



DentalSelect

Benefits Guide.

Member Enrollment Information for:

Total Joint Orthopedics

Group ID: 12010412

Corporate Headquarters

75 W Towne Ridge Parkway • Tower 2, Suite 500 • Sandy, UT 84070

Toll Free: 800-999-9789 • Toll Free Fax: 888-673-5328

dentalselect.com

MaxRewards

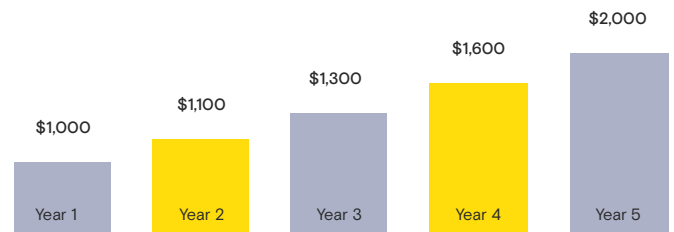
Automatic Annual Benefit Maximum Increases



As a unique feature to your dental benefit plan, our MaxRewards option is designed to reward members who stay with Dental Select by allowing maximum benefits to accumulate over time. Dental Select knows the importance of increasing value without increasing costs.

How it works:

Increases are automatically applied on a member's effective date, each year incrementally based on consecutive coverage & the original maximum benefit set by your employer until the maximum increase reaches \$2,000.*



In this example, the member starts with a \$1,000 maximum benefit on their effective date and benefits increase over 5 years, when they reach the \$2,000 maximum benefit.

The MaxRewards Option is available on Coinsurance R&C and Coinsurance MAC plans only.

*The maximum benefit reached is subject to state law. Please refer to your specific plan, or call Dental Select Customer Care at 1-800-999-9789.

Employee Enrollment Form

Use the Employee Enrollment Form to collect first time employee and dependent information. For existing member changes, please use the Employee Change Form.

DentalSelect

I am eligible for enrollment based on a qualifying life event.

☐ New Hire

☐ Marriage

☐ Open Enrollment

☐ Divorce/Legal Separation/Annulment

☐ PT to FT Employment

☐ Loss of Other Coverage

Date of Event:

Plan/Coverage – Confirm available options with your employer. Select all that apply.

Requested Dental Plan:

☐ Coinsurance MAC - Platinum

Requested Vision Plan:

Must Be Completed in Full – Please print.

First Name:

Last Name:

Middle Initial:

Address:

City:

State:

Zip Code:

Phone Number:

☐ OK to Text

Date of Birth (MM/DD/YYYY):

Email Address:

SSN:

Marital Status:
☐ Single ☐ Married

Gender:
☐ Male ☐ Female

Effective Date (MM/DD/YYYY):

Date of Hire – **Required** (MM/DD/YYYY):

Group Number:
12010412

Subgroup/Department:

Name of Employer:

Employer's Address:

Total Joint Orthopedics

Individuals Covered – List individuals and select plan options for whom you are enrolling.

Enroll:

☐ Spouse ☐ Domestic Partner Name (Last, First, M.I.):

☐ Dental ☐ Vision

Gender:
☐ Male ☐ Female

SSN:

Date of Birth:

Relationship:

☐ Dental ☐ Vision

Enroll:

Dependent Name (Last, First, M.I.):

☐ Dental ☐ Vision

Gender:
☐ Male ☐ Female

SSN:

Date of Birth:

Relationship:

☐ Dental ☐ Vision

Enroll:

Dependent Name (Last, First, M.I.):

☐ Dental ☐ Vision

Gender:
☐ Male ☐ Female

SSN:

Date of Birth:

Relationship:

For additional dependents, attach separate sheet.

Authorization of Coverage

☐ Check here to waive if no coverage is desired.

☐ Check here to waive if you have additional coverage through another policy.

I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claims and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.

The Spanish version is provided only as a courtesy and the English language version will be the presiding version in the case of a dispute or complaint. (La versión en español que se proporciona es un servicio de cortesía y la versión en inglés es la que regirá en caso de existir una disputa o queja).

