTY PUBLIC SCHOOL SYSTEM. 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.

Low Plan - Dental Highlight Sheet



## **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. Your provider network is Ameritas Classic Network.

## 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.

# **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

# 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.

High Plan - Dental Highlight Sheet

High Plan: Dental Plan Summary

# Effective Date: 1/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Туре 3	50%
Deductible	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	\$150/family
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Open Enrollment	Included

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### **Orthodontia Summary – Adult & Child Coverage**

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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•	Cleaning	•	Denture Repair		(1 in 7 years)
	(2 per benefit period)	•	Simple Extractions		
•	Fluoride for Children 18 and under	•	Complex Extractions		
	(2 per benefit period)	•	Anesthesia		
•	Sealants (age 18 and under)				
	Space Maintainers				

## Monthly Rates

Employee Only (EE)	\$26.00	
EE + 1 Dependent	\$55.00	
EE + 2 or more Dependents	\$87.00	

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