



Ameritas Edge Individual Dental Plans A & B

Ameritas Edge Individual Dental Plan A & B

benefits and rates

Plan Benefits

Plan A

Plan B

Standard Benefits ¹	Benefit Year			Benefit Year	
	1	2	3+	1	2+
TYPE 1 Preventive Procedures: Exams, X-rays, cleanings, fluoride (under age 19), sealants, space maintainers Benefit Year Deductible Plan Benefit	\$50 80%	\$50 80%	\$50 80%	\$40 80%	\$40 80%
TYPE 2 Basic Procedures: Simple extractions, fillings Benefit Year Deductible Plan Benefit	not covered	\$50 60%	\$50 60%	not covered	\$40 60%
TYPE 3 Major Procedures: Surgical extraction, bridges, crowns, dentures, root canals, periodontics Benefit Year Deductible Plan Benefit	not covered	\$100 25%	\$100 50%	not covered	not covered
Benefit Year Maximum Type 1, 2 and 3	\$1,000	\$1,000	\$1,000	\$750	\$750
Orthodontia Benefits: (under age 19) Lifetime Deductible Plan Benefit Lifetime Benefits Orthodontia Only	Not Covered	Not Covered	\$100 50% \$1,000	Not Covered	Not Covered

¹ See policy/certificate for complete coverage details and limitations.

Some benefits may be increased in Alaska, Connecticut, Illinois and Ohio as a result of state requirements. Benefit year maximums are calculated for each year from policy effective date.

Plan A

Area	Individual Only	Individual & One Dependent	Individual & Family
1	\$28.40	\$54.60	\$98.90
2	31.30	59.90	108.80
3	33.30	63.80	115.70
4	34.90	67.10	121.70
5	36.90	70.90	128.60
6	40.60	77.90	141.40
7	44.30	85.10	154.20
8	47.90	92.40	167.10

Plan B

Area	Individual Only	Individual & One Dependent	Individual & Family
1	\$21.90	\$41.90	\$76.90
2	24.20	46.20	84.70
3	25.70	49.10	90.10
4	26.90	51.70	94.70
5	28.60	54.60	100.10
6	31.30	59.90	109.90
7	34.20	65.50	119.90
8	36.90	70.90	130.10

Rates good through May 1, 2017.

Members have a choice of payment options. There is a \$3 fee per collection and a one-time application fee of \$25, where applicable.

Plan Highlights

- Choice of plans: Plan A or Plan B
- Members can choose any dentist
- Primary insured issue age 18 or older
- Optional dependent spouse and child(ren) coverage
- Immediate coverage for preventive procedures
- Benefits up to \$750 or \$1,000 per benefit year based on plan selected
- \$1,000 lifetime orthodontia benefits for covered dependent children under age 19 (Plan A only)

Member Savings

Plan members may receive additional savings that can reduce out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials)
- Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required)

Answers

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone over the age of 17 who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state requirements.

Can I see the dentist I have now?

Yes, you are always free to visit the dentist of your choice. The Ameritas dental network has more than 360,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided. Find an Ameritas provider at ameritas.com.

How do I apply?

Contact your agent for an application and Outline of Coverage. To preview a sample of the policy, please send an email request to agentservices@ameritas.com with Ameritas Edge Individual in the subject line.

Are my rates guaranteed?

Your rates are guaranteed for 12 months following your plan's effective date. After that, you will receive at least 30 days notice (more if required by state law) if your rates change.

When will my policy be effective?

Your policy will be effective on the first day of the month following the approval of your application and collection of your first month's premium.

What if I want to cancel the policy?

Once a cancellation request is received, the policy will be cancelled the later of the first day of the following month or the requested cancel date (must be the first day of a month).

What if I have more questions?

Please contact your insurance agent.

Area Classifications

State	Area	State	Area	State	Area
Alabama		Indiana		New Jersey	
358 2		460, 464, 466,		074, 076, 079 7	
All Others 1		475-477 3		070, 078, 085,	
Alaska 8		All Others 2		086, 088 6	
Arizona		Iowa		075, 077, 082,	
851, 852,		503-506, 509-514,		084, 087, 089 5	
860, 863, 865 2		516, 520,		All Others 4	
All Others 1		522-528 3		North Carolina	
Arkansas 1		All Others 1		282, 288 5	
California		Kansas 2		270-275, 277 4	
913, 931, 940,		Kentucky		280, 281, 286,	
941, 943, 944,		403, 405, 406,		287, 289 3	
950, 951 8		419, 427 2		All Others 2	
900, 902-912,		All Others 1		North Dakota 2	
914-916, 919, 920,		Louisiana		Ohio	
926-930, 939, 942,		700, 711 2		440 3	
945-949, 953, 954,		All Others 1		430-432, 434-439,	
956-958, 961 7		Maine 4		442, 443, 446-449,	
All Others 6		Michigan		455, 456, 458 2	
Colorado		480-483, 485, 489,		All Others 1	
800, 802,		493, 496-499 4		Oklahoma 1	
803, 805 5		All Others 3		Oregon	
801, 804,		Minnesota		970-975 6	
807, 808, 816 4		551, 554 4		All Others 5	
All Others 3		550, 553, 555-558,		Pennsylvania 3	
Connecticut 6		560, 562, 564,		Rhode Island 6	
Delaware		566, 567 3		South Carolina 2	
198 6		All Others 2		South Dakota 2	
All Others 4		Mississippi 1		Tennessee 1	
District of Columbia 4		Missouri		Texas	
Florida *		631, 651 3		753, 760-762 3	
Georgia		630, 633, 634, 636,		750-752, 763,	
300, 303, 311 4		637, 640, 641, 645,		764, 770, 772,	
301, 302, 304-307,		647-650, 652,		777, 787, 791 2	
315, 317, 399 2		656-658 2		All Others 1	
All Others 1		All Others 1		Utah 4	
Hawaii 6		Montana 2		Vermont 3	
Idaho		Nebraska		West Virginia 1	
835-837 4		680, 681, 684,		Wisconsin	
All Others 3		685, 687-691 2		530, 534, 537,	
Illinois		All Others 1		543, 544 5	
600-603, 606 4		Nevada		531, 545, 549 4	
604, 605, 607,		891, 894-897 4		532, 535, 539,	
608, 627 3		All Others 3		540, 546, 547 3	
611, 613, 614, 617,		New Hampshire 5		All Others 2	
620, 625, 626 2		Wyoming 2			
All Others 1					

* Special brochure required.

Please check for availability in your state.

Plan Details

Ameritas Dental Network (where available): With our dental plans, members can receive care from any dentist they choose. However, with one of our dental network providers, their out-of-pocket costs almost always will be less. That's because these providers agree to charge a discounted network fee—known as the MAC or Maximum Allowable Charge—for each covered procedure.

Out-of-network benefits are based upon the 75th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).

Worldwide Support

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist members while traveling abroad. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

What is not covered by the policy?

Covered expenses will not include and benefits will not be payable for expenses incurred:

- (For Plan A) for Type 2 and 3 procedures in the first 12 months the person is insured.
(For Plan B) for Type 2 procedures in the first 12 months the person is insured. Type 3 procedures are not included under this benefit provision.
- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- 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 insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.

- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion; or
 - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- (For Plan A) for orthodontic treatment under the following provisions:
 - for treatment begun on or after the insured's 19th birthday;
 - for treatment begun before the insured became covered under this section;
 - before the insured has been insured under this section for at least 24 consecutive months;

(For Plan B) orthodontic treatment is not included under this benefit provision.

- for which the insured person 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 insured person 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.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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