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT. **FRAUD WARNING FOR TEXAS APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE US OR ANY OTHER PERSON, MAKES A REQUEST FOR INSURANCE CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp., both affiliates of Ameritas Mutual Holding Company, 5900 O Street / P.O. Box 87889 / Lincoln, NE 68501-1889

Dental Select 75 W Towne Ridge Parkway, Tower 2, Suite 500, Sandy, Utah 84070 • 800-999-9789 • Fax: 888-998-8704

Signature: _____ Date: _____

AH-10740

2021 UT ENR.01.9000226 06/21

Summary of Benefits for:

Total Joint Orthopedics

Co Insurance MAC Classic - MaxRewards

Platinum Network

Contracted Dentist		Non-Contracted Dentist
Preventive		
Routine exams, cleanings (2 per year), topical fluoride, x-rays	100%	100% of Fee Schedule
Basic		
Composite fillings, extractions, oral surgery, space maintainers, sealants	80%	80% of Fee Schedule
No Waiting Period		
Major		
Crowns, bridges, dentures, endodontics, periodontics, implant alternate	50%	50% of Fee Schedule
12 Month Waiting Period		
Orthodontics		
All Members:	0% (Discounts May Apply; See Plan Notes)	0% (No Benefit)
Maximum Benefit		
<i>Applies to Preventive, Basic and Major Services</i>	Benefit Period is: \$1,000.00	
	Per Calendar Year	
Deductible		
<i>Applies to Basic and Major Services</i>	<i>Per Benefit Period</i>	
	Per Person: \$25.00	\$25.00
	Family Maximum: \$75.00	\$75.00

Dental Notes for:

Total Joint Orthopedics

Dental Plan Notes

Co-Insurance R&C Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- Non-Contracted: Dental Select will allow up to the Reasonable & Customary (R&C) amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

Co-Insurance MAC Plans

- Contracted: All payments made to contracted General Dentists and Specialists are based on the contracted dental fee schedule and are accepted as payment in full after the required deductible amount, as shown. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law.*
- Non-Contracted: Dental Select will allow up to the contracted dental fee schedule amount for dental procedures and services after the required deductible amount, as shown. Charges above the plan payment are the patient's responsibility.

MAC refers to the Maximum Allowable Charge in Utah and Texas.

MAB refers to the Maximum Allowable Benefit in all other states.

R&C refers to the Reasonable & Customary amount in Utah and Texas.

U&C refers to or Usual & Customary amount in all other states.

* Please contact Dental Select's Customer Care at 800-999-9789 or consult your provider to confirm availability.

This summary of benefits is current as of 11/03/2022. To verify up to date benefits, please contact Dental Select Customer Care at 800-999-9789.

Co-Pay Plans (Available in Texas and Utah only)

- Contracted: All payments made to contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. Contracted General Dentists accept a combination of fixed co-payments and insurance plan payments as payment in full. Dental procedures not covered under your plan may also be subject to a discounted fee in accordance with a participating provider's contract and subject to state law*.
- Non-Contracted: All payments made to non-contracted General Dentists are based on the contracted dental fee schedule for co-pay plans. The member is responsible for paying the difference between the plan payment and the General Dentist's usual charges.

MaxRewards

For every consecutive year on the plan, each member will receive increased maximums by the schedule outlined below. The annual maximum benefit of each member will never exceed \$2,000.

Year 2 - \$100

Year 3 - \$200

Year 4 - \$300

Year 5 - \$400

Contracted Dentist refers to a network dentist in UT and TX.

Participating Provider refers to a network dentist in all other states.

Non-Contracted Dentist refers to a non-network dentist in UT and TX.

Non-Participating Provider refers to a non-network dentist in all other states.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Group dental and vision products are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2020 Ameritas Mutual Holding Company.

