

need a plan?

my dental plan[®] for individuals

- Single or family
- Freedom to see any dentist
(save with PPO where available)
- Certified excellence in claims service
- If you qualify for takeover, no waiting periods (see details, last page)
- A plan that includes vision
- Non-insurance discount on prescriptions



Start your first career, or start over. Work your dream job, or retire to live your dream. Get an education. Begin a family. Launch your own business.

Whether you're settled in or setting out on a new adventure, you still need your dental plan to be there for you.

with My Dental Plan it's all yours:

- **INDEPENDENCE** – since plan availability is not tied to your job, getting benefits through your employer is not your only chance to have affordable coverage.
- **SECURITY** - your protection is not automatically lost if you change jobs, lose your job or retire. And it can't be taken away just because you reach a certain age.
- **CHOICE** – three plan options let you select the level of coverage that's right for you.
- **EXTRAS** - one plan offers a vision benefit along with your dental benefits. And all plans let 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.

protect what's yours

Do you want your smile to look its best? Want to do what you can now, to help prevent expensive dental work later? Regular exams and cleanings from your dentist help teeth and gums stay healthy. And we keep hearing about the growing body of evidence linking our oral health with our general health.

It's easier to get the care we need when we have a plan to help cover the cost. People without dental insurance are 2.5 times less likely to visit the dentist than those with coverage, revealed a 2007 National Association of Dental Plans survey. And lately the traditional model – relying on employer-sponsored benefits – doesn't always fit the world we live in.

That's why it's good to have a plan.

“annual” = calendar year

My Dental Plan options		Plan 1	Plan 2	Plan 3
annual maximum benefit		\$500	\$1,000	\$1,500
Dental Rewards® and PPO bonus	Threshold Amount	\$250	\$250	\$500
	Annual Reward	\$125	\$125	\$250
	Maximum Reward (including PPO bonus)	\$500	\$500	\$1,000
Where PPO is available, if you qualify for your Annual Reward by seeing an Ameritas PPO dentist, we'll add a \$50 PPO bonus amount to your Annual Reward.		Boost your annual maximum benefit by submitting at least one dental claim each year and keeping your total benefits received for the year at or below the Threshold Amount . You will “earn” an Annual Reward that you carry over to increase your annual maximum benefit available the next year. Accumulate rewards up to the total Maximum Reward amount. If no dental claims are submitted during a year, no rewards are earned and accumulated rewards are lost. But you can begin building rewards again the very next year.		
No waiting periods if you were covered by another dental plan within 30 days of the date we receive your application. See takeover benefits answer, next page, for details.				
waiting periods		preventive - none basic - 6 months	preventive - none basic - 6 months major - 12 months	preventive - none basic - 6 months major - 12 months
annual dental deductible (per person)		\$50	\$50	\$50
coinsurance (plan pays*)	preventive (type 1) • exams/cleanings (once annually Plans 1 & 2; twice annually Plan 3) • fluoride treatment under age 14 (once per plan year) • bitewing films (once per plan year) • full mouth series or panoramic x-ray (once every 5 years)	80%	100%	100%
	basic (type 2) • amalgams & resin restorations (fillings) • simple extractions • sealants (under age 14)	50%	50%	80%
	major (type 3) • space maintainers • root canals • surgical endodontics • periodontal procedures • surgical extractions • general anesthesia • crowns	not covered	50%	50%
vision benefit (Plan 3 only)		Included with Plan 3 only. A \$100 benefit that you may use for exams, frames, lenses or contact lenses from the vision provider of your choice. In addition, if you purchase Plan 3, you will receive a vision ID card that explains how to access discounts on eye exams and products. If you choose to use your vision benefit, it is deducted from the total annual maximum allowed for dental benefits. If you use your plan's entire annual maximum benefit for dental care, no vision benefit will be available that year.		

**Claim allowance, or plan payment, in network, all plans:* When you visit an Ameritas PPO network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Charge (MAC). The MAC is the network provider's contracted fee, derived and discounted from the array of provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the network dentist's contracted fee.

**Claim allowance, or plan payment, out of network, all plans:* When you visit a non-network provider, the amount allowed for each covered procedure is based on the Maximum Allowable Benefit (MAB). The MAB is derived from a blending and discounting of submitted provider charges within a particular ZIP Code area. It is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area. You pay the difference between the plan payment and the dentist's actual charge.

answers

Does My Dental Plan offer takeover benefits?

If you were previously covered under a dental plan, you may be eligible for takeover benefits, which means waiting periods are waived. You will be asked to complete and submit a replacement form, plus provide an evidence of coverage letter from your prior carrier. The letter must include a termination date of the prior plan that is no more than 30 days prior to the date we receive your application for coverage.

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

Can I see the dentist I have now?

Yes, you are always free to visit the dentist of your choice. The Ameritas PPO network has more than 170,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided. Find a PPO provider at www.ameritasgroup.com/individual.

How do I apply?

Compare plans and prices, view the Outline of Coverage, and apply online at www.ameritasgroup.com/individual.

How much does the coverage cost?

Please go to www.ameritasgroup.com/individual for plan prices and availability in your area.

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.

Are there services that are not covered?

Yes, some services such as orthodontia are not covered. Procedures begun prior to your effective date are not covered. The plan does not provide benefits for lost or stolen appliances or cosmetic procedures. It does not cover hospitalization or prescription drugs. Certain covered expenses may be subject to a waiting period (an elimination period). 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.

This is not a complete list of exclusions. Your policy will contain a complete listing of exclusions, procedures covered and any frequency or other limitations on specific procedures. To preview the policy, please send an email request to us at individualdentalvision@ameritas.com.

Do I have coverage outside of the state I live in?

Yes, if you are traveling or have a covered dependent living in a different state, you will still have coverage.

How do I submit claims?

You or your dentist may submit completed claim forms along with any requested information to Ameritas Life Insurance Corp., P.O. Box 82520, Lincoln, NE, 68501-2520, fax 402.467.7336. Dentists may submit claims electronically. In 2010, our customer service claims contact center earned BenchmarkPortal's Center of Excellence certification for the fourth year in a row. We believe that being able to count on us for great claims service is one big reason our customers keep coming back.

What if I want to cancel the policy?

All cancellations must be submitted to HealthPlan Services by calling 800.237.1276 or writing P.O. Box 30102, Tampa, FL 33630-3264. Once the 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 visit us at www.ameritasgroup.com/individual or contact your insurance agent. Or, if you don't have an agent, please send an email (subject: My Dental Plan) to individualdentalvision@ameritas.com.

So the old-school idea of security – great benefits from one lifelong career with the same employer – may be getting a little harder to find.

You can still have a plan.

my
dental
plan®



Plan info: www.ameritasgroup.com/individual
Claims: 877.667.6127
PO Box 82520
Lincoln, NE 68501-2520

HealthPlan Services

Admin. Service: 800.237.1276
Admin. Fax: 877.275.0685
PO Box 30102
Tampa, FL 33630-3264



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