Claims: (800) 487-9553
P.O. Box 82529 / Lincoln, NE 68501-2529
Administration: (800) 659-2223
P.O. Box 81889 / Lincoln, NE 68501-1889
Fax Claims To: 402-467-7336

Please Deliver to: 2814993197
Name: VICTOR

Subject: Dental Benefits

Total pages including cover: 6

Did You Know: Our HIPAA compliant 271 returns detailed patient eligibility as well as benefit information. Talk to your practice management vendor today about getting started.
Our provider web tools help you track claims submitted and obtain detailed benefits for your patients, including eligibility, deductibles, and yearly and remaining maximums. Utilize the features at the website listed below.

Benefits as of 09/06/2022

Ameritas Life Insurance Corp
P.O. Box 82520
Lincoln, NE 68501-2520
1-800-487-5553 / New Claims Fax # 402-467-7336
Electronic Payer ID 47009

The benefit information listed below is general plan information and is subject to all policy provisions and limitations. Final benefit calculation will be determined upon receipt of the claim. This is not a guarantee of payment or eligibility. For more specific information, please provide a pre-treatment estimate.

Plan Member: HERN
Plan Number: N/A

Coverage Status Information: plan member and all dependents
Child Age: through the 26th birthday, end of month
Student Age: full-time students through the 26th birthday, end of month
Late Entrant: N/A
Missing Teeth: Limited prior extraction coverage provides for a procedure to replace teeth extracted while the member was covered under a prior plan, applies to initial plan members only. A 12-month maximum time period between extractions (while insured under prior plan) and replacement (while insured under our plan).

General Plan Information

The member will receive a discounted fee for covered services by utilizing a network provider.

Benefit Period: calendar year: January 1 - December 31

Benefit Type/Plan Benefit:			Elimination Period:
Type 1 - Preventive	100%	MAB	None
Type 2 - Basic	80%	MAB	None
Type 3 - Major	50%	MAB	None

MAB – Maximum Allowable Benefit. Benefits out of network are based on contracted provider fees in the area.

Deductibles: $50 Type 2, Type 3 Annual Combined

Family Maximum Deductible: 2 Family Members Annual

Maximum Annual Benefit: $1,500 per individual

Carry-Over Annual Maximum: To qualify, the claimant must file a dental claim during each benefit period and not exceed the benefit threshold. A PPO Bonus is awarded if at least one of the claims submitted are for services rendered by a Participating Provider.

Benefit Threshold:	$750
Carry-Over Amount:	$500
PPO Bonus:	$150
Maximum Accumulation:	$1,250

Orthodontics:

			Elimination Period:
Ortho Benefit:	50%	U&C	None

U&C – Usual and Customary

Ortho Deductible: There is no Ortho Deductible on this plan.
Ortho Maximum: $1,500 lifetime maximum per individual
Dependents only - Eligible dependents must be banded before reaching age 19 and will be terminated after reaching age 19.
25% of the total benefits payable will be paid on the banding date. A maximum of 8 quarterly payments made over the length of the treatment program or 24 months whichever is less. Payments are made at the end of quarter and will begin three months after the banding date.
Takeover: Initial insureds and new hires on this plan will receive the full maximum orthodontic benefit minus the benefit amount paid by the previous carrier.

Benefit Period: *Calendar Year: January 1 - December 31*				***Please Note:*** *The service categories and plan limitations shown represent an overview of your plan benefits. The summary represents the majority of services within each category and coverage may vary depending on procedure code and whether the service is covered.*
Service	**Benefit Type**	**Frequency**	**Contributing Procedures**	**Additional Information**
Exams				
Comprehensive Exam	Type 1 - Preventive	1 per provider	D0120 D0145 D0150 D0180	If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency. In addition, coverage is limited to 2 per benefit period.
Routine Exam	Type 1 - Preventive	2 per benefit period	D0120 D0145 D0150 D0180	Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
Problem Focused Exam	Type 2 - Basic	No Frequency	D0140 D0170	Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
Prophylaxis (Cleanings)				
Prophylaxis (Cleanings)	Type 1 - Preventive	4 per benefit period	D1110 D1120	An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.
Fluoride	Type 1 - Preventive	2 per benefit period	D1206 D1208	To age 19.
Periodontal Maintenance	Type 1 - Preventive	4 per benefit period	D4346 D4910	Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.
Prosthodontic Prophylaxis	Type 1 - Preventive	4 per benefit period	D9932 D9933 D9934 D9935	Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.
Diagnostic Imaging (X-rays/Films)				
Bitewings	Type 1 - Preventive	2 per benefit period	D0270 D0272 D0273 D0274 D0277	The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
Fullmouth	Type 1 - Preventive	1 in 5 years	D0210 D0330	
Periapicals	Type 1 - Preventive	No Frequency	D0220 D0230	The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
Current Dental Terminology copyrighted American Dental Association.				