Summary of Benefits for:

Total Joint Orthopedics

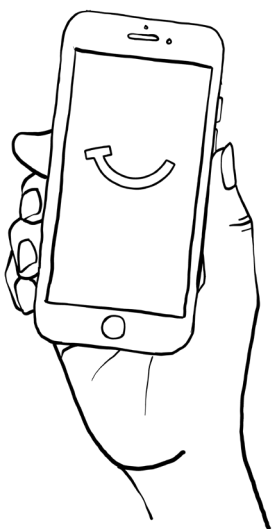
Discount Vision

In-Network Only

Member Cost	
Exam with Dilation as Necessary	
	\$5 off routine exam
	\$10 off contact lens exam
<i>Complete pair of glasses (frame, lenses, and lens options) must be purchased in the same transaction to receive full discount. Items purchased separately will be discounted 20% off the retail price</i>	
Frames	
Any frame at provider location	35% off retail price
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
Lens Options	
UV Coating	\$15
Tint(Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective	\$45
Other Add-ons and Services	20% off retail price
Contact Lenses	
(Discount Applied to Materials Only)	
Conventional	15% off retail price
Laser Correction (US Laser Network)	
Lasik or PRK	15% off retail price -or- 5% off promotional price

Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6).

Two Simple Ways to Find a Provider



Download the mobile app.

You can find it on the App Store or Google Play.



Visit our website.

Go to dentalselect.com and click "Find a Provider " on any page. When searching for a vision provider, you will be redirected to eyemedvisioncare.com.






Refer a dentist.


Know a dentist you'd like to have join Dental Select's network? Simply visit our website and click on the Find a Provider link at the top of the page. From there, navigate to the Refer a Dental Provider section to provide the dentist's name and contact information. Our team will reach out and invite them to join our network.





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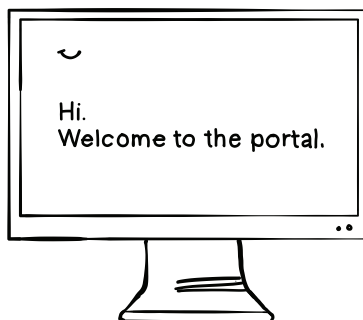
Sample Identification Cards

Dental <u>Select</u>	DENTAL
John A. Smith	Member ID: 987654
Group ID: 1417000 Effective: 01/01/2017 Plan: Coinsurance - In and Out of Network Network: Platinum	
For coverage questions, call Dental Select at 800-999-9789.	
    	

Dental <u>Select</u>	VISION
John A. Smith	EyeMed ID: Your SSN
Group ID: 1417000 Effective: 01/01/2018 Plan: VIS 8 Network: EyeMed Select EyeMed Group ID: 456789	
For coverage questions, call Dental Select at 800-999-9789.	
	

Dental <u>Select</u>	DENTAL
<p>Members: Register for portal access for important information and to refer to your policy for coverage details and plan benefits. Contact Customer Care at 800-999-9789 M-F 7am-6pm MST for pre-determinations, claims, or benefit questions. A list of providers is available at dentalselect.com.</p> <p>Providers: Fax claims to: 888-998-8705, or mail to the address below. To verify coverage and benefits 24/7, access our faxback system at 800-999-9789, option 2 for the Provider queue.</p> <p>Send Dental Select Claims Submissions to: Claims Administration P.O. Box 851917 Richardson, Texas 75085</p> <p>Underwritten by Ameritas Life Insurance Corp.</p>	
	
THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY. IT DOES NOT CONSTITUTE PROOF OF ELIGIBILITY, BENEFITS OR COVERAGE.	

Dental <u>Select</u>	VISION
<p>Members: Register for Dental Select and EyeMed portal access for important information and to refer to your policy for coverage details and plan benefits. Contact an EyeMed Representative at 866-939-3633 M-Sat 7:30am-11pm, Sun 11am-8pm for claims or benefit questions. Provider search is available at dentalselect.com and eyemedvisioncare.com.</p> <p>Providers: Submit claims electronically at www.eyemed.com. Fax claims to: 866-293-7373, or mail to the address below. For out-of-network claims, address to: Attn: OON Claims.</p> <p>Send Vision Claims to: EyeMed/FAA P.O. Box 8504 Mason, OH 45040-7111</p> <p>Underwritten by Ameritas Life Insurance Corp.</p>	
	
THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY. IT DOES NOT CONSTITUTE PROOF OF ELIGIBILITY, BENEFITS OR COVERAGE.	



