

This is a guide and will not supersede the provisions of the plan as outlined in the Master Policy.

Claim & Benefit Questions – 800-487-5553

Hours M-Th 7:00 a.m. to 12:00 a.m. Central
Friday 7:00 a.m. to 6:30 p.m. Central

Fax 402-467-7336 New Claims
402-309-2580 Additional Info

Email group@ameritas.com

Address P.O. Box 82520, Lincoln, NE 68501

Billing & Administration – 800-659-2223

Hours M-Th 7:00 a.m. to 7:00 p.m. Central
Friday 7:00 a.m. to 5:30 p.m. Central

Fax 402-467-7338

Email group_assistants@ameritas.com

Payment P.O. Box 650730, Dallas, TX 75265-0730

Overnight or courier . . Lockbox 650730, 1501 N. Plano Rd.,
Suite 100, Richardson, TX 75081

premium/billing payments

- Premium payments are due on the first day of the billing cycle, typically the first of the month; i.e. April's premium is due on April 1.
- Please pay the total amount due on the front page of the statement. Any adjustments requested will be reflected on the next statement prepared. Any money or employee status changes received after the "prepared date" in upper right corner will not be reflected in this total.
- Return a copy of the completed invoice with your check. Include the policy & division number on the check.

Late Payments will stop the processing of claims. Should there be further questions, refer to page 9050 PREMIUMS in your Policy. Please see the GRACE PERIOD provision on policy page 9323.

claims

Dental Claims (for groups with dental insurance)

- Typically, the provider will file the claim for the employee.
- If the provider files the claim, the policy number, division number, and the employee's Social Security number is needed. **A card is not required.**
- If the employee files the claim, a **Claim Form** should be completed and submitted with an itemized bill from the provider. If payment is to be made directly to the dentist, the employee needs to sign the authorization section on the form.
- Need help filling out the **Claim Form**? Refer to the back of the form, call Claims at 800.487.5553 or visit our website.
- If the employee anticipates services to exceed \$200, we recommend filing a Pretreatment Estimate before the work begins. Refer to the back of the **Claim Form** for more information.

Eye Care Claims (for groups with eye care insurance)

- For information on submitting a claim for services with VSP visit vsp.com or with EyeMed visit eyemed.com. Refer to your eye care policy or our website at ameritas.com for information on submitting a claim for Vision Perfect plans.

If Section 125 Requirements Apply

- Section 125 plan allows premiums contributed by employee to be withheld on a pre-tax basis.
- Section 125 restricts election of coverage. Electing coverage, changing coverage, or dropping coverage can be done only 1) within 31 days of the date an employee first becomes eligible, loses eligibility elsewhere, or has a family status change, or 2) during an annual election period.
- Regulations regarding Section 125 plans are administered by the Internal Revenue Service. Refer to your Section 125 plan guidelines or legal counsel for specific information.

eligibility

Adding Employees

Complete an **Enrollment/Change Form**.

- **Must** include company name, POLICY and division number.
- **Must** include employee name and Social Security number.
- **Must** include full-time date of hire.
- **Employee must sign and date form unless 100% participation is required.**
- If dependents are to be included, they must be listed on the form.

The employee's effective date is based on his/her full-time date of hire and the applicable waiting period. (See policy page 9070 **Eligibility Period**)

An employee who is rehired within 12 months from his/her original termination date is not required to re-wait the waiting period. Please indicate that the employee is a rehire by providing the date of rehire after the **Rehire** box (right of **Full-Time Date of Hire**) on the **Enrollment/Change Form**.

If an employee is required to contribute to the premium, (see policy page 9070 **Contribution**) the employee must elect coverage within 31 days of satisfying the waiting period. The employee's signature date is considered as "enrollment authorization." We **cannot** enroll anyone prior to their authorization signature date on contributory plans. If the employee elects coverage **after** 31 days of becoming eligible, benefits will be limited to the Late Entrant provision. (see policy page 9219 **Limitations**)

If 100% enrollment is required, (see policy page 9323 **Participation Requirements**) an employee will be added on his/her correct effective date regardless of the date of signature or submission of completed application into our office.

Exception To Employee Effective Date: If an employee is absent from work on the day his or her insurance becomes effective, the insurance effective date will be either the day the employee returns to full-time work or the first of the month following the employee's return to full-time work. If the absence is due to vacation, the normal effective date applies as long as the employee was at work full time on the last scheduled work day.

Adding Dependents

Complete an **Enrollment/Change Form**.

- **Must** include the **Life Event** such as marriage, adoption, loss of other coverage, etc. **and** the date of the life event.
- **Must** include company name, policy and division number.
- **Must** include employee name, Social Security number, dependent's name, date of birth and Social Security number.

Late enrollment of dependents. If dependent coverage is not elected within 31 days of satisfying the waiting period, or 31 days after a life event, the dependent will be considered a late entrant and subject to the Late Entrant provision.

If 100% dependent enrollment is required, (see group policy page 9323 under **Participation Requirements**), dependents must be added when eligible.

Dropping Dependents

Complete an ENROLLMENT/CHANGE Form.

- **Must** fill in the line **Number of Dependents Still Covered** as well as the names of those still covered.
- Include company name, policy and division number.
- Include employee name and Social Security number.

Late Entrant Provision

(see page 9219 of policy for limitations)

An employee or dependent who does not enroll within 31 days of satisfying the waiting period* or who reinstates coverage after canceling will be considered a late entrant. A late entrant will have limited benefits for a specified period of time as outlined on page 9219 of the policy.

- An employee becomes eligible following the date of hire and satisfying the policy's waiting period. (see page 9070 of the policy)
- A dependent becomes eligible at the same time as the employee or following a life event, such as a marriage or birth. (see page 9070 of policy)
- For Section 125 plans, the late entrant provision **may** be avoided when a qualifying life event occurs.

*Warning: A Late Entrant Penalty will subject an employee or a dependent to limited benefits for the first 12 months of continuous coverage. Premiums must be paid continuously during this 12-month period.

Terminating Employees

When terminating an employee please include his/her name, Social Security or certificate number, and last day worked.

- Call 800-659-2223 or
- Fax to 402-467-7338 or
- Indicate on the billing statement, by listing the employee on the front page, as well as their last day worked.

For more information see page 9070 of the policy.

** Terminations reported late or in error are subject to review of claim records and premium may not be refunded.

Access Ameritas' Web Site at ameritas.com

The following are some examples of the information available by using our website.

- Printable Forms
 - Dental and Eye Care Claim Forms
 - Employee Enrollment/Change/Waiver Forms
 - Election of Insurance Continuation Forms
- Find a dentist (PPO) or eye care provider (VSP or EyeMed) near you
- View benefits and claim status
- eEnroll and eBill services for benefits administrators (there are requirements for availability of this service)

changes to your policy

Name Change/Merger

If your company changes names, please write/fax a letter stating the new name and the date this was effective. If your company becomes involved in a merger, Ameritas can typically accommodate the new entity without a break in coverage for the current employees. Talk with your agent and/or call Ameritas for more details.

Change in Eligibility Period/Benefits

If you are interested in changing the eligibility period, benefits or some portion of your policy, Ameritas is flexible in meeting your needs. Talk with your agent and/or call Ameritas for more details.

Note: Any policy change requested could affect rates. Please talk with your agent and/or call Ameritas.

Termination of Policy

** The Policyholder may terminate this policy as of any Premium Due Date by giving Ameritas written notice **before** that date.

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