

**Dental Insurance...Something to Sink Your Teeth Into
Dental Highlight Sheet**



**Delaware County
PLAN HIGHLIGHT**

Effective Date 01/01/2006

Coinsurance (Plan Pays)

Type 1 Procedures	100%
Cleanings (twice in a Benefit Period), Exams (twice in a Benefit Period), Fluoride for Children (age 13 and under), X-Rays, Bitewings, Other Procedures	
Type 2 Procedures	70-80-90-100%
Sealants (age 13 and under), Amalgams, Oral Surgery - Simple Extractions, Root Canals, Gum Disease - Non-Surgical, Other Procedures	
Type 3 Procedures	50%
Space Maintainers for Children, Anesthesia, Oral Surgery - Complex Extractions, Apicoectomy, Gum Disease - Surgical, Crowns, Dentures, Bridges, Onlays, Other Procedures	

Deductible Amounts

Type 1 Procedures	
Deductible Waived for Type 1 Procedures	\$0
Type 2 Procedures	
Lifetime-Per Person	\$50
Type 3 Procedures	
Calendar Year-Per Person	\$50

Maximum

Type 1, Type 2 and Type 3 Procedures	
Calendar Year-Per Person	\$1000
Carry Over Amount - Per Person - Each Benefit Period.....	\$250
PPO Bonus - Per Person - Each Benefit Period.....	\$100
Benefit Threshold - Per Person - Each Benefit Period	\$500
Maximum Carry Over Amount	\$1000

*** Effective January 1, 2006:** We are pleased to announce that the annual dental maximum benefit has been enhanced with a feature called **Dental Rewards!** Here is how it works. . . if you file at least one dental claim during the calendar year and your benefits paid are less than \$500 for the year, you will qualify for a reward of a \$250 increase in your annual maximum the following calendar year. With PPO plans, if the insured visits a PPO provider at least once during the benefit year, he or she earns an additional PPO Bonus of \$100. This continues until you reach a total reward of \$1,000. The award amount is available to use in future years in addition to your \$1,000 calendar year maximum. The award amount is available to use in future years in addition to your \$1000 calendar year maximum. The total Dental Reward amount earned is reduced by any amount used in any year. Note: Orthodontia procedures are excluded from Dental Rewards as they have their own maximum benefit.

ALLOWANCE TABLE

Type 1 Procedures	PPO IN-NETWORK	OUT-OF-NETWORK
Type 2 Procedures	Contracted Fee	U&C at 90%
Type 3 Procedures	Contracted Fee	MPA
	Contracted Fee	MPA

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Ameritas Life Insurance Corp.

Founded in 1887 and known as Bankers Life Nebraska for our first 100 years, Ameritas is one of the leading dental carriers in the nation. Ameritas Life Insurance Corp.'s successful performance during the past 100 years has resulted in high ratings from those who determine and monitor the standard for our industry. Ameritas continues to earn straight-A ratings from independent rating analysts.

There is no reason for poor dental health. With all the advances in dental care, regular checkups and proper dental maintenance, no one should suffer from tooth decay or dental disease. By participating in the **Ameritas** dental program, your employees have the opportunity to make regular checkups much easier and less costly.

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-487-5553. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for dental procedures being considered.

Guarantee Date

The guarantee date for this plan is January 1, 2006.

Late Entrant Provision

If an employee or dependent does not elect to participate when initially eligible, and elects to participate at the policyholder's next annual election period, they will become a Late Entrant. Late Entrant benefits will be limited to exams, cleanings and fluoride applications for the first 12 months.

PPO Information

Utilize our website to access PPO locations at ameritasgroup.com. Click on "Find a Provider" on the top of the screen for step-by-step instructions.

Pretreatment

Please note that we do not require the filing of a pre-authorization form. However, **we recommend** that as smart, aware consumers, you request your dentist file for a pre-treatment estimate with the claim office for any suggested work of **\$200** or more, **before the work is done**. The paperwork will be processed and a copy returned to you and the dentist so that both parties will know the exact amount of benefits payable and any remaining financial obligation.