



Ameritas dental coverage

Affordable, ACA-compliant dental plans for FirstCare Health Plans medical plan members

Pediatric Dental Essential Health Benefits (EHB):

Pediatric dental EHB are included in 10 benefit categories that medical carriers must offer to small employers under the Affordable Care Act. EHB, typically for persons under age 19, are subject to consumer protections, including no annual or lifetime limits and an established member out-of-pocket maximum.

Health Care Reform

We want consumers to be aware that tax penalties can potentially be incurred if applicable consumers do not have an Essential Health Benefit plan that complies with the Affordable Care Act (ACA). Ameritas dental plans include these ACA-compliant dental benefits.

Ameritas teamed up with FirstCare Health Plans to help you offer your employees the best benefit for their premium dollar.

Traditional Dental meets Pediatric Dental

- coverage for the whole family, including state certified pediatric dental coverage for members of the pediatric age
- maintain solid traditional dental plan elements and add pediatric dental benefits—we'll compare each submitted pediatric dental claim and pay the better coverage between the traditional and pediatric plans for members of the pediatric age
- a separate dental deductible so members don't have to meet a medical deductible before dental benefits are paid



Ameritas offers many dental and vision plan options. This brochure features two plans. D4 is a basic plan with adult and pediatric dental coverage. D5 is more robust and also includes pediatric dental coverage. We also offer Fusion plans that provide multiple benefits including dental, vision and hearing care. **Please contact your broker or visit the FirstCare HealthConnect portal to view other plan designs available.**

D4 with Passive 70 – Adult Preventive Plan with Pediatric Dental		
Plan Benefit	Adult Dental Plan	Pediatric Dental Plan
Type 1	100%	100%
Type 2	50%	55%
Type 3	Not Covered	35%
Deductible	\$10/visit Type 1, 2 No Family Maximum	\$75/Calendar Year Type 1, 2, 3 No Family Maximum
Annual Maximum	\$500	
Out of Pocket Maximum – per child		\$350
Multi-child Out of Pocket Maximum		\$700
Allowance	75th U&C	75th U&C
Waiting Period	None	None

Monthly Rates	
Employee Only	\$12.44
Employee + Spouse	\$23.88
Employee + Children	\$51.54
Employee + Spouse & Children	\$62.98

Minimum employer contribution is 25% of the Employee Only Premium to enroll in coverage. Minimum enrollment is the greater of 60% or 2 enrolled employees. Rates good through December 31, 2017

Sample Procedure Listing – Adult Plan D4	
Type 1	Type 2
Routine Exam (2 per benefit period)	Full Mouth/Panoramic X-rays (1 in 5 years)
Bitewing X-rays (1 per benefit period)	Periapical X-rays
Cleaning (2 per benefit period)	Space Maintainers
	Restorative Amalgams
	Restorative Composites (anterior and posterior teeth)
	Simple Extractions

Sample Procedure Listing – Adult Plan D5		
Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Restorative Amalgams	Space Maintainers
Bitewing X-rays (1 per benefit period)	Restorative Composites	Onlays
Full Mouth/Panoramic X-rays (1 in 5 years)	Simple Extractions	Crowns (1 in 10 years per tooth)
Periapical X-rays		Crown Repair
Cleaning (2 per benefit period)		Endodontics (non-surgical)
		Endodontics (surgical)
		Periodontics (non-surgical)
		Periodontics (surgical)
		Denture Repair
		Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
		Complex Extractions
		Anesthesia

Sample Procedure Listing – Pediatric Passive 70		
Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Restorative Amalgams	Endodontics (non-surgical)
Bitewing X-rays (2 per benefit period)	Restorative Composites	Endodontics (surgical)
Full Mouth/Panoramic X-rays (1 in 3 years)	Periodontics (non-surgical)	Periodontics (surgical)
Periapical X-rays	Denture Repair	Crowns (1 in 5 years per tooth)
Cleaning (2 per benefit period)	Simple Extractions	Crown Repair
Fluoride for Children 18 and under (2 per benefit period)	Complex Extractions	Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
Sealants (age 16 and under)	Anesthesia	Onlays
Space Maintainers		



our flexibility, your freedom

The Ameritas plans for FirstCare members are simple and straightforward.

