

DENTAL PLANS
made available by
AVMA GHLIT

For AVMA Members
and Their Staff



By Veterinarians. For Veterinarians.

Underwritten by Ameritas Life Insurance Corp.
Administered by HealthPlan Services

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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