

STATE OF NEBRASKA

Dental Plan Highlights

Plan changes effective July 1, 2014:

Note: State of Nebraska employees still have a choice of two dental plan options

Basic Plan: There are no plan changes on the Basic Plan.

Premium Plan: The In-Network benefits on the Premium Plan will remain the same.

Changes for Out-of-Network providers:

-- Type 1 and Type 2 (Preventive and Basic) Procedures will now be paid on an "incentive basis" which allows members to increase their coinsurance percentage each year as long as the member has at least one procedure performed each year. If a procedure is not performed during the year, the member's coinsurance will be reduced. Please see the following page for more details.

-- All members enrolled in the Premium Plan on July 1, 2014 will automatically start at the highest incentive coinsurance level.

-- New hires or anyone electing the Premium Plan after July 1, 2014 will start at the lowest incentive coinsurance level.

-- Type 3 and Type 4 (Orthodontic and TMJ procedures) for out-of-network providers will now be reimbursed at 30%. These procedures were previously reimbursed at 50%.

-- The maximum dental benefit each benefit year for out-of-network providers will now be \$1,000. The previous maximum benefit was \$1,500.

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 July 1 of the next year. 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

	<u>Basic Plan</u> <u>Monthly Rates</u>	<u>Premium Plan</u> <u>Monthly Rates</u>
Employee Only	\$22.44	\$26.20
Employee & Spouse	\$44.92	\$52.44
Employee & Child(ren)	\$64.72	\$75.60
Employee & Spouse & Child(ren)	\$70.32	\$82.12

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 - Friday

800-487-5553

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

www.ameritasgroup.com



STATE OF NEBRASKA
Dental Plan Highlights
Basic Plan (No plan changes effective July 1, 2014)

Plan Year: July 1, 2014 to June 30, 2015

<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%
(orthodontic 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 & TMJ Procedures		
Waived	\$0	\$0

Maximum

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



STATE OF NEBRASKA

Dental Plan Highlights

Premium Plan

Plan Year: July 1, 2014 to June 30, 2015

<u>Coinsurance (Plan Pays)</u>	PPO Dentist	Non-PPO Dentist
Type 1 Procedures (Includes exams-2 per plan year, cleanings-2 per plan year, x-rays, sealants, child fluoride treatments.)	100%	50% - 60% - 70% *
Type 2 Procedures (Includes fillings, extractions, root canals gum disease treatments.)	80%	50% - 60% - 70% *
Type 3 Procedures (Includes initial placement and replacement of dentures, bridges and crowns.)	50%	30%
Orthodontia & TMJ Procedures (Includes benefits for adult and children.)	50%	30%

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**	\$1,000**
Orthodontia Procedures Lifetime-Per Person	\$2,000	\$2,000

*Type 1 and 2 Procedures for out of network providers will now be reimbursed on an "incentive" basis that progressively increases each benefit period. The incentive coinsurance is designed to reward employees that stay in the plan. As long as a plan members visit the dentist and have at least one covered procedure performed each benefit period, they continue to advance one coinsurance level until they reach the plan's highest coinsurance level. If a plan member fails to have at least one dental procedure performed during any benefit year, he or she will revert back to the beginning coinsurance level to begin advancing through the levels. **NOTE: Members that are enrolled in the Premium Plan effective July 1, 2014** will automatically start at the highest coinsurance level of **70%**. These members must have at least one covered dental procedure performed during each benefit period to remain at 70%.

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

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