

# OFG Block

Dental Highlight Sheet



## Dental Plan Summary

Effective Date: 01/1/2011

	LOW	HIGH
<b>Coinsurance</b>		
Type 1	100%	100%
Type 2	50%	50%
Type 3		50%
<b>Deductible</b>	\$50/Calendar Year Type 2 Waived – Type 1 No Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year	\$1,000 per calendar year
<b>Allowance</b>	80th U&C	80th U&C
<b>Waiting Period</b>	None	Type 3 – 12 months

## Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 1
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 13 and under (1 per benefit period)</li> <li>• Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (1 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 13 and under (1 per benefit period)</li> <li>• Sealants (age 13 and under)</li> </ul>
<p style="text-align: center;"><b>Type 2</b></p> <ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> </ul>	<p style="text-align: center;"><b>Type 2</b></p> <ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Periodontics (nonsurgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> </ul>
	<p style="text-align: center;"><b>Type 3</b></p> <ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (surgical)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>• Complex Extractions</li> </ul> <p>Anesthesia</p>

## Monthly Rates for Active Employees

Employee Only	\$20.96	\$35.96
Employee + Spouse	\$41.76	\$73.32
Employee + Children	\$49.76	\$78.60
Employee + Spouse & Children	\$77.84	\$126.68

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### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of **OFG Block**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritasgroup.com/member](http://ameritasgroup.com/member).

#### Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It's that easy. Or members can visit us at [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.

#### Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

#### PPO Information

To find a provider, visit [ameritasgroup.com](http://ameritasgroup.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

#### Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

#### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on the 1<sup>st</sup> of their renewal month.

#### Dependent Age

The Patient Protection and Affordable Care Act signed into law in March 2010 requires that private medical insurers offering dependent coverage allow eligible dependents up to age 26. Although the regulations exempt stand-alone dental and vision plans in most states, we are providing this option to match your medical and ancillary coverage dependent age definitions.

So we can make this as easy as possible for you, your policy will automatically be changed to reflect the new dependent age definition to age 26, with no impact to your current rates. If you currently have a dependent age higher than age 26, that will remain in place and only the part of the federal language that expands the dependent definition, e.g. marital status, will be implemented.

#### Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

#### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator**