

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.