

STATE OF NEBRASKA

Dental Plan Highlights

Revised July 1, 2013

Ameritas Life Insurance Corp. has been selected to be our dental insurance company. There is no reason for poor dental health. With all the advances in dental care, regular checkups and proper dental maintenance, no one should suffer from tooth decay or dental disease. By participating in the dental program, you and your family have the opportunity to make regular checkups much easier and less costly. As a dental insurance specialist, Ameritas has earned a reputation for innovation and leadership throughout the insurance industry.

State of Nebraska employees now have a choice of two plan options

Basic Plan: You have 100% Type 1, 80% Type 2, 50% Type 3 and 50% orthodontia when you use an Ameritas network provider (PPO). Benefits are reduced to 50%/50%/25%/25% when you use a non-network provider. You will receive up to \$1,000 annually. Orthodontia is paid at 50% to \$2,000 lifetime maximum and is available for children up to age 19.

Premium Plan: It is similar to the Basic plan but offers increased benefits. When you go to an Ameritas network provider, the benefits are similar to the Basic plan: 100% Type 1, 80% Type 2, 50% Type 3 and 50% orthodontia. The non-network benefits are increased to 80%/80%/50%/50%. The annual maximum amount is increased to \$1,500 for in-network or out-of-network procedures. The Orthodontia benefit is similar to the Basic plan, however the orthodontia age limitation is removed which means children and adults now have access to orthodontia under the Premium Plan.

All eligible employees may choose the Basic plan or the Premium plan. Whichever option you and your dependents choose, you will remain in the same plan until the next July 1. At that time, you and your dependents may switch from one plan to the other with no penalty.

If you make no election: If you or your dependents do not elect dental coverage within 30 days of first becoming eligible, (or you drop out of the plan) and you elect to participate at another time, the Late Entrant provision will apply. As a Late Entrant, you or your dependents will have access to Type 1 procedures only during the first 12 months.

Customer Service is provided at your convenience:

7 a.m. to 12 midnight CST - Monday through Thursday
and 7 a.m. to 6:30 p.m. CST - on Friday

800-487-5553

To search for a PPO provider or print a list of PPO providers:

www.ameritasgroup.com



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Basic Plan

Plan Year: July 1, 2013 to June 30, 2014

<u>Coinsurance (Plan Pays)</u>	<u>PPO Dentist</u>	<u>Non-PPO Dentist</u>
Type 1 Procedures	100%	50%
(Includes exams-2 per plan year, cleanings-2 per plan year, x-rays, sealants, child fluoride treatments.)		
Type 2 Procedures	80%	50%
(Includes fillings, extractions, root canals gum disease treatments.)		
Type 3 Procedures	50%	25%
(Includes initial placement and replacement of dentures, bridges and crowns.)		
Orthodontia & TMJ Procedures	50%	25%
(Includes benefits for children up to age 19.)		

Deductible Amounts

Type 1 Procedures		
Waived	\$0	\$0
Type 2 and Type 3 Procedures		
Combined-Plan Year (Per Person/Per Family)	\$50/\$150	\$50/\$150
Orthodontia Procedures		
Waived	\$0	\$0

Maximum

Type 1, Type 2 & Type 3 Procedures		
Combined-Plan Year-Per Person.....	\$1,000*	\$1,000*
Orthodontia Procedures		
Lifetime-Per Person	\$2,000	\$2,000

*Your plan includes Dental Rewards. If you file at least one claim during the calendar year and your benefits paid are less than \$500 for the year, your annual maximum for the following year will be increased by \$250 (\$350 if using a PPO dentist). This will continue until you reach a total reward of \$1,000. The award amount is available to use in future years in addition to your \$1,000 annual maximum. Once you have established a reward total, it can only be reduced if you have claims totaling more than \$1,000 or if you fail to submit at least one claim during any given year.

Note: Orthodontia and TMJ are excluded from Dental Rewards as they have their own maximum benefit.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp. You will receive a certificate which will provide a more complete description of the plan after you enroll.



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Dental Plan Highlights Premium Plan

Plan Year: July 1, 2013 to June 30, 2014

PPO
Non-PPO

Coinsurance (Plan Pays)

	<u>Dentist</u>	<u>Dentist</u>
Type 1 Procedures	100%	80%
(Includes exams-2 per plan year, cleanings-2 per plan year, x-rays, sealants, child fluoride treatments.)		
Type 2 Procedures	80%	80%
(Includes fillings, extractions, root canals gum disease treatments.)		
Type 3 Procedures	50%	50%
(Includes initial placement and replacement of dentures, bridges and crowns.)		
Orthodontia & TMJ Procedures	50%	50%
(Includes benefits for adult and children.)		

Deductible Amounts

Type 1 Procedures		
Waived	\$0	\$0
Type 2 and Type 3 Procedures		
Combined-Plan Year (Per Person/Per Family)	\$50/\$150	\$50/\$150
Orthodontia Procedures		
Waived	\$0	\$0

Maximum

Type 1, Type 2 & Type 3 Procedures		
Combined-Plan Year-Per Person.....	\$1,500*	\$1,500*
Orthodontia Procedures		
Lifetime-Per Person	\$2,000	\$2,000

*Your plan includes Dental Rewards. If you file at least one claim during the calendar year and your benefits paid are less than \$500 for the year, your annual maximum for the following year will be increased by \$250 (\$350 if using a PPO dentist). This will continue until you reach a total reward of \$1,000. The award amount is available to use in future years in addition to your \$1,500 annual maximum. Once you have established a reward total, it can only be reduced if you have claims totaling more than \$1,500 or if you fail to submit at least one claim during any given year.
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Dental Plan Rates

Effective July 1, 2013

<u>Basic Plan</u>	<u>Monthly Rates</u>	<u>Estimated Cost After Tax Savings*</u>
Employee Only	\$21.16	\$14.81
Employee & Spouse.....	\$42.36	\$29.65
Employee & Child(ren)	\$61.04	\$42.73
Employee & Spouse & Child(ren)	\$66.32	\$46.42

<u>Premium Plan</u>	<u>Monthly Rates</u>	<u>Estimated Cost After Tax Savings*</u>
Employee Only	\$23.68	\$16.58
Employee & Spouse.....	\$47.40	\$33.18
Employee & Child(ren)	\$68.32	\$47.82
Employee & Spouse & Child(ren)	\$74.24	\$51.97

*Estimated cost based on 30% tax savings including Federal, State and FICA taxes.

You can assure yourself of getting all or a majority of your premium back in the form of benefits even if you only use the preventive procedures.

For example: If you go to the dentist twice a year for typical check-ups, including two adult exams, two cleanings and two sets of bitewing x-rays, Ameritas would reimburse up to \$200.00 per year if you use a PPO dentist in both the Basic Plan and the Premium Plan. If you use a non-PPO dentist, you could be reimbursed up to \$148.00 for the Basic Plan or \$236.80 for the Premium Plan. (based on Lincoln costs).

If you enroll in the Basic Plan with employee only coverage, your annual net cost will be about \$177.72 (\$14.81 x 12 months) using the estimated cost due to the tax savings. Enrolling in the High Plan will be a net cost of about \$198.96. By using the plan to pay for your check-ups, you will receive all or a majority of your premium back in benefits.

Please Note:

All employees who work at least 20 hours per week, their spouses and/or unmarried children to age 19 (or age 24 if full-time student) are eligible for coverage. All eligible employees must complete an enrollment form to obtain dental coverage. Employee ID cards will be provided for those who enroll.

If your dental treatment program is expected to exceed \$200, you may have your dentist send a dental pre-treatment plan to Ameritas to obtain an estimate of covered expenses.



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