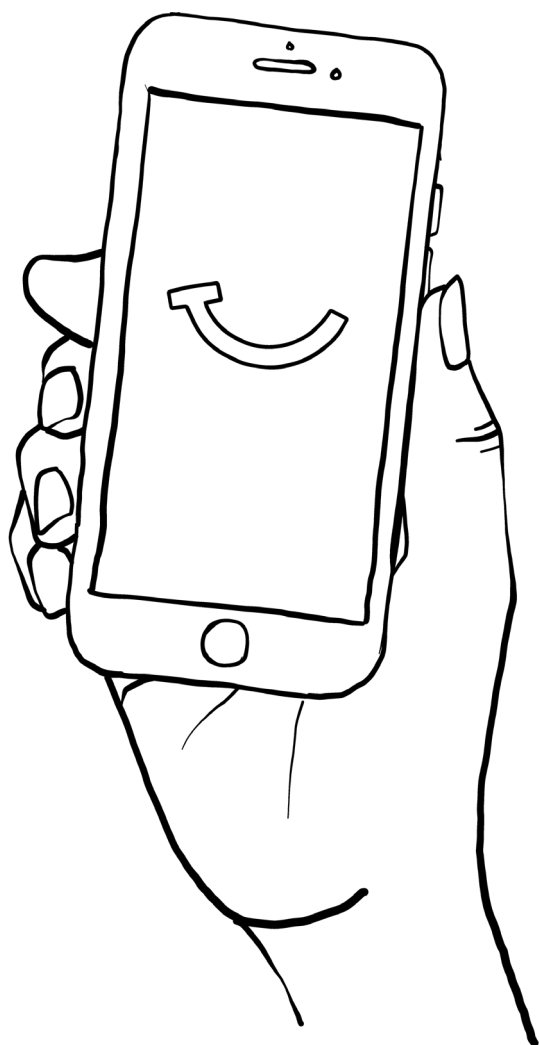
All plan documents including Plan Certificates, Summary of Benefits and ID Cards are available online through our web portal.

1. Access the Members section and click on the Web Portal login. Select REGISTER to create a new account. Accept the Terms and Conditions
2. Fill out your details on the Personal Information. Click NEXT
3. Create a username and password. Select a security question. Click SUBMIT.



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Download the New Dental Select Mobile App



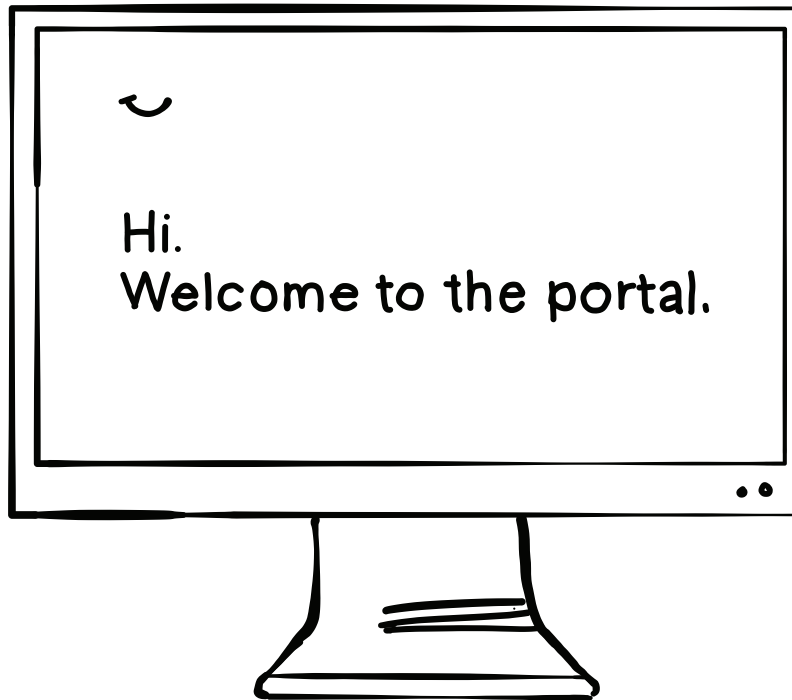
Available for your iOS or Android Device.

