

DENTAL PLANS
made available by
AVMA GHLIT

For AVMA Members
and Their Staff



By Veterinarians. For Veterinarians.

Dental Insurance Plans

DENTAL INSURANCE PLANS

Introducing Dental Plans With Big Benefits.

Finding an affordable dental plan with strong benefits has always been a challenge for veterinarians. That's where the AVMA Group Health and Life Insurance Trust (AVMA GHLIT) comes in.

Thanks to the purchasing power of the AVMA GHLIT, AVMA members and their staff now benefit from the kind of quality dental coverage and pricing typically reserved for large groups. The AVMA GHLIT sponsored dental plans offer two distinct levels of coverage, allowing each insured to choose the one that best fits his/her needs.

The program was designed specifically for AVMA by Ameritas Life Insurance Corp. and is underwritten by Ameritas Life, one of the leading dental carriers in the nation.

About Ameritas.

Plans are insured by Ameritas Life Insurance Corp. Ameritas Group, a division of Ameritas Life, has served customers since 1959. Today the division and Ameritas Life subsidiaries provide dental, vision and hearing care products and services for nearly 100,000 employer groups, insuring or administering benefits for more than 5.4 million people nationwide. Ameritas has one of the largest PPO (Participating Provider Organization) dental networks in the country with more than 235,000 access points.

- A (Excellent) for financial strength and operating performance from A.M. Best Company. This is the third-highest of Best's 15 ratings.
- A+ (Strong) for insurer financial strength from Standard & Poor's. This is the fifth-highest of S&P's 21 ratings.

DUAL OPTION DENTAL

There's Strength in Numbers.

Quality care. Choice. Affordable pricing. Thanks to the purchasing power of the AVMA GHLIT, you can enjoy all these big-company benefits, no matter what size practice you happen to be.

While each plan offers a different level of coverage, both plans offer important benefits, including Dental Rewards®, the freedom to choose any dentist, and no minimum participation requirements. Everyone – or just one – in your group can harness the purchasing power of AVMA to enjoy these great benefits.

Two Options Offer Maximum Flexibility.

These plan options offer two distinct dental plan choices, allowing each insured individual to select the right balance of price and benefits. This ability to customize the level of coverage is an advantage not usually available with most dental plans.

Low Plan – offers solid coverage on a budget. Type 1 and Type 2 care are provided under an affordable, easy-to-understand plan. Highlights include no deductible on Type 1 care and no waiting period on all covered care.

High Plan – provides the maximum coverage of a traditional 100-80-50 indemnity plan. Highlights include orthodontia, a \$50 combined deductible (waived on Type 1 services), a \$1,500 annual maximum, and more.

These Plans Offer Flexibility in Funding, As Well.

These Plans also provide for a variety of options when it comes to funding. No employer contribution is needed; premiums may be paid 100% by employees. Or, employers may choose to contribute.

Dental Plan Designs

	LOW PLAN	HIGH PLAN
Annual Deductible	\$50/Calendar Year (Type 2)	\$50/Calendar Year (Type 2 and Type 3)*
Type 1 Care	100% of MAB**	100% of U&C**
Type 2 Care	80% of MAB**	80% of U&C**
Type 3 Care	N/A	50% of U&C**
Endo/Perio	Type 2	Type 2
Waiting Period Type 3	N/A	6 Months
Annual Maximum	\$1,000	\$1,500
Dental Rewards	Included	Included
Orthodontia (Adult and Child)	N/A	50% to \$1,000 Lifetime Maximum Benefit
Waiting Period Ortho	N/A	12 Months

*Type 2 and Type 3 services combined.

**MAB and U&C are the claim allowances when receiving care from non-network dentists. When you receive care from an Ameritas PPO network dentist, the claim allowance will be MAC. Please see the descriptions of MAB, U&C and MAC under DEFINITION OF TERMS, Page 6.

Covered Services

Type 1 Care

- Routine Exams (2 per benefit period)
- Cleanings (2 per benefit period)
- X-rays: full-mouth series, bitewings, panoramic
- Fluoride Treatments (age 18 and under)
- Space Maintainers

Type 2 Care

- Amalgams (fillings)
- Composite (white) fillings on molars
- Extractions
- Endodontics (root canals)
- Periodontics (gum disease)
- Sealants (age 16 and under)

Type 3 Care – Not covered on the Low Plan

- Crowns
- Bridges
- Onlays
- Pontics
- Implants
- Prosthodontics (Dentures)

You will receive a separate Certificate.

This highlights brochure is not a contract, certificate of insurance or guarantee of coverage. Full details about waiting periods, exclusions and limitations that may apply are contained in the policy or certificate.

