



Ameritas Group Dental Frequently Asked Questions

Q. How will my dental benefits change for 2012?

- A.** The network annual benefit will change from \$2,000/contract period to \$1,500/contract period. The out-of-network annual benefit will change from \$2,000/contract period to \$1,000/contract period. The annual maximum for your dental benefit is a combined benefit. Your maximum will be reduced by services performed and the remaining maximum for the year will be adjusted based on your choice of either a network or out-of-network provider.

The out-of-network copayment will change from \$25/visit to \$40/visit.

Q. What dentist may I see?

- A.** You have open access to all dental providers. Your out-of-pocket expense will vary depending on your choice of an in-network provider or an out-of-network provider. If your provider is currently an out-of-network provider, you may complete a provider nomination request form available on the Ameritas Group website ([Nominate a Dental Provider](#)).

In-Network Plan Provider

When using an in-network plan provider, you pay no copayment. The dentist's charge is adjusted to the PPO charge, before benefits are applied. Discounted fees apply for covered procedures and in the majority of offices, non-covered procedures as well.

Note: The on-line provider directory denotes a "#" symbol when the network provider honors the contracted fee for non-covered procedures. See "How do I Find a Provider" for instructions on accessing the on-line provider search.

Out-of-Network Provider

When using out-of-network providers, there is a \$40 per visit copayment, before benefits are applied.

For services provided in Brown, Dane, Eau Claire, Green, Kenosha, LaCrosse, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Sauk, Sheboygan, Washington, Waukesha and Winnebago counties, the out-of-network allowances will be based on the network provider contracted fees. The difference between the contracted fee allowance and the dentist's regular fee will be your responsibility.

Here is an illustration for the benefits in the defined counties listed:

Example of Maximum Allowable Charge

Type 1 Procedure								
Dental office	Dentist Charge	PPO Charge	Co-payment	Allowable	% Paid	Dentist Discount	Member Pays	Plan Pays
In Network	\$100	\$75	Waived	\$75	100% of \$75	\$25	\$0	\$75
Out of Network	\$100	\$75	\$40	\$35	100% of \$35	N/A	\$65	\$35



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Type 2 Procedure								
Dental office	Dentist Charge	PPO Charge	Co-payment	Allowable	% Paid	Dentist Discount	Member Pays	Plan Pays
In Network	\$100	\$75	Waived	\$75	80% of \$75	\$25	\$15	\$60
Out of Network	\$100	\$75	\$40	\$35	80% of \$35	N/A	\$72	\$28

For all other counties, the out-of-network allowances are based on the dentist’s actual charge.

Q. How does the maximum work if I use both a network provider and an out-of-network provider in the same year?

- A.** The annual maximum for your dental benefit is a combined benefit. Your maximum will be reduced by services performed and the remaining maximum for the year will be adjusted based on your choice of either a network or out-of-network provider.

Below is an example:

	Annual Maximum	Benefits Paid	Maximum Remaining
Network	\$1,500		\$1,000
OR			
Out of Network	\$1,000	\$500	\$500

Q. Which providers are in network?

- A.** The dental network is continually growing. Please check our website or call Customer Service to get the most up-to-date provider listing. The following providers are an example of those you will find in the network:

- | | |
|---|--|
| <ul style="list-style-type: none"> 1st Choice Dental Advanced Dental Specialists Affiliated Dentists Associated Dentists SC Childrens Dental Care of Madison Dental Health Associates of Madison Dr. Donald Tipple Forward Dental Heitke and Vu | <ul style="list-style-type: none"> DDS Killian Dental Clinic Madison Family Dental Associates Midwest Dental Centers Deerwood Orthodontic Total Care Dental Village Family Dental Whitewater Family Dentistry |
|---|--|

Q. How do I find a provider?

- A.** To obtain the names of dental providers, please visit deancare.com/wi-employees and select **Group Dental Providers** under Quick Links.

You can also contact our Customer Care Center at (800) 279-1301, Monday through Thursday, 7:30 a.m. – 5 p.m. and Friday 8 a.m. – 4:30 p.m.



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Q. What are the current benefits?

- A.** Please refer to the dental highlight sheet for benefit information. You can find the dental highlight sheet as well as the dental member certificate at deancare.com/wi-employees.

Q. What are the benefit highlights?

- A.** The annual benefit maximum is either \$1,500 for services received from a network provider, or \$1,000 for services received from an out-of-network provider, not both.

Orthodontics is a benefit for dependent children if the treatment begins before 19 years of age. The lifetime maximum per person is \$1,750. Orthodontic benefits will be offset by any orthodontic benefits paid by prior carrier for each specific dependent.

The number of cleanings per benefit period is two.

Q. My dependent is in the middle of orthodontia treatment. If I am new to Ameritas, what does this change mean for my dependent?

- A.** Orthodontic benefits will carry over from any previous dental carrier to the Ameritas Group Dental. The maximum benefit does not start over.

Q. Will I need a separate dental ID card?

- A.** Yes, your dental ID card will be separate from your health ID card.

Q. How much time do I have to submit a claim?

- A.** Dental providers have a timely filing clause included in your group member certificate. You or your provider must submit claims to Ameritas Group Dental within 90 days from your initial date of service. Claims submitted after 90 days will be denied due to failure to meet the timely filing requirements.

Q. How many cleanings may I have in a calendar year?

- A.** The plan includes 2 cleanings or periodontal maintenance, whichever is appropriate, per calendar year. This matches the covered examinations per calendar year. For those who benefit from additional cleanings, in-network providers continue to honor their contracted fee for procedures, reducing the out-of-pocket expense.

**If you have any other questions about your dental coverage, please call the
Dean Health Plan Customer Care Center at (800) 279-1301.**