



# Dental Benefits

Benefits are provided by Ameritas

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

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

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 participating 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 network 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.

## 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.

### Type 1 - Preventive Procedures

Exam & cleanings (2 per year - does not have to be at exactly 6 month intervals), 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.



## Ameritas Dental Plan Benefits

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

## Monthly Dental Plan Premiums

	Basic Option	Premium Option
<b>Employee Only</b> (Single Coverage)	\$24.56	\$28.68
<b>Employee + Spouse</b> (Two-Party Coverage)	\$49.16	\$57.40
<b>Employee + Dependent Children</b> (Four-Party Coverage)	\$70.80	\$82.76
<b>Employee + Spouse + Dependent Children</b> (Family Coverage)	\$76.92	\$89.84

## Find a Participating Provider

Visit our website at:  
<https://explore.ameritas.com/nebraska/> and select Classic (PPO) Plus Network Option or call 800-487-5553.