Value Added Benefits

Dental Rewards

Automatically included on all plans, this feature rewards qualifying insureds by rolling over a portion of their unused annual maximum. Insureds qualify by submitting at least one dental claim each year and keeping benefits received at or below the annual benefit threshold. "Earn" an additional bonus to add to next year's maximum by making your annual visit to one of Ameritas' PPO dentists, who offer a discount on services provided.

Annual Benefit Threshold	Annual Dental Reward	Annual PPO Bonus	Maximum Reward Accumulation
\$500	\$250	\$100	\$1,000

Composites on Molars

The High Plan includes a benefit for composite fillings on the molars located in the back of the mouth. Dental composites consist of a core plastic material, also known as resin, mixed with fillers to achieve various levels of strength, wear resistance and color. The result is a more natural-looking, tooth-color filling.

For more than a century, amalgams (silver-color fillings) have been the first choice for fillings in molars, because of their superior strength and cost effectiveness. Molars are key to comfortably and thoroughly chewing food, and if a person suffers from bruxism (tooth grinding) the molars are always getting a workout, so molar strength is an important consideration.

However, advances in the strength of composite dental fillings, along with their natural look, have made them a popular alternative. Ultimately, the choice of dental filling material should be decided between the patient and his/her dental professional.

ENROLLMENT PERIOD

New AVMA members and their staff:

Must enroll within 31 days of AVMA membership.

New hire staff member:

Must enroll within 31 days of hire.

Late Entrant:

If a person enrolls for coverage more than 31 days after date of hire or joining AVMA, he or she will be a late entrant. Benefits for a late entrant will be limited to evaluations, cleanings and fluoride applications in the first 12 months of coverage.

Open Enrollment:

Members, employees and eligible dependents must enroll during the open enrollment period. An open enrollment period will be available each year. If you and/or your dependent(s) do not enroll during this period or elect to become insured again after dropping out of the dental plan, you and/or your dependent(s) will be a late entrant.

DEFINITION OF TERMS

Maximum Allowable Charge (MAC): when you receive care from an Ameritas Participating Provider Organization (PPO) network dentist, benefits for each covered procedure are paid according to the Maximum Allowable Charge, which is the contracted/discounted fee Ameritas PPO dentists have agreed to charge our plan members.

Maximum Allowable Benefit: MAB is derived from blending of submitted provider charges within a ZIP Code area. These allowances are an option for policyholders who want to offer their insured members affordable yet comprehensive coverage. The MAB is reviewed and updated periodically to reflect increasing provider fees within the ZIP Code area.

Usual and Customary (U&C): Benefits for a given dental procedure are paid according to the usual and customary charge for that procedure within a particular ZIP Code area. The High plan utilizes the 75th percentile of U&C, which means that 7.5 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

Deductible: A deductible is the amount of money you must pay each year to cover your dental care expenses before your insurance policy starts paying.

Coinsurance: Coinsurance is the percentage amount an insurance company pays toward a procedure. For example, an insurance company may pay 80 percent toward a Type 2 procedure, or 80 percent coinsurance, and the insured pays 20 percent.

Annual Maximum: Annual Maximum is the most the insurance company will pay per family member per calendar year.

Dental Rewards: Rewards qualifying insureds by rolling over a portion of their unused annual maximum. See page 5.

Alternate Benefit Provision: for two or more procedures that are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

ADMINISTRATIVE GUIDELINES

Most AVMA members are eligible to apply.

If you are an AVMA member or a staff employee of an AVMA member and work at least 20 hours per week, you are eligible to apply for coverage.

Eligible dependents include an insured's spouse and unmarried children under age 26 who are dependent on the insured for support.

When your coverage becomes effective.

The effective date for each member will be the first of the month falling on or next following:

- the date on which the member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance, **OR**
- the date Ameritas accepts the member for insurance when the member is a Late Entrant. The insured will be subject to any limitation concerning Late Entrants.

Each insured member will receive a Certificate of Insurance.

SAVE USING THE AMERITAS PPO NETWORK

With these plans, you are not required to utilize a PPO provider. However, if you do, additional savings could be realized. The PPO delivers important savings to insureds through qualified dentists in their area. With thousands of providers nationwide, its many benefits include:

- Discounted fees. Using PPO providers can often reduce out-of-pocket expenses for insureds.
- Credentialed dentists. The PPO dentists are professionals who meet credentialing requirements and are supported by a team of provider network specialists.
- Coverage outside the PPO. Important flexibility is yours. Select any non-PPO dentist and receive coverage. Of course, PPO dentists can usually save insureds money.
- To locate the nearest PPO providers, log on to www.ameritasgroup.com.

