



# Ameritas Edge Plus Plan A

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## Plan Highlights

- Voluntary coverage
- Members can choose any dentist
- No deductible for preventive procedures
- Immediate coverage\* for preventive procedures, simple extractions, fillings, and root canals
- Benefits up to \$1,500 for each covered family member each benefit year
- \$1,000 lifetime orthodontia benefits for dependents under age 19
- Maximum of 3 deductibles per family (\$150) per benefit year; benefit year deductibles are combined for Types 2 & 3 procedures

\* Except for late entrants

## Member Savings

Plan members may receive additional savings that can reduce out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials)
- Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required)

## Monthly Rates

Area	Employee	Employee & One	Employee & Family
1	\$23.70	\$46.20	\$67.90
2	26.10	50.80	74.80
3	27.70	54.00	79.40
4	29.10	56.70	83.40
5	30.80	60.10	88.30
6	33.80	65.90	97.00
7	36.90	72.00	106.00
8	40.00	77.90	114.60

- Rates good through May 1, 2015.
- Electronic certificate delivery is included; paper certificates cost 20 cents per covered employee each month.
- Manual quote is required for groups with more than 99 lives.
- These rates do not include takeover. Visit [ameritasgroup.com/edge](http://ameritasgroup.com/edge) for a third year or greater takeover quote. For takeover on a case inforce less than 3 years, contact [agentservices@ameritas.com](mailto:agentservices@ameritas.com) or call 855-517-5307.

Members can protect their smiles with Plus Plan A dental insurance. Good dental hygiene will help maintain healthy teeth and may reduce the need for expensive dental procedures.

## Plan Benefits

Standard Benefits <sup>1</sup>	Benefit Year		
	1	2	3+
<b>TYPE 1</b> <b>Preventive Procedures:</b> Fluoride treatments (under age 19), X-Rays, cleanings, periodic exams			
Benefit Year Deductible	\$0	\$0	\$0
Plan Coinsurance	100%	100%	100%
<b>TYPE 2</b> <b>Basic Procedures:</b> Simple extractions, fillings, root canals			
Benefit Year Deductible	\$50	\$50	\$50
Plan Coinsurance	80%	80%	80%
<b>TYPE 3</b> <b>Major Procedures:</b> Surgical extraction of teeth, bridges, crowns (including crowns on implants), dentures, partials			
Benefit Year Deductible	Not Covered	shared deductible	shared deductible
Plan Coinsurance	Not Covered	50%	50%
<b>Benefit Year Maximum</b> Type 1, 2 and 3	\$750	\$1,000	\$1,500
<b>Orthodontia Benefits:</b> (under age 19)			
Lifetime Deductible	Not Covered	Not Covered	\$50
Plan Coinsurance	Not Covered	Not Covered	50%
Lifetime Benefits Orthodontia Only	Not Covered	Not Covered	\$1,000

<sup>1</sup> See policy/certificate for complete coverage details and limitations.

Beginning in 2014, health insurers are required to pay an annual Health Insurer Assessment Fee (HIAF) in accordance with Section 9010 of the Patient Protection and Affordable Care Act (PPACA). The amount due from each insurer is based on the insurer's market share of health premiums, including medical, dental and vision insurance premiums. Rates in this brochure are adjusted to reflect the estimated cost of this fee. We reserve the right to adjust rates based on PPACA fees or assessments imposed by any governmental authority or agency.

## Plan Details

PPO Dental Network (where available): With our dental plans, members can receive care from any dentist they choose. However, with one of our PPO dental network providers, their out-of-pocket costs almost always will be less. That's because these providers agree to charge a discounted network fee—known as the MAC or Maximum Allowable Charge—for each covered procedure.

Out-of-network benefits are based upon the 75th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).

Benefit year maximums are calculated for each certificate year from certificate effective date.

Late Entrant Provision: Benefit year maximum during the first 12 months for late entrants is \$250 per covered person. Coverage is limited to routine exams, prophylaxis, and x-rays for the first 6 months.

## Plan Requirements

- A \$10 monthly administrative fee will apply, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer or if both Ameritas Edge dental and Ameritas Edge vision plans are selected.
- The rates and benefits quoted are based on a minimum of 3 enrolled employees, except in Michigan (5+). All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- When two plan options are available, policyholders have the option of offering members either one or both plans.
- Benefits available for all eligible employees who have completed the designated waiting period.
- This form highlights coverage available through Ameritas Life Insurance Corp. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

## Terminations and Renewals

Coverage is renewable upon payment of billed premium during 31 day grace period.

Rates may be increased after the first policy year—not more frequently than twelve month intervals.

After first policy year, coverage may be terminated by us with forty-five days prior notice to employer, or as defined by state requirements.