- Search to find a dentist in your area
- Quick access to your dental and vision ID cards*
- Instantly email a copy of your ID cards for your dentist's records
- Insured subscriber and covered family members can access



*Initial access requires Member ID, Last Name, Zip Code, and Email Address.

Web Portal Account Access at Your Fingertips



As a member you can:

- Monitor your deductible and maximum
- Track your claims & view EOB's
- View, download, or email temporary ID cards
- Review your plan summary
- Access forms and documents

Connect

- Visit dentalselect.com/portals to sign up.
- Have your Member ID and SSN ready for first time login

For assistance, call Customer Care at 800-999-9789.



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Family Dental Health Tips

Protecting Your Child's Teeth.

The Growing Years

Parents need to supervise tooth brushing to make sure children over age two use only a pea-sized amount of fluoride toothpaste and avoid swallowing the toothpaste.

- Parents should be using floss on their children's teeth as soon as any two teeth touch.
- Cleaning between the teeth removes plaque where a toothbrush can't reach.
- Brush your child's teeth twice a day unless your dentist recommends otherwise.

Early Childhood Tooth Decay

The baby teeth are very important for chewing, speaking and appearance. They also help hold space in the jaws for the permanent teeth. Baby bottle tooth decay is caused by frequent and long exposures of a baby's teeth to liquids that contain sugar, such as milk, formula, or juice.

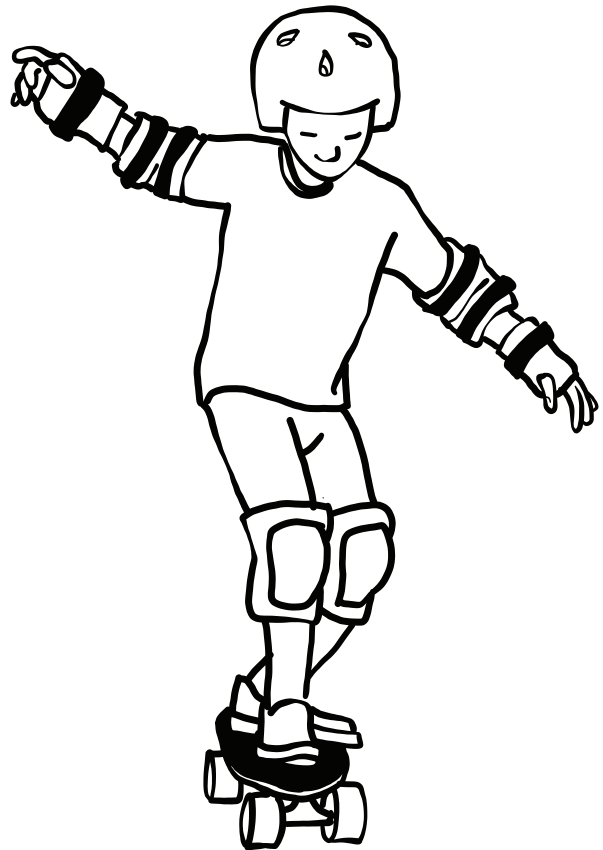
Tips on Avoiding Early Childhood Tooth Decay

1. Never allow your child to fall asleep with a bottle containing a sweetened liquid.
2. After each feeding, wipe the child's gums with a clean cloth.
3. Never give your child a pacifier dipped in any sweetened liquid.
4. Take your child for a first dental visit within six months of the first baby tooth and by no later than the first birthday.

Sealing Out Decay

Thorough brushing and flossing help remove food particles and plaque from smooth surfaces of teeth, but toothbrush bristles cannot reach all the way into the depressions and grooves to extract food and plaque.

- Dental sealants act as a barrier, protecting the teeth against decay-causing bacteria.
- A sealant is a plastic material that is applied to the chewing surfaces of the back teeth (premolars and molars) where decay occurs most often.