When insurance ends.

- Last day of the month following non-payment of premiums.
- Last day of the final month in which you are an active AVMA member or staff employee of an AVMA member.

Billing options and administration fees:

- Monthly EFT – No charge
- Monthly Bill – \$3.00
- Quarterly Bill – \$8.00
- Semi-Annual Bill – \$8.00
- List Bills (billed monthly) – \$3.00 per person (up to \$15 for groups – or up to 5 individuals)

How to Submit a Dental Claim:

1. Upon enrollment, a claim form is included with your Certificate of Insurance. Additional claim forms can be obtained by calling the Trust office at 1.800.621.6360. Or you can log on to www.avmaghlit.org and click on forms.
2. Take the claim form with you to the dentist performing your service.
3. You complete Parts 1 and 3 of the claim form. Part 1 is information about you and your employer. Part 3 allows you to have benefits paid directly to your dentist.
4. Your dentist completes Parts 2 and 4. Part 2 identifies the services that were performed. Part 4 certifies that the dentist performed the services.
5. You or your dentist can send the claim form to:

Ameritas Life Insurance Corp.
Group Dental Claims
P.O. Box 82520
Lincoln, NE 68501-2520

CONTACT INFORMATION

Enrollment:

All enrollment forms should be sent to:

AVMA GHLIT Trust Office
c/o HealthPlan Services
P.O. Box 30475
Tampa, FL 33630-3475
Phone: 1.800.621.6360

www.avmaghlit.org

Claims:

Ameritas Claims Office
P.O. Box 82520
Lincoln, NE 68501
Phone: 1.800.487.5553 (dental and vision)
Fax: 1.402.467.7336

Client Benefits and Claim Status:

Save time and money by accessing dental plan benefit information online, including coinsurance, deductibles, maximums and much more. You can also access the most recent dental claim status information, including whether a claim is paid or pending.

www.ameritasgroup.com

Broker/Administrator:
HealthPlan Services

Insured by:
Ameritas Life Insurance Corp.
Lincoln, Nebraska

The master group insurance policy providing coverage is governed by the laws of Illinois. This highlights brochure is not a contract, certificate of insurance or guarantee of coverage. Full details about waiting periods, exclusions and limitations that may apply are in the policy or certificate. Also, see the accompanying rate sheet for important information about limitations and exclusions. Ameritas and Dental Rewards are registered service marks of Ameritas Life Insurance Corp. and are used with permission.



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The AVMA Group Health and Life Insurance Trust c/o HealthPlan Services
3501 Frontage Road • Tampa, FL 33607 • 1.800.621.6360

www.avmaghlit.org

By Veterinarians. For Veterinarians.

DENTAL COVERAGE MONTHLY RATES

Valuable Benefits.
Remarkable Service.

LOW PLAN

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$23.76	\$28.28	\$33.04	\$35.72	\$35.68
Applicant + 1	\$44.68	\$52.52	\$61.20	\$65.68	\$71.96
Applicant + 2 or more	\$78.84	\$90.20	\$104.20	\$108.68	\$123.92

HIGH PLAN

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$41.00	\$47.04	\$53.64	\$60.36	\$60.08
Applicant + 1	\$78.48	\$89.40	\$101.80	\$113.44	\$120.44
Applicant + 2 or more	\$139.24	\$155.12	\$175.64	\$190.72	\$210.56

Rates are effective April 1, 2014.

The rate for each applicant is the rate established for his or her Area, which is determined by the employer's situs state (i.e. the state in which the employer is legally considered to be located). These plans are not available to Alaska, New Hampshire and New York residents.

Area 1 is defined as AL, AR, KY, MO, MS, SC, SD, TN and WV

Area 2 is defined as AZ, FL, GA, IA, ID, IN, KS, LA, ME, MI, MN, MT, NC, ND, NE, NM, NV, OH, OK, PA, TX, UT, VT, WI and WY

Area 3 is defined as CO, IL, MD, OR, RI and VA

Area 4 is defined as CT, DC, DE, HI, MA, and NJ

Area 5 is defined as CA and WA

This rate sheet accompanies brochure 15225. The plans are underwritten by Ameritas Life Insurance Corp.

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

All Plans

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when a member or employee or dependent becomes classified as a late entrant. A member or employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- for initial placement of any dental prosthesis or prosthetic crown 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. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- 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.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in the contract.)

- for which the plan member is entitled to benefits under any workers' 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.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Limitations for High Plan

- for Type 3 Procedures in the first six months that the plan member is covered under the dental expense benefit.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of 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.
- before the plan member has been covered under the orthodontic expense benefits for at least 12 consecutive months.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

Alternate Benefit Provision

If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Dental and Vision Enrollment Form

Insured by Ameritas Life Insurance Corp.



