

# Here's a Great Dental Offer!

Exclusive Offer for



Members

# Enroll Today!

## 877-473-6031

RESIDENTS OF ALASKA, ARKANSAS, LOUISIANA, MAINE, MARYLAND, NEW HAMPSHIRE, NEW YORK, NORTH CAROLINA AND RHODE ISLAND ARE NOT ELIGIBLE FOR THE ASA DENTAL PROGRAM THROUGH AMERITAS GROUP.

RESIDENTS OF NEVADA, NEW JERSEY AND MASSACHUSETTS ARE ELIGIBLE FOR A DIFFERENT VERSION OF THE PROGRAM THAN THE ONE DESCRIBED HERE. PLEASE SEE THE BROCHURE SPECIFICALLY DESIGNED FOR NV/NJ/MA.

## ABOUT AMERITAS

The group division of Ameritas Life Insurance Corp. has served customers since 1959 and today provides dental, vision and hearing care products and services for nearly 110,000 employer groups, insuring or administering benefits for more than 5.4 million people nationwide. Ameritas has one of the largest PPO dental networks in the country with more than 303,000 access points. Its customer service claims contact center has earned BenchmarkPortal's prestigious Center of Excellence certification for six consecutive years (2007-2012). In New York, products are offered through Ameritas Life Insurance Corp. of New York.

- A (Excellent) by A.M. Best Company. For financial strength and operating performance. The third-highest of Best's 15 ratings.
- A+ (Strong) by Standard & Poor's. For insurer financial strength. The fifth-highest of S&P's 21 ratings.

## DENTAL REWARDS®

Only Plan 1 includes the exciting feature of Dental Rewards. This feature rewards insureds who visit the dentist and use only a specified portion of their annual maximum benefit in a year. With its increasing annual maximum feature, each qualifying insured employee and dependent earns additional money towards his/her next year's annual maximum.

Annual Maximum for Preventive, Basic and Major Procedures	<b>\$ 1000</b>
Annual Benefit Threshold (not exceeding this amount)	<b>\$ 500</b>
Annual Carry Over/Reward Towards Next Benefit Year	<b>\$ 250</b>
Next Benefit Year's Annual Max Plus Carry Over/Reward	<b>\$ 1250</b>
Maximum Carry Over/Reward (additional accumulation toward annual maximum)	<b>\$ 1000</b>

Insured members have the freedom to choose any dentist. Voluntary use of the Ameritas PPO network can help reduce costs. To look up a dentist, simply go to: [www.ameritasgroup.com](http://www.ameritasgroup.com).

## PRESCRIPTION SAVINGS

Automatically included on all plans, this feature lets you and your covered dependents (even your pets) save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount, which is not insurance, is offered at no additional cost. To receive the Walmart Rx discount, members just need to visit [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account. Once signed in, members can print an online-only Rx discount savings ID card to use at Walmart and Sam's Club pharmacies.

Benefit exclusions and limitations apply to this dental benefit plan, which is underwritten by Ameritas Life Insurance Corp. This highlights brochure is not a contract, certificate of insurance or guarantee of coverage. Full details about waiting periods, exclusions and limitations that may apply are in the policy or certificate. *Covered Expenses will not include and no benefits will be payable for expenses incurred:*

### All Plans

■ for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic. ■ for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth. ■ for any procedure begun before the plan member was covered under the dental expense benefit. ■ for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates. ■ to replace lost or stolen appliances. ■ for appliances, restorations, or procedures to: • alter vertical dimension; • restore or maintain occlusion; • splint or replace tooth structure lost because of abrasion or attrition. ■ for any procedure which is not shown on the Table of Dental Procedures. ■ for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit. ■ for charges for which the plan member is not liable or which would not have been made had no insurance been in force. ■ for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care. ■ because of war or any act of war, declared or not. ■ for any procedure except exams, cleaning and fluoride applications for the first 24 months when a member or dependent becomes classified as a late entrant. If a member or dependent does not enroll within 31 days from the date the person qualifies for the insurance or who elected to become covered again after canceling a premium contribution agreement will be classified as a late entrant. ■ to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.

**Alternate Benefit Provision.** At times, two or more procedures are considered adequate and appropriate treatment. In this case, the benefit will be based on the charge for the least expensive procedure.



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## INTRODUCING A DENTAL PLAN WITH BIG BENEFITS.

Thanks to the purchasing power of ASA, members can now benefit from the kind of quality dental coverage and pricing typically reserved for large groups. The program was specifically designed for ASA and its members by Ameritas Life Insurance Corp. and is underwritten by Ameritas Life, one of the leading dental carriers in the nation.

COVERAGE	MONTHLY PREMIUM*		
	Plan 1	Plan 2	Plan 3
Member	\$49.96	\$34.72	\$29.96
Member + 1	\$96.68	\$67.16	\$59.56
Member + 2 or more	\$139.80	\$97.08	\$86.12
<b>DENTAL PLAN DESIGN</b>			
<b>TYPE 1 PREVENTIVE</b> NO DEDUCTIBLE, NO ELIMINATION PERIOD	<b>100%</b>	<b>100%</b>	<b>100%</b>
Evaluations Once every six-month period			
Cleanings Allowed once in a six-month period			
Fluoride for Children			
Radiographs X-rays			
Bitewings			
Sealants (Plans 1 and 2 only)			
<b>TYPE 2 BASIC</b> \$50 CALENDAR YEAR DEDUCTIBLE, NO ELIMINATION PERIOD	<b>80%</b>	<b>80%</b>	<b>80%</b>
Restorative Amalgams			
Oral Surgery Simple Extractions			
Denture Repair			
Sealants (Plan 3 only)			
<b>TYPE 3 MAJOR</b> \$50 CALENDAR YEAR DEDUCTIBLE, NO ELIMINATION PERIOD	<b>50%</b>	<b>25%</b>	<b>N/A</b>
Oral Surgery Complex Extractions			
Anesthesia			
Crowns			
Endodontics Root Canals			
Periodontics Gum Disease			
Prosthodontics Fixed Pontics or Abutments Removable Dentures, Partials			
Internal Maximum (only applies to Type 3)	<b>N/A</b>	Eligible benefits up to \$500	<b>N/A</b>
<b>ANNUAL MAXIMUM</b>	<b>\$1000 + DENTAL REWARDS®</b>	<b>\$1000</b>	<b>\$1000</b>

### CLAIM ALLOWANCES FOR COVERED PROCEDURES

IN-NETWORK BENEFITS Contracted Fees	OUT-OF-NETWORK BENEFITS MAB
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- MAB (Maximum Allowable Benefit): Out-of-network benefits are paid according to the Maximum Allowable Benefit for each procedure, which is an amount derived from a blending and discounting of submitted provider charges within a ZIP Code area.
- Claim allowances are revised annually and are subject to change throughout the year, possibly resulting in minor adjustments to claim allowances and out-of-pocket costs.

\*Rates valid through 5/1/2015.