

Dental Benefits

Benefits are provided by Ameritas

The State of Nebraska offers dental insurance to all full-time and part-time employees. All of the premiums are paid by the employee and collected through pre-tax payroll deductions. For new plan participants, dental ID cards will be mailed to your home.

Our dental program promotes routine dental care as part of our wellness culture for you and your family. Whether or not you elect health coverage, you can choose dental coverage for yourself and your eligible dependents. The dental plan is a preferred provider organization (PPO) with a network of participating providers. You have the option of selecting dental care in- or out-of-network each time you receive dental care, but the plan pays the greatest benefit for care received from a provider in the Ameritas network.



Dental Rewards®

Dental Rewards® is a program offered by Ameritas and encourages good dental habits through regular dental check-ups. It is available to all family members who participate on the dental plan. If you file at least one dental claim during the plan year and total benefits paid are less than \$500, your annual maximum for the following year will be increased by \$250 (\$350 if using a PPO dentist). This continues until you reach a total reward of \$1,000. The Dental Rewards amount is available to use in future years in addition to your annual maximum. 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 procedures are excluded from Dental Rewards as they have their own maximum benefit.

Penalty for Late Entrants

A late entrant is any participant on the plan who does not elect coverage during your initial 30 days of eligibility, or, any participant who re-enrolls in the dental plan after dropping coverage. It applies to both you and your dependents.

As late entrants, your benefits will be limited to only preventive procedures for the first 12 months that you are covered. After 12 months, you will have access to all of the plan's benefits.

Find an Approved Provider

At www.ameritasgroup.com or call 800-487-5553.

Ameritas Dental Plan Benefits

Plan Feature	Basic Option		Premium Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Basic & Major Procedures Only	\$50 per individual \$150 per family			
Type 1 - Preventive	Plan covers 100%	Plan covers 50%	Plan covers 100%	Plan covers 50-60-70%**
Type 2 - Basic	Plan covers 80%	Plan covers 50%	Plan covers 80%	Plan covers 50-60-70%**
Type 3 - Major	Plan covers 50%	Plan covers 25%	Plan covers 50%	Plan covers 30%
Calendar Year Maximum	\$1,000	\$1,000	\$1,500	\$1,000
Dental Rewards®	Included	Included	Included	Included
ORTHODONTICS & TMJ				
Coinsurance (No Deductible)	Plan covers 50% (To age 19)	Plan covers 25% (To age 19)	Plan covers 50% (Adults & Children)	Plan covers 30% (Adults & Children)
Lifetime Maximum (per person)	\$2,000	\$2,000	\$2,000	\$2,000
Dental Rewards®	Excluded	Excluded	Excluded	Excluded

Type 1 - Preventive Procedures

Exam & cleanings (2 per year), x-rays sealants

Type 2 - Basic Procedures

Fillings, root canals, gum disease treatment, extractions

Type 3 - Major Procedures

Initial and replacement crowns, dentures, bridges

**Premium Plan ONLY

**Premium Plan ONLY - Type 1 and 2 procedures for out of network providers will be reimbursed on an incentive basis that progressively increases each plan year. New plan members begin at 50% coinsurance. As long as plan members visit the dentist and have at least one covered procedure performed each plan year, they advance one coinsurance level the following plan year until they reach 70%. 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 who 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 plan year to remain at 70%.

Monthly Dental Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$22.44	\$26.20
Employee + Spouse (Two-Party Coverage)	\$44.92	\$52.44
Employee + Dependent Children (Four-Party Coverage)	\$64.72	\$75.60
Employee + Spouse + Dependent Children (Family Coverage)	\$70.32	\$82.12