Current member of AVMA Yes No Current employee of an AVMA member Yes No

AVMA membership number _____ (required for all applicants)

Enroll in **Dental** Select Plan **High** **Low** **Vision** Select Plan **High** **Low**

**Administered by
HealthPlan Services**

Applicant Information

Marital Status Single Married Civil Union (as defined by state law or your Group) Domestic Partner (as defined by state law or your Group)

Social Security number _____ E-mail address _____

Primary Applicant's last name, first name, MI _____

Date of birth _____ Male Female Phone number (____) _____

Full time date of hire _____ Requested effective date ____/____/____

Occupation _____

Hours worked each week _____ Are your earnings paid: Hourly or Salaried

Street address _____ City _____ State _____ ZIP _____

Are you covered under another **dental** insurance plan? **Applicant:** Yes No **Dependents:** Yes No

Are you covered under another **vision** insurance plan? **Applicant:** Yes No **Dependents:** Yes No

Is your employer contributing to your premium? Yes No If yes, Employer name _____

Employer street address _____ City _____ State _____ ZIP _____

Dependent Coverage Information

List all eligible dependents to be added. (Applicant must be enrolled to cover dependents)

print full legal name (last, first, MI)	dental add	vision add	relationship	sex	date of birth	social security no.	college student?
1							
2							
3							
4							
5							

Requested Payment Method

Monthly EZ Pay – ONE MONTH PREMIUM REQUIRED (No administration fee) Complete EZ Pay agreement below.

Monthly Direct Billing Option – ONE MONTH PREMIUM REQUIRED (\$3 per person, up to \$15 maximum administration fee)

Quarterly Direct Billing Option – THREE MONTHS PREMIUM REQUIRED (\$8 per quarter administration fee)

Semi-Annual Direct Billing Option – SIX MONTHS PREMIUM REQUIRED (\$8 semi-annual administration fee)

Total payment including administration fee with application required. Make checks payable to: **Ameritas Life Insurance Corp.**

If requesting EZ Pay, complete the EZ Pay Agreement. (Only available if employer is NOT contributing premium.)

Payor Name or Depositor if different _____ Relationship to Applicant _____

Name of Financial Institution _____ Account number _____

Financial Institution Address _____ City _____ State _____ ZIP _____

Specify Type of Account Checking Savings

ABA 9 Digit Routing Number (See below or please call your financial institution for assistance) _____

Ameritas and/or HealthPlan Services, acting as Plan Administrator on behalf of Ameritas, is hereby authorized to present checks drawn on my checking or savings account on the first business day of each month, until this authorization is terminated. I understand that premiums already paid will be refunded to me if my Certificate is not issued. I further authorize the bank named to pay and charge to my account those payments that are drawn on my account by HealthPlan Services, and I agree that the bank named shall be fully protected in honoring any such payments. The bank's rights and treatment of each payment shall be the same as if it were signed by me. If any such payment is dishonored, whether with or without cause, I understand that the bank shall not be liable whatsoever, even though such dishonor results in a forfeiture of insurance. The authorizations above remain in effect until the bank is notified of termination by me in writing. To terminate coverage, I will also notify Ameritas and/or HealthPlan Services in writing.

X
Primary Payor Signature _____ Date _____

Joe Smith 123 Main Street Anytown, IL 12345 ATTACH YOUR INITIAL CHECK OR MONEY ORDER FOR PREMIUM PAYMENT Date _____ Pay to the order of AMERITAS LIFE INSURANCE CORP. \$ _____ Dollars For _____ ROUTING NUMBER 23456789 1234567891011 1117

EZ PAY PLAN APPLICANTS ONLY VOIDED CHECK DEPOSIT SLIPS ARE NOT ACCEPTABLE
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please sign (applicant) **The certificate provides dental and vision benefits only. Review your certificate carefully.**

As a member/employee, I hereby apply for group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

X _____
Applicant's Signature (do not print) Date

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements below.)

Soliciting producer name Bert H. Jacobs, Agent #638

X Bert H. Jacobs _____
Soliciting Producer's Signature Date

**Once completed, signed and dated, mail this form along with your premium payment to:
AVMA GHLIT C/O HealthPlan Services, P.O. Box 30475, Tampa, FL 33630-3475, Phone: 800-621-6360**

Note for California Residents: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

No Cost Language Services. You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

Servicios de idiomas sin costo. Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

Note for Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Note for Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Note for Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Note for Maryland and Washington, D.C. Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Note for New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Note for New Mexico and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Note for Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Note for Texas Residents: Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Note for Washington Residents: For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.