# Victoria ISD

Dental Highlight Sheet



Effective Date: 9/1/2022

Plan 1: Dental Plan Summary

Plan Benefit	
Type 1	100%
Type 2	<mark>60% - 70% -80%</mark>
Type 3	40%
Deductible	\$100 Plan Year - Type 2 & 3
	Waived Type 1
Maximum (per person)	\$1,000 Plan Year
Allowance	U&C
Ameritas Rewards®	Included
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

orthodoritid curinitary crima crity coverage	
Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul> <li>Routine Exams</li> </ul>	<ul> <li>Restorative Amalgams</li> </ul>	<ul> <li>Onlays</li> </ul>
<ul><li>Bitewing X-rays</li></ul>	<ul> <li>Restorative Composites</li> </ul>	<ul> <li>Crowns</li> </ul>
<ul> <li>Full Mouth/Panoramic X-rays</li> </ul>	(anterior and posterior teeth)	Crown Repair
<ul> <li>Cleanings</li> </ul>	<ul> <li>Simple Extractions</li> </ul>	<ul> <li>Endodontics (nonsurgical)</li> </ul>
<ul> <li>Fluoride for Children 18 and under</li> </ul>	<ul> <li>Complex Extractions</li> </ul>	<ul> <li>Endodontics (surgical)</li> </ul>
<ul> <li>Sealants (age 15 and under)</li> </ul>	<ul> <li>Anesthesia</li> </ul>	<ul> <li>Periodontics (nonsurgical)</li> </ul>
<ul> <li>Space Maintainers</li> </ul>		<ul> <li>Periodontics (surgical)</li> </ul>
		<ul> <li>Denture Repair</li> </ul>
		<ul> <li>Prosthodontics (fixed bridge; removable</li> </ul>
		complete/partial dentures)

## **Monthly Rates**

Employee Only (EE)	\$24.88
EE + Spouse	\$48.84
EE + Children	\$64.48
EE + Spouse & Children	\$80.44

## **Ameritas Information**

**We're Here to Help:** 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.

## **Dental Health Scorecard**

You can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

## **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 10% 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. To receive the eyewear savings identification card, Ameritas plan members can visit **ameritas.com** and sign-in to their secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

# Victoria ISD

Dental Highlight Sheet



#### Ameritas Rewards®

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a Contracted Provider
Maximum Carryover	Unlimted	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

#### **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 and Plus Network.

## Pretreatment

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 September 1. If you do not enroll during your company's open enrollment period, you will be subject to the Late Entrant Provision.

#### 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.

#### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## **Dental Cost Estimator**

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. 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.

## Worldwide Support

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. 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 collect by dialing 1-312-935-3727.

## Language Services

We recognize the importance of communicating with our growing number of multilingual customers. 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.

## **Incentive Coinsurance**

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level. If a plan member fails to have at least one dental claim submitted during any benefit year, he or she will revert back to the beginning coinsurance benefit. If that happens, members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim each benefit year.

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.