



# Dental Plan Options



The Ameritas plan options fit your dental needs backed by one of the largest dental networks nationwide and award winning service. Ranked as the best dental insurance company for seniors by Forbes Advisor. 4.5 of 5 caller satisfaction score. Network providers have agreed to charge 25-50% less than their regular rates, which can lower your out-of-pocket costs.

## Plan Highlights:

- No enrollment fees or waiting periods
- Additional savings by going in-network
- Discounted fees
- Designed for those who will visit an Ameritas Classic (PPO) network provider
- Rates based on ZIP Code, not by age or gender
- Preventive Plus: Type 1 Preventive procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Type 2 and 3 procedures.



Plan details	Premium Dental Plan		Plus Dental Plan		Preventive Dental Plan	
	Day one	After year one	Day one	After year one	Day one	After year one
<b>Dental maximum benefit</b> Per person per benefit year	Up to <b>\$2,500**</b> The annual maximum benefit day one is \$1,500. After year one, the maximum increases to \$2,500.		Up to <b>\$2,000**</b> The annual maximum benefit day one is \$1,000. After year one, the maximum increases to \$2,000.		Up to <b>\$1,000**</b>	
<b>Deductible</b> Per person per benefit year	<b>\$50*</b>		<b>\$50*</b>		<b>\$50*</b>	
<b>Preventive (Type 1)</b>	<b>100%</b> in-network		<b>100%</b> in-network		<b>100%</b> in-network	
Applies to:	Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays		Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays		Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays	
<b>Basic (Type 2)</b>	<b>70%</b> in-network	<b>80%</b> in-network	<b>65%</b> in-network	<b>80%</b> in-network	<b>50%</b> in-network	<b>80%</b> in-network
Applies to:	Fillings & Simple Extractions		Fillings & Simple Extractions		Fillings	
<b>Major (Type 3)</b>	<b>20%</b> in-network	<b>50%</b> in-network	<b>15%</b> in-network	<b>50%</b> in-network	<b>10%</b> in-network	<b>20%</b> in-network
Applies to:	Crowns, Root Canals, Oral Surgery, Dentures, Bridges, Implants, Periodontics, Panoramic X-rays		Crowns, Root Canals, Oral Surgery, Dentures, Bridges, Implants, Periodontics, Panoramic X-rays		Crowns, Root Canals, Oral Surgery, Simple Extractions, Dentures, Bridges, Periodontics, Panoramic X-rays	

\*\$50 deductible per person for Basic and Major services combined, with a maximum of three deductibles per family.

\*\*Maximum benefit applies to Basic and Major services combined.

Plan availability varies by state. Contact [1-800-441-4411](#) for more information.

# How to Enroll:

Our easy enrollment was built with you in mind.

## Here are the 4 easy steps to getting enrolled:

1. **Visit**
2. **Choose your preferred plan**
3. **Enter your personal information**
4. **Submit payment**

Questions? Contact: **Andrea at EBS**  
**(833) 443-1942 (or) Contact the**  
**EBS - TLC Retiree Service Center**  
**(833) 469-0515 (Mention IAM when calling)**



## Minimum info needed:

- ZIP Code
- Do you need dental coverage?
- Do you need vision coverage?
- How many need coverage?

The Ameritas Dental (PPO) Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs. Find a contracted network provider near you. You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Use the **dental cost estimator** to find average procedure charges in your area. The estimates do not include network discounts or plan benefits. This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

*The claim allowance is the MAC in-network and the MAB out-of-network. MAB represents the lowest fee negotiated with providers.*

## Dental Limitations and Exclusions

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

- For any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- 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 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 (except in CA & KY).
- 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.

Marketed By:



Underwritten By:



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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