# Group Dental Plan

For State of Florida Employees and Families, 2019

People First Plan Codes 4021, 4022 and 4023

## Get the most out of your dental benefits.

### True Discounts and Flexibility

- You are free to visit any provider you choose
- Your out-of-pocket costs may be 25-50% lower when visiting a network provider due to negotiated fees
- Some plans provide higher plan benefits when choosing a network provider
- The usual and customary allowance is used with out-of-network providers, and if the dentist's charges happen to be higher than that allowance, the difference will be an out-of-pocket expense
- Claims and pretreatment estimates are accepted from all providers
- Network providers accept payment directly from Ameritas, an option which is also available to out-of-network providers

### Find a Provider

- In Florida, there are more than 28,000 dental access points in the Ameritas Dental Network.
- Visit ameritas.com/group/olbc/florida and click "find a provider" to view your local network listing of general and specialty providers.
- You can nominate a dentist to join the 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.

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GR 6044 FL 8-18

## How to Enroll

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

## Compare Your 3 Dental Plan Options for 2019

| Deductible: Type 2 and/or Type 3 | | | | |
|---|---|---|---|---|
| **Category** | **Employee** | **Employee + Spouse** | **Employee + Children** | **Employee + Family** |
| Amount per calendar year | $50 | $100 | $100 | $150 |

| 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 |

## Orthodontia Benefits

| 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<br>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<br>$1,500 Out of Network | N/A |
| Waiting Period | None | 12 month** can be satisfied with prior credible coverage | N/A |

## Monthly Rates

| 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 |

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

## Visiting the Dentist: A Cost Comparison

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 | $8 |
| | D0120 | 1 | P | 100% | 80% | $21 | $40 | $0 | $8 |
| Amalgam (Filling) | D2140 | 2 | I | 80% | 80% | $65 | $105 | $13 | $21 |
| | D2140 | 2 | S | 80% | 50% | $65 | $105 | $13 | $53 |
| | D2140 | 2 | P | 80% | 50% | $65 | $105 | $13 | $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 |

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

This sample shows out-of-pocket costs based on usual and customary (U&C) allowances when visiting an out-of-network 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.

## Tools to Make Your Life Easier

After enrolling, access all of these features by creating a secure member account at ameritas.com/group/olbc/florida.

- Dental Health Report Card: Receive a personalized report after 12 months of using your dental benefits.
- Dental Cost Estimator: View estimated out-of-network general dentist charges based on ZIP Code and dental procedure.
- Electronic ID and Explanation of Benefits (EOB): Minimize your risk of identity theft and protect your privacy by saving your ID card to your smartphone and signing up for electronic statements.
- Eyewear Savings*: Save up to 15% off eyewear purchased at Walmart Vision Centers nationwide (excludes contacts).
- Rx Savings*: Save on prescriptions for your family at over 60,000 pharmacies across the nation.
- Worldwide Support: Receive assistance with provider referrals and coordinating appointments when you travel outside the U.S.

* These savings arrangements are not insurance and are no additional cost to your plan premium.

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## 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.

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