Establish Healthy Habits

Practicing healthy eating and drinking habits regularly is essential to keeping your child's teeth strong. By establishing positive health behaviors in the home, you can help prevent oral health problems in the future.

- Allow a balanced diet and good nutrition to maintain healthy teeth and gums.
- Avoid foods with high amounts of added sugars to decrease the amount of tooth decay.
- Maintain daily calcium and vitamin D intake to help with tooth structure and growth.
- Reduce the amount of soft drinks and sugary juices.

For more information visit our website:
dentalselect.com

Or call toll free: 800-999-9789

Family Dental Health Tips

Commonly Asked Dental Health Questions

Our dedicated Customer Care team is located on-site at our corporate headquarters. Ready to help members, providers, and employer groups, our representatives are highly trained to offer friendly support for current and future insurance needs.

What Causes Bad Breath?

If you don't brush and floss daily, particles of food remain in the mouth, collecting bacteria, which can cause bad breath.

- Food that collects between the teeth, on the tongue and around the gums can rot, leaving an unpleasant odor.
- Dentures that are not cleaned properly can harbor odor-causing bacteria and food particles.
- Tobacco products cause bad breath, stain teeth, reduce one's ability to taste foods and irritate gum tissue.
- Tobacco users are more likely to suffer from periodontal disease and are at greater risk for developing oral cancer.

What is Gum Disease?

Also known as periodontal disease, gum disease is an infection of the tissues surrounding and supporting the teeth. It is a major cause of tooth loss in adults. Because gum disease is usually painless, you may not know you have it.

- Gum disease is caused by plaque, a sticky film of bacteria, that constantly forms on the teeth and creates toxins that can damage the gums.
- In the early stage of gum disease, called gingivitis, the gums can become red, swollen and bleed easily. At this stage, the disease is still reversible and can usually be eliminated by daily brushing and flossing.
- In the more advanced stages of gum disease, called periodontitis, the gums and bone that support the teeth can become seriously damaged. The teeth can become loose, fall out or have to be removed by a dentist.

Why Visit a Dentist?

Some people think a dental check-up is time consuming and difficult to fit in their daily schedule. But others realize that even when their teeth aren't bothering them, a visit to the dentist is important.

- During the exam, the dentist checks for signs of tooth decay and oral cancer, examining your tongue, glands and the inside of your mouth.
- The dentist also checks your bite and looks for problems such as teeth grinding and disorders of the jaw joint.
- Your dental hygienist will clean your teeth to remove the plaque left after you brush and floss.



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Poor dental health can knock you out.

Regular dental check-ups can improve your overall health*

Healthy teeth and gums will significantly affect your health by:

Decreasing tooth decay that affects more than 99% of americans over the age of 45 and is currently the most common chronic childhood disease.¹

Preventing gum disease which is linked to cardiovascular disease, strokes, heart attacks and difficulties with diabetes.²

Ensuring early detection of oral cancer and increasing your chance of surviving a disease that claims the life of one person every hour.³

Reducing the risk of pancreatic cancer in men by 59% and significantly reducing the chance of developing gestational diabetes in women.⁴



1 Missing the Mark: Oral Health in America. The Oral Health in America National Grading Project. United States: Fall 2000.

2 United States Department of Health and Human Services, U.S. Public Health Services. Oral Health in America: A Report of the Surgeon General. 2000. Available on the World Wide Web at: <http://www.nidcr.nih.gov/sgr/oralhealth.htm>

3 The Oral Cancer Foundation: Oral Cancer Facts. 2019. Available on the World Wide Web at: <https://oralcancerfoundation.org/facts/>

4 Harvard Health Publishing: Gum disease may signal warning for pancreatic cancer. 2016. Available on the World Wide Web at: <https://www.health.harvard.edu/staying-healthy/gum-disease-may-signal-warning-for-pancreatic-cancer>

Since first opening our doors in 1989, Dental Select has been focused on creating a best-in-class experience for you. For nearly 30 years, we've specialized in providing and administering simple and affordable insurance plans for nearly half a million members across the country. And all of Dental Select's Dental plans are supported by one of the nation's largest provider networks.

