

Group Dental Plan

For the State of Florida Employees and Their Families, 2018
People First Plan Codes 4021, 4022 and 4023



Dental benefits are our specialty, and we work hard to make a plan that works for you.

Ameritas Network

In Florida, Ameritas has more than 28,000 dental access points in our network, offering the cost savings you want and the quality care you deserve.

Provider Flexibility

Each plan member is free to visit any provider they choose. Network providers agree to a contracted fee which may reduce the costs at the time of service, and on some of the plans allows for a higher plan benefit. When using an out of network provider the usual and customary allowance will be used, and if the dentist's charges happen to be higher than that allowance, the difference will be an out of pocket expense.

Ameritas welcomes claims from all providers, including pretreatment estimates. Network providers have a contract to accept payment directly from Ameritas, an option which is also available to out of network providers.

Find a Provider

Visit <http://www.ameritas.com/group/olbc/florida> and click "find a provider". You can also nominate a dentist to join our network via the link on this site, or by calling our provider relations department at 800-755-8844.

Claims, benefit, and provider network questions:

Email
group@ameritas.com

Phone
877-721-2224

Monday-Thursday
8:00 a.m. to 1:00 a.m. EST

Friday
8:00 a.m. to 7:30 p.m. EST

¿en español?:

Ameritas offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

Ameritas 
fulfilling life.

How to Enroll

Enroll electronically on the People First website at <https://peoplefirst.myflorida.com>.

For additional assistance, please contact Ameritas at 877-721-2224 or online at <http://ameritas.com/group/olbc/florida>.

Monthly Rates	Indemnity with PPO	Standard PPO	Preventive PPO
Employee Only	\$37.96	\$31.50	\$22.84
Employee & Spouse	\$70.40	\$59.04	\$43.20
Employee & Children	\$80.16	\$66.08	\$46.24
Employee, Spouse & Children	\$115.76	\$96.22	\$67.76

Visiting the Dentist

To get an idea of your costs and savings for each plan being offered, take a look at the samples below. Each example shows estimates of your out-of-pocket costs if you visit either a PPO (In Network) or non-PPO (Out of Network) dentist for preventive care, and once for a filling and a crown. The estimates below are for employee-only coverage.

Procedure	Code	Procedure Type	Dental Plan*	Ameritas Pays		Average Dentist Charge		Estimated out-of-pocket cost	
				In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Periodic Oral Evaluation	D0120	1	I	100%	100%	\$21	\$40	\$0	\$0
	D0120	1	S	100%	80%	\$21	\$40	\$0	\$16
	D0120	1	P	100%	80%	\$21	\$40	\$0	\$16
Amalgam (Filling)	D2140	2	I	80%	80%	\$65	\$105	\$16	\$21
	D2140	2	S	80%	50%	\$65	\$105	\$16	\$53
	D2140	2	P	80%	50%	\$65	\$105	\$16	\$53
Crown	D2752	3	I	50%	50%	\$573	\$861	\$287	\$431
	D2752	3	S	50%	30%	\$573	\$861	\$287	\$603
	D2752	3	P	0%	0%	\$573	\$861	\$573	\$861

*Preventive PPO: P; Standard Plan: S; Indemnity with PPO: I

This sample shows out-of-pocket costs based on usual and customary allowances when visiting a PPO dentist and based on network contracted fees when visiting a PPO dentist. Out-of-network costs calculated from U&C in ZIP code 337XX. These calculations represent an estimate of out-of-pocket cost, and only illustrate routine coverage. For complete details, go to <http://ameritas.com/group/olbc/florida>. The Codes and Procedures above are part of Current Dental Terminology © American Dental Association. All rights reserved.

State of Florida, Dental Plans for 2018

Plan Summary	Indemnity with PPO		Standard PPO		Preventive PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Maximum Per Person	\$2,000	\$2,000	\$1,500	\$1,500	\$1,000	\$1,000
Plan Benefit Type 1 – Preventive: cleanings, exams, xrays, fluoride (for children), etc.	100%	100%	100%	80%	100%	80%
Plan Benefit Type 2 - Basic: fillings (amalgam or composite), root canals, periodontal work (treatment of gum disease), extraction of teeth, etc.	80%	80%	80%	50%	80%	50%
Plan Benefit Type 3- Major: crowns, dentures, bridges, dental implant, etc.	50%	50%	50%	30%	0%	0%
Allowance	Discounted Fee	U & C	Discounted Fee	U & C	Discounted Fee	U & C
Waiting Period	None	None	None	None	None	None

Deductible

Category	Employee	Employee + Spouse	Employee + Children	Employee + Family
Amount per calendar year	\$50	\$100	\$100	\$150

Orthodontia Summary

	Indemnity with PPO	Standard PPO	Preventive PPO
Allowance (All Plans)	In Network: Discounted Fee; Out of Network: U & C		
Plan Benefit	50%	50% In Network 30% Out of Network	N/A
Deductible	None	\$50/Lifetime	N/A
Coverage for Adults	Yes	Yes	N/A
Lifetime Maximum (per person)	\$2,500	\$2,000 In Network \$1,500 Out of Network	N/A
Waiting Period	None	None	N/A

Ameritas' added features make your benefits even more valuable.

Dental Health Report Card: After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska and includes feedback on your dental health status and dental care tips specific to you.

Dental Cost Estimator: Use this tool to get an idea of what an out-of-network general dentist may charge based on ZIP Code and dental procedure. It's located in your secure member account.

Eyewear and Rx savings: Save up to 15% off eyewear purchased at any Walmart Vision Center nationwide by presenting your Ameritas savings card. (excludes contacts) You can also save on prescriptions for your family (even your pets) at Walmart or Sam's Club pharmacies. These savings arrangements are not insurance and are no additional cost to your plan premium. Access your savings cards by creating a secure member account at www.ameritas.com/group/olbc/florida.

Electronic ID Cards and Explanation of Benefits (EOB):

Access your personalized ID card via your secure member account, then print it or save it to your smartphone. Elect to go paperless to receive email EOB's instead of paper statements. These online services help minimize your risk of identity theft and protect your privacy.

Worldwide Support: Through AXA Assistance, Ameritas provides you with dental and vision provider referrals and appointment coordination when you're travelling outside the U.S. Contact AXA Assistance USA toll free: (866) 662-2731 or collect from anywhere in the world: +1 (312) 935-3727



iHear: Is there someone in your life who suffers from hearing loss? Now you can give them, or yourself, the gift of hearing. iHear is a unique hearing aid device. You don't need to visit an audiologist. Learn more and order today at ameritas.com/listen.

limitations

Covered expenses will not include and no benefits will be payable for:

1. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant.
2. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
3. to replace any prosthetic appliance, crown, inlay or onlay restoration, or ten years from the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
4. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. However, if the extraction occurred while under a prior plan, initial placement of the prosthetic appliance will be covered under the dental expense benefit for a period of 12 months from the date of extraction. The extraction of the third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
5. for any procedure begun before the plan member was covered under the dental expense benefit.
6. for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
7. to replace lost or stolen appliances.
8. for appliances restoration, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition.
9. for any procedure which is not shown on the Table of Dental Procedures.
10. for orthodontic treatment. (Unless otherwise specified in this contract.)
11. for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of, or in, the course of any employment for wage or profit.
12. for charges for which the plan member is not liable or which would not have been made had no insurance been in-force.
13. for services which are not required for necessary care and treatment or, are not within the generally accepted parameters of care.
14. because of war or any act of war, declared or not.

PROOF



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas.

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