

Employee Dental Benefits

Fiore & Sons, Inc.

Your dental benefits help you save money. And you might be surprised at how much more you save when you visit a network provider.

As an Ameritas member, here's what you can expect.



Exceptional network. The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Scan the QR code or visit [ameritas.com](https://www.ameritas.com) - **Find a Health Provider**

to find a new dentist or see if your current provider is in the **Ameritas Classic and Plus network.**

Since 98% of providers stay with Ameritas year after year, it's less likely you'll have to switch dentists to keep seeing a network provider.

If your dentist is not in the network already, just go to [ameritas.com](https://www.ameritas.com), search for "nominate a provider" and complete the online form.

Flexibility. See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

Avoid paperwork. When visiting a network provider, there are no claim forms to submit. Out-of-network dentists may also submit claims as a courtesy. Ameritas can send claim payments directly to in- or out-of-network providers, so you only have to pay your portion. We do not require you to pay the entire amount upfront and wait to be reimbursed.

Here to help

For plan information any time, visit [ameritas.com](https://www.ameritas.com) and sign in to your secure member account. Or download the **Ameritas Benefits app**, available for iOS and Android. Log in with the same user ID and password you use for your secure member account.

If you have questions about your plan benefits, contact the Ameritas customer connections team.

group@ameritas.com | 800-487-5553

You spend less when visiting an in-network provider

	Without insurance	In network	Out of network
Preventive Visit (exam, x-ray, cleaning) Type 1: 100%	\$277	\$0	\$0
Filling Type 2: 90%	\$239	\$10	\$24
Crown Type 3: 60%	\$1,551	\$306	\$620

This is an example of average savings for Ameritas members in ZIP code region 802xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.



Save more with Ameritas. Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements

are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards through your secure account at [ameritas.com](https://www.ameritas.com).



For more information, scan the QR code to view your dental plan video.



Dental Plan Benefits	Low Plan	High Plan
Maximum benefit The total amount insurance will pay per person per benefit year.	\$2,000	\$4,000
Deductible The amount you pay before benefits apply, per person per calendar year.	\$0 Type 1 \$50 Type 2 & 3 \$100 family maximum	\$0 Type 1 \$50 Type 2 & 3 \$100 family maximum
Claim allowance The highest insurance payment allowed for services.	90th U&C	90th U&C
Coverage levels	Insurance coverage per procedure; subject to the maximum, deductible, and allowance.	
Preventive (Type 1) Exams, X-rays, cleanings, space maintainers, fluoride, sealants for children, pre-diagnostic test	100%	100%
Basic (Type 2) Fillings, extractions, root canals, gum disease treatment, anesthesia	90%	90%
Major (Type 3) Crowns, crown repair, onlays, bridges, dentures, denture repair, implants	60%	60%
Orthodontia Lifetime maximum per person	Child coverage 50% \$1,500	Adult and child coverage 50% \$2,500

Orthodontia. Plan payments begin automatically to the party assigned on the claim form, and are made in equal quarterly installments not to exceed two years. This benefit is for initial insureds with no waiting period.

Extra exams and cleanings. Your preventive benefits cover 4 routine exams and 4 cleanings per benefit period, both in and out-of-network.

Preventive Plus. Preventive (Type 1) procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Basic (Type 2) and Major (Type 3) procedures.

In-network claims - Maximum Allowable Charge (MAC) claim allowance. Ameritas network dentists have agreed to charge a contracted fee, which is 25-50% less than their regular rates. After the deductible, the plan pays a percentage of the claim based on the procedure type. You pay the remainder.

Out-of-network claims - Usual and Customary (U&C) claim allowance. Out-of-network providers decide how much they charge per procedure. Ameritas determines what we expect 9 out of 10 out-of-network dentists charge for that service. That is your (90th U&C) claim allowance. The plan pays a percentage of that allowed amount based on the procedure type. You pay the difference between what the plan pays and the dentist's actual charge.