BENEFIT PERIOD: *Calendar Year: January 1 - December 31*			**PLEASE NOTE:** *The service categories and plan limitations shown represent an overview of your plan benefits. The summary represents the majority of services within each category and coverage may vary depending on procedure code and whether the service is covered. Pretreatments are strongly suggested.*
Service	**Benefit Type**	**Frequency**	**Additional Information**
Restorative			
Sealant	Type 1 - Preventive	1 in 4 years	To age 19. Benefits are considered on permanent molars only. Coverage is allowed on the occlusal surface only.
Amalgam	Type 2 - Basic	1 in 6 months	
Composite	Type 2 - Basic	1 in 6 months	Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.
Crowns	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.
Onlays	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.
Inlays	Type 3 - Major	No Frequency	Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.
Veneers	Not Covered		
Crown Buildups	Type 3 - Major	No Frequency	
Post and Core	Type 3 - Major	No Frequency	
Endodontics			
Root Canals	Type 2 - Basic	No Frequency	Benefits are considered on permanent teeth only. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
Root Canal Retreatment	Type 2 - Basic	1 in 12 months	Benefits are considered on permanent teeth only. Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
Surgical Endodontics / Apicoectomy	Type 2 - Basic	No Frequency	
Therapeutic Pulpotomy	Type 2 - Basic	No Frequency	
Periodontics			

Antimicrobial Agent	Type 2 - Basic	2 in 2 years	
Root Planing and Scaling	Type 2 - Basic	1 in 2 years	
Fullmouth Debridement	Type 2 - Basic	1 in 5 years	
Surgical Periodontics	Type 2 - Basic	Various frequencies apply	Pretreatment is strongly suggested.
Gingivectomy	Type 2 - Basic	1 in 3 years	
Oral Surgery			
Non-Surgical Extractions	Type 2 - Basic	No Frequency	
Surgical Extractions	Type 2 - Basic	No Frequency	
Other Oral Surgery	Type 2 - Basic	No Frequency	
General Anesthesia			
General Anesthesia and/or IV Sedation	Type 2 - Basic	No Frequency	Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.
Nitrous Oxide	Not Covered		
Removable Prosthodontics (Dentures)			
Removable Prosthodontics (Dentures)	Type 3 - Major	1 in 5 years	Frequency is waived for accidental injury. Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.
Denture Relines	Type 2 - Basic	No Frequency	Coverage is limited to service dates more than 6 months after placement date.
Denture Rebases	Type 2 - Basic	No Frequency	
Denture Adjustments	Type 3 - Major	No Frequency	Coverage is limited to dates of service more than 6 months after placement date.
Denture Repairs	Type 2 - Basic	No Frequency	
Implants			
Implants	Type 3 - Major	1 in 5 years	Frequency is waived for accidental injury. Benefits for procedures D6051, D6055, D6056, D6057, D6191 and D6192 will be contingent upon the implant being covered. Replacement for procedures D6056, D6057, D6191 and D6192 are limited to 1 of any of these procedures in 5 years.
Implant Supported Crown	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
Implant Supported Retainer	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.

Implant Services List	Type 3 - Major	No Frequency	Coverage for D6080 and D6081 is limited to 2 of any of these procedures in a 12 month period. Coverage for D6090, D6091, D6095 and 6096 is limited to service dates more than 6 months after placement date. Coverage for D6190 is limited to 1 per arch ina 24 month period.
Fixed Prosthodontics (Bridges)			
Bridges	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.
Tests and Examinations			
Prediagnostic Cancer Screen Test	Not Covered		
Occlusal Guard are not a covered benefit			
Occlusal Guard	Not Covered		
*Charting may be required for periodontal procedures.			
*Radiographic images (x-rays) may be required for surgical procedures such as: crowns, onlays, build-ups and post and cores, if applicable.			