

# Voluntary dental benefits can help you save on out-of-pocket expenses.



Achieving and maintaining a bright and healthy smile can be expensive. You can the help offset these expenses by enrolling in one of the dental plans offered by your OHLDC membership.

## Two benefits fused into one plan.

You have the flexibility to choose how you spend a shared portion of your annual maximum. You can use your entire \$1,500 maximum benefit for dental care, or use up to \$150 on eye exams, glasses, contacts or prescription safety glasses and the remainder on dental expenses. Plus your coverage for Type 2 Basic Service procedures increases each year you are on the plan and visit an in-network dentist.

	In-network	Out-of-network
<b>Maximum Benefit</b>	\$1,500	
	Up to \$150 of the annual maximum can be used on vision expenses	
<b>Deductible</b>	\$5 per visit Type 1 \$50 per person per calendar year Types 2 & 3 \$0 Vision	
<b>Claim Allowance</b>	Discounted fee	MAB
<b>Type 1 Preventive</b> Exams, x-rays, cleanings, space maintainers, fluoride and sealants for children age 13 and under	100%	
<b>Type 2 Basic</b> Fillings, simple extractions, non-surgical endodontics and periodontics, denture repair	80% year 1 90% year 2 100% year 3	80%
<b>Type 3 Major</b> Onlays, crowns, crown repair, surgical endodontics and periodontics, implants, bridges, dentures, complex extractions, anesthesia	50%	
<b>Monthly Rates</b>		
Employee	\$44.69	
Employee and spouse	\$83.59	
Employee and children	\$80.42	
Employee and family	\$130.48	



**See any dentist.** Your Ameritas dental plan allows you to see any dentist you choose, regardless if they are in- or out-of-network. Family members do not need to see the same dentist.



**Check if your dentist is in network.** Visit [ameritas.com](http://ameritas.com), Find a Provider to find a new dentist or see if your current provider is in the Ameritas Dental Network.



**Exceptional Network.** The Ameritas Dental Network is one of the nation's largest with more than 471,000 access points. You can even visit dental providers in Mexico and still receive coverage. Plan discounted fees and agreements will be honored by AmexUS Mexico providers, and claims will be processed by Ameritas.



**Nominate your dentist.** If your dentist is not in our network already, it's easy to let us know. Just go to [ameritas.com](http://ameritas.com), search for "nominate a provider" and complete the online form.



**Save money.** Visiting a network dentist can make your benefit dollars go further. Dentists in the Ameritas network have agreed to charge you 25-50% less than their regular rates. And when you visit a network provider, there are no claim forms to submit.



# Benefits are backed by Ameritas' award-winning customer service.

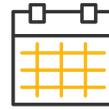
97% of members enrolled in Ameritas dental, vision or hearing benefits a year ago are still with them today.<sup>1</sup>



Center of Excellence  
certification  
since 2006



99% claims  
processing  
accuracy



92% of claims  
processed in an average  
of 9 business days



98% first call  
resolution

**¿en español?** Ameritas offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

## Limitations

Covered expenses will not include and no benefits will be payable for:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant.
- for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or five years from the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for initial placement of any prosthetic appliance of fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of the 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 plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.

- to replace lost or stolen appliances.
- for appliances restoration, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment. (Unless otherwise specified in this contract.)
- for which the plan member 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 plan member 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.

*This brochure highlights the dental and vision coverage available through Ameritas Life Insurance Corp. 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.*

### Claims, benefit and provider network questions:

group@ameritas.com | 800-487-5553  
Monday – Thursday, 7 a.m. – Midnight (CST)  
Friday, 7 a.m. – 6:30 p.m. (CST)

For more information contact:

### Mark Ruzic

3310 Prospect Avenue  
Cleveland, Ohio 44115  
(216) 361-9797



<sup>1</sup> Ameritas claims processing system, 2017

This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life.

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