

La Crosse Area Chamber of Commerce Dental Choice

Plans for 3-100 enrolled employees

Help your clients attract and retain the best employees with dental benefits from Ameritas. Build loyalty and keep clients engaged with award-winning customer service, personalized products and robust sales support.

Benefits Overview	Plan A	Plan B	Plan C
Annual maximum for Type 1, 2 and 3	\$1,000	\$1,000	\$1,500
Claim allowance for Type 1, 2 and 3	MAC/U&C	MAC/U&C	MAC/U&C
Preventive/Type 1 deductible	\$0	\$0	\$0
Basic/Type 2 and Major/Type 3 deductible	\$50	\$50	\$50
3X family max: After three family members pay the deductible, it's waived for other family members for the rest of the year.			
Preventive/Type 1 coinsurance	100%	100%	100%
Basic/Type 2 coinsurance	50%	80%	80%
Endodontics (root canals) and periodontics (gum disease) services are covered under Basic/Type 2 (instead of Major/Type 3).			
Major/Type 3 coinsurance Includes coverage for dental implants and implant services.	25%	50%	50%
Child orthodontia lifetime coinsurance	Not included	50%	50%
Child orthodontia lifetime maximum		\$1,000	\$1,000
Child-only orthodontia available with Plan C or D as selected by the employer for the entire group.			
Participation requirements	3-100 enrolled	3-100 enrolled	3-100 enrolled

U&C = 80% of the usual and customary charges in the dentist's area fall in this range.

Annual rates are the same for voluntary and employer-paid plans and are determined by ZIP Code.

* In some areas, out-of-network provider charge may be greater than the Usual and Customary Charge.

No waiting periods for members who enroll at inception or at renewal.

All plans include annual Open Enrollment.

Monthly Rates	Employee	Employee & Spouse	Employee & Children	Employee & Family
Plan A	\$31.08	\$62.60	\$84.60	\$116.16
Plan B	\$39.80	\$80.52	\$109.52	\$151.48
Plan C	\$45.36	\$91.60	\$120.20	\$167.68

All rates are valid for groups with effective dates through December 31, 2018.

Rates apply for the following ZIP codes:

Minnesota: 550, 554, 556

Wisconsin: 535, 539, 540, 541, 542, 546

If quoting outside of these ZIP codes, please contact your Ameritas representative.

The proposed plan designs and rates in this brochure are not applicable to existing Ameritas policies.

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Why Ameritas

Dental Rewards®. By seeing a dentist each year and submitting total claims less than \$500, members qualify to carry over \$250 to add to their next year's annual maximum benefit. They can get an extra \$100 carry over reward by visiting an Ameritas dental network provider.* Max carry over accumulation is \$1,000.

Ameritas Dental Network. Our provider network is one of the largest in the nation with over 413,500 access points. Members can visit ameritas.com, [Find a Provider](#), Dental, to see if their dentist is in our network. If not, members can complete the provider nomination form and we'll use that information to contact their dentist.

Secure Member Account. Once enrolled in the plan, members can visit ameritas.com, Account Access, Dental, Secure Member Account and sign into their Secure Member Account. One-time registration is required, and the secure member account has got everything for members, all in one place:

- Benefit and claims information
- Dental ID cards for you and your dependents
- Rx and Eyewear Savings ID cards
- Opt for electronic Explanation of Benefits
- Dental Cost Estimator, FAQs
- Nominate a dental provider, Forms

Customer Service. Our call center team has earned BenchmarkPortal's prestigious Center of Excellence award for nine consecutive years (2007-2015 and counting). They also took third place in the 2016 Top 100 contest for medium-sized call centers.

Value Adds

Rx Savings. Valued plan members and their covered dependents (even their pets) can save on prescription medications at many pharmacies across the nation. Offered at no additional cost. It is not insurance.

Eyewear Savings. Members also get up to 15% off eyeglasses purchased at any Walmart Vision Center nationwide. Excludes contacts. Offered at no additional cost. This is not insurance.

Worldwide Support. If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network.

Maternity Benefit. Pregnant women who suffer from periodontal (gum) disease are more likely to have a premature baby. So we provide an additional exam and cleaning during a woman's pregnancy.

Plan Information

Administrative fee for groups with 15 or fewer enrolled employees, subject to state requirements, unless paying by electronic funds transfer	\$15 per month
Printed paper certificates cost	20¢ per covered employee
Home address mailing cost	36¢ per covered employee
COBRA administration cost	63¢ per covered employee

Late Entrant. Members who decline or drop dental coverage and later choose to sign up after the initial enrollment period, are considered late entrants. Coverage for late entrants begins at Level 1 and is provided only for exams, cleanings and (children's) fluoride applications for the first 12 months (six months in Vermont). After 12 months, members have access to all of the plan's benefits. Late entrant provisions will not apply to children enrolled in the plan prior to turning two, or to members who sign up during a subsequent annual open enrollment period.

What's Not Covered

Covered expenses will not include and benefits will not be payable for expenses incurred:

1. for any treatment which is for cosmetic purposes.
2. to replace any crowns, inlays, inlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
3. 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 Insured person is covered under this contract. But the extraction of a 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.
4. for any procedure begun before the insured person was covered under this contract.
5. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
6. to replace lost or stolen appliances.
7. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
8. for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy or certificate.)
9. for orthodontic treatment under the following provisions:
 - a. for treatment begun on or after the Insured's 19th birthday;
 - b. for treatment begun before the Insured became covered under this section;
10. for which the insured person 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 (except in CA and KY).
11. for charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
12. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
13. because of war or any act of war, declared or not.
14. 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.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

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