- members visit any dental and/or vision provider they choose, pay the provider and then submit a claim to Ameritas within 90 days for reimbursement
- they can take advantage of discounted fees by choosing to visit an Ameritas dental network provider

Members don't have to see an Ameritas network provider, because we want them to have the freedom to choose, but it could save them out of pocket costs. With one of the largest dental provider networks in the nation, finding a provider in our network is an easy choice. Use our Ameritas Provider Locator app or visit ameritas.com and click on Find a Provider for more information, or to see if a specific dentist is in our network.

Added Savings

We know there are a lot of needs competing for limited dollars, so we want to help our members save on eyewear and prescription medications (even for pets) through Walmart and Sam's Club pharmacies.

- save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center
- save on hundreds of generic drug prescriptions at the everyday low price of \$4
- save 40% on other generics
- save 10-15% on most name-brand drug prescriptions
- save even more money and time through convenient home delivery and mail order service

Online Convenience for Plan Administrators

- enroll employees, change or terminate employee coverage in real time, order a bill and pay online
- view employee effective dates, coverage levels and more
- easily view or print the policy and certificates
- for more information, see our eServices demo at ameritas.com – Account Access – Dental/Vision/Hearing

Online Convenience for Members

Members can easily access the information important to them, including:

- benefit summary
- claims forms, status and details
- electronic certificates and electronic explanation of benefits
- network provider directory
- frequently asked questions, glossary and more

We understand health care reform has given us some new frequently used terms. Here's what they're saying.

Out of Pocket Maximum:

The out of pocket maximum is the most a member will pay in coinsurance for pediatric dental essential health benefits (EHB) in a benefit period before this plan begins to pay 100% of covered services in network. Expenses accumulated toward this limit do not include premium, charges in excess of the allowed amount or for non-covered services, including services not fully reimbursed due to contractual limitations such as frequency limitation or alternative benefit provision.

Multi-Child Out of Pocket Maximum:

The multi-child out of pocket maximum is the most a family will pay in coinsurance for pediatric dental EHB in a benefit period before this plan begins to pay 100% of covered services in network. When the combined expenses accumulated for covered services meets the multi-child out of pocket maximum all remaining out of pocket maximums for that family will be waived. Once any one individual meets his or her individual out of pocket maximum we will pay 100% of covered services in network for that individual. In Idaho, Montana and Texas, in and out of network expenses apply towards maximum out of pocket amounts.

Medically Necessary Orthodontia:

For orthodontia, medically necessary relates to serious medical conditions such as cleft lip or cleft palate (as defined by state).

The pediatric dental plans offered to FirstCare members include medically necessary orthodontia benefits with a 50% plan benefit coverage. The out of pocket maximum is combined with the pediatric dental out of pocket maximum.

Usual and Customary (U&C) 75th:

The claim allowances for covered procedures provided by a non-participating provider are based on U&C 75th in the area where service is rendered. That means 7.5 out of 10 charges for a procedure will fall within this range. The member must pay the difference between the plan payment and the provider's actual charge. In network, providers must charge in accordance with the dentist's contracted fee. The member pays the difference between the plan payment and the provider's contracted fee, so when visiting a network provider, the member's out of pocket expenses are almost always less.

about Ameritas

The group division of Ameritas has served customers since 1959 and today provides dental, vision, and hearing care products and services for more than 6.4 million people nationwide.

How We Rate

- A.M. Best Company rates Ameritas A (Excellent) for financial strength and operating performance. This is the third highest of A.M. Best's 15 ratings.
- Standard & Poor's rates us A+ (Strong) for insurer financial strength. This is the fifth highest of Standard & Poor's 21 ratings.

Great Service

Our friendly, well-trained service representatives are here to help. We know it's not an 8:00 to 5:00 world, so we have a customer connections team available Monday – Thursday 7:00 a.m. to midnight and Friday 7:00 a.m. to 6:30 p.m., Central Time.

We pride ourselves on providing excellent customer service. Our contact center has earned BenchmarkPortal's Center of Excellence certification every year since 2007. In 2014, we also achieved Top 100 status in BenchmarkPortal's small centers category.

Ameritas pediatric dental EHB are certified in Texas, and proof of state certification is supplied to policyholders. For more information on the Affordable Healthcare Act, visit ameritas.com and go to Businesses and Groups.

**Contact your broker to sign up.
You can also reach Tiffany Kaiser
or Phyllis Palmer at 800-256-9282.**



This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations or a complete list of covered procedures. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

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