Our Commitment to Clients

- Ensure that members have simple access to a provider of their choice
- Continually work to develop innovative product options
- Build a client resource by developing our employees as experts in our industry
- Promote the greatest customer experience by maintaining advanced technology standards
- Communicate and promote flexibility and ease of doing business

Product Options

Dental

Insured	Individual
ASO	Customized
Group	Private Label

Vision

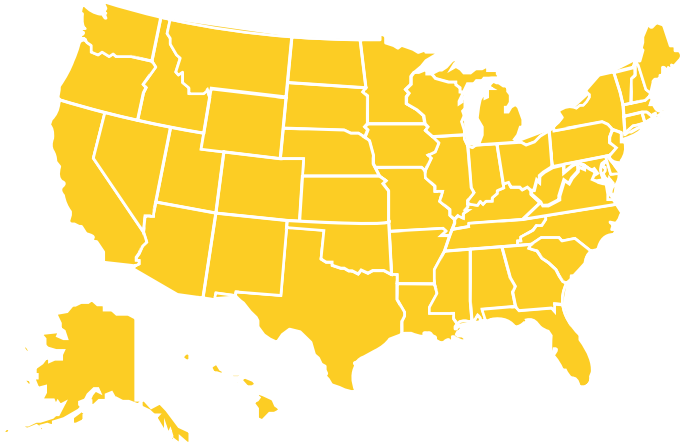
Group	Insured
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Have Questions?

Contact our Customer Care team at 800-999-9789 M-F 7am-6pm MST.

Our highly trained representatives are conveniently located right at our corporate headquarters, so that when needed, they have direct access to our departmental experts.

Access to one of the nation's largest provider networks



All insurance plans are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp. Ameritas is rated A (Excellent) by A.M. Best. Ratings are indication of the company's financial strength and ability to meet obligations to its insureds. Rating is current as of February 2021 and subject to change.

Double your choices with EyeMed + VSP



- Access to providers including leading retail locations
- Online contact and glasses retailers
- Open an average of 10 evening hours and 12 weekend hours each week
- Special Discounts* and features per plan

Download the Dental Select Mobile ID App



Key Terms

Annual Maximum (Max): A maximum dollar amount that a plan will pay toward costs incurred by an individual during the 12 month benefit period.

Claim Form: A standard form most commonly submitted by the dentist that requests a payment of benefits for services provided. Claim forms are also used when requesting a pre-determination of benefits.

Co-insurance: The Insured Subscriber's share of costs for services, usually figured as a percentage of the eligible expense.

Co-pay: The fixed dollar amount required at the time service is rendered.

Deductible: An amount the Insured Subscriber must pay toward the cost of the eligible expenses.

Dependent: Means an Insured's lawful spouse, partner to a civil union or domestic partner; or an Insured's unmarried child, from the moment of birth through the last day of the month in which the child reaches age 26.

A dependent may also include any person related to the Insured Subscriber by blood or marriage and for whom the Insured is allowed a deduction under the IRS.

Effective Date: The date insurance coverage starts.

Eligible Employee: An employee who is eligible for benefit coverage, based on the requirements of their employer's dental plan.

Fee Schedule: A set list of discounted costs per ADA code that a contracted dentist agrees to charge Dental Select patients per procedure.

Insured Subscriber (a.k.a. employee): Means you and your dependents who meet the eligibility requirements of the Policy and for whom the applicable premium has been paid.

Member: Any individual enrolled and covered by a Dental Select plan. Both the Insured Subscriber and the dependent are considered members.

Member ID: A unique number assigned by Dental Select to identify the Insured Subscriber and covered dependents.

Open Enrollment: The period of time when eligible employees and their dependents can enroll or make changes to their Dental Select plan.

Reasonable and Customary or Usual and Customary (a.k.a. R&C or UCR): The usual, customary and reasonable charges for the area where such expenses are incurred.

R&C amounts are determined using a combination of national data and historical submitted claims data from dentists.

Waiting Period: The time period between the effective date of dental coverage and the date when an Insured Subscriber is eligible for benefits.

For additional details please refer to your policy document upon enrollment.



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