



Lincoln Lancaster Human Services Federation

Dental Plan Option 1: Passive PPO

Effective Date: 7/1/2017

	In Network	Out of Network
Coinsurance		
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$0/Calendar Year Type 2 & 3 Waived Type 1	\$50/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person) Allowance	No Family Maximum \$1,500 per calendar year	No Family Maximum \$1,500 per calendar year
Waiting Period	Contracted Fee	90th U&C
Dental Rewards® (details on last page)	None	None
	Included	Included

Orthodontia Summary - Adult and Child Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Coinsurance	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500
Waiting Period	12 months New Enrollees Only	12 months New Enrollees Only

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

Type 1	In & Out of Network Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) 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"> Sealants (age 16 and under) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

	Voluntary	Contributory
Employee Only (EE)	\$47.36	\$45.12
EE + Spouse	\$94.64	\$90.16
EE + Children	\$109.23	\$104.08
EE + Spouse & Children	\$156.52	\$149.12



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Dental Plan Option 2: Incentive Coinsurance

Effective Date: 7/1/2016

	In Network	Out of Network
Coinsurance		
Type 1*	70/80/90/100%	70/80/90/100%
Type 2*	70/80/90/100%	70/80/90/100%
Type 3	50%	50%
Deductible	\$0/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,500 per calendar year	\$1,500 per calendar year
Allowance	Contracted Fee	90th U&C
Waiting Period	None	None
Dental Rewards® (details on last page)	Included	Included

**Type 1 and 2 benefits start at 70% and can increase 10% at the beginning of each calendar year until 100% is reached. In order to increase coinsurance levels, at least one dental procedure must be performed (at least one claim filed with Ameritas) during the calendar year. If a dental procedure is not performed in any calendar year, the benefits will revert to 70% and the 10% annual increases will start again.*

Orthodontia Summary - Adult and Child Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Coinsurance	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500
Waiting Period	12 months New Enrollees Only	12 months New Enrollees Only

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

Type 1	In & Out of Network Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • 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"> • Sealants (age 16 and under) • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

	Voluntary	Contributory
Employee Only (EE)	\$41.88	\$39.92
EE + Spouse	\$83.72	\$79.80
EE + Children	\$90.76	\$86.40
EE + Spouse & Children	\$132.64	\$126.44



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Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of LINCOLN-LANCASTER CNTY HUM SRVS FED LANCASTER AND SAUNDERS COUNTIES. 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.

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. 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	\$750	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
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

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.

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.