

Citrus County School Board

Dental Highlight Sheet – Policy # 32352



BASIC PLAN - Dental Highlights

Effective Date: 1/1/2021

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	N/A
Deductible	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
Maximum (per person)	\$750 per calendar year
Allowance	80th U&C
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Space Maintainers 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 3 years) Sealants (age 16 and under) Restorative Amalgams Restorative Composites Simple Extractions Complex Extractions Anesthesia

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$50	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$500	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Rates Per Pay Period (24)

Employee Only (EE)	\$10.72
EE + 1 Dependent	\$20.44
EE + 2 or more Dependents	\$36.46

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Citrus County School Board**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritasgroup.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online PPO dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

SELECT PLAN - Dental Highlights

Effective Date: 1/1/2021

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,250 per calendar year
Allowance	80th U&C
Waiting Period	Type 3 – 12 Months

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Coinsurance	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

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Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Rates Per Pay Period (24)

Employee Only (EE)	\$18.84
EE + 1 Dependent	\$35.62
EE + 2 or more Dependents	\$61.88

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Type 3 Waiting Period

Plan members become eligible for Type 3 benefits after a 12-month waiting period from the date they are enrolled in the plan.

Orthodontia Waiting Period

Plan members become eligible for orthodontia benefits after a 12-month waiting period from the date they are enrolled in the plan.

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