## Area Classifications

State	Area	State	Area	State	Area
<b>Alabama</b>	352, 361.....2 All Others.....1	<b>Louisiana</b>	700-701, 708, 711.....2 All Others.....1	<b>Oregon</b>	970-975 .....6 All Others.....5
<b>Alaska</b> .....	8	<b>Maine</b> .....	4	<b>Pennsylvania</b>	164-165, 189-194 .....5 150-152, 156, 160-161, 180- 188, 195-196 .....4 All Others.....3
<b>Arizona</b>	850, 852.....4 853, 856, 857.....3 All Others.....2	<b>Maryland</b> .....	5	<b>Rhode Island</b>	028-029 .....6 027.....5
<b>Arkansas</b>	719, 722, 727.....2 All Others.....1	<b>Massachusetts</b> ....	5	<b>South Carolina</b> .....	1
<b>California</b>	931, 940, 941, 943, 944, 950, 951.....8 900-916, 919- 921, 926-928, 930, 932-935, 942, 945-949, 954-958 .....7 All Others.....6	<b>Michigan</b>	480-483 .....6 485.....5 484, 489.....4 All Others.....3	<b>South Dakota</b> .....	1
<b>Colorado</b>	800-805 .....5 806, 808-810 .....4 807, 811-816 .....3	<b>Minnesota</b>	551, 554.....4 550, 553.....3 All Others.....2	<b>Tennessee</b> .....	1
<b>Connecticut</b>	063-067 .....7 060-062, 068, 069.....6	<b>Mississippi</b> .....	1	<b>Texas</b>	770-772 .....5 752-753 .....4 750-751, 760- 762, 773-775 .....3 763-764, 776, 777, 786-787, 789.....2 All Others.....1
<b>Delaware</b>	198.....5 197.....4 All Others.....3	<b>Missouri</b>	630-631, 640-641 .....3 All Others.....2	<b>Utah</b> .....	5
<b>District of Columbia</b> .....	6	<b>Montana</b> .....	2	<b>Vermont</b> .....	2
<b>Florida</b> .....	*	<b>Nebraska</b>	680-685 .....2 All Others.....1	<b>Virginia</b>	220-223 .....6 201.....5 233-237 .....4 224-225, 230-232, 238 .....3 226-229, 239-246 .....1
<b>Georgia</b>	303, 311.....5 300.....4 301-302 .....2 All Others.....1	<b>Nevada</b>	891, 894-897 .....4 889-890, 893, 898.....3	<b>Washington</b>	980-981, 983-984 .....8 986.....7 982, 985.....5 987.....3 All Others.....4
<b>Hawaii</b> .....	6	<b>New Hampshire</b> ...	4	<b>West Virginia</b> .....	1
<b>Idaho</b> .....	4	<b>New Jersey</b>	070-079, 085 088-089 .....6 080-084, 086-087 .....5	<b>Wisconsin</b>	537.....5 543.....4 530-532, 534, 539, 544, 547, 549.....3 535, 538, 540-542, 546 .....2 545, 548.....1
<b>Illinois</b>	600-603, 606 .....5 604-605 .....4 607.....3 All Others.....1	<b>New Mexico</b>	870-872, 875 .....3 873-874, 877-884 .....2	<b>Wyoming</b> .....	1
<b>Indiana</b>	460-466 .....2 All Others.....1	<b>North Carolina</b>	282.....5 270-274 .....4 280-281, 286-289 .....3 275-277 .....2 278-279, 283-285 .....1		
<b>Iowa</b> .....	1	<b>North Dakota</b> .....	1		
<b>Kansas</b>	660-662 .....2 All Others.....1	<b>Ohio</b>	440-441 .....3 430-432, 434- 439, 442-447, 452-456, 458 .....2 All Others.....1		
<b>Kentucky</b>	410.....3 All Others.....2	<b>Oklahoma</b>	730-731, 740, 741.....2 All Others.....1		

\* Special brochure required.  
Please check for availability in your state.

## Worldwide Support

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist members traveling abroad. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Providers referred by AXA Assistance USA, Inc. (AXA) are not members of the Ameritas Life Insurance Corp. (Ameritas) PPO Network. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

Note: These provider referral assistance services are independently offered and administered by AXA. Ameritas and its affiliates and subsidiaries do not participate in the selection of these dental and vision service providers and do not oversee or monitor AXA's performance of these services. Additionally, Ameritas does not warrant or guarantee or make any representation as to the quality of the services provided by AXA or by any dental or vision services provider referred by AXA.

## What is not covered by the policy?

Covered Expenses will not include and benefits will not be payable for expenses incurred:

- for Type 3 procedures in the first 12 months the person is insured.
- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the Insured person is covered under this contract. But the extraction of a 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 insured person was covered under this contract.
- for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion; or
  - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy or certificate.)
- for orthodontic treatment under the following provisions:
  - for treatment begun on or after the Insured's 19th birthday;
  - for treatment begun before the Insured became covered under this section;
  - before the Insured has been insured under this section for at least 24 consecutive months;
- for which the Insured person 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 Insured person 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.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure.



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our PPO network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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