



Ameritas is Your Dental Provider

Dental benefits are our specialty and we believe we do them better than anyone else.



We're Proud to Protect Your Smile

Dental care is just as important to a lifetime of good health as your medical plan. But caring for your teeth, and making sure your loved ones have good oral health care, can be expensive. You can offset these expenses by taking advantage of the dental benefits offered through Ameritas, exclusively for Bon Secours Mercy Health associates and their families.

Things to know:

- You are free to visit any provider you choose.
- Your out-of-pocket costs may be 25-50% lower when visiting a network provider due to negotiated fees.
- When visiting an out-of-network provider, any difference between the dentist's charge and what the dental plan pays will be an out-of-pocket expense.
- Claims and pretreatment estimates are accepted from all providers.
- Network providers accept payment directly from Ameritas, an option which is also available to out-of-network providers.
- Visit <http://bsmh.ameritasgroup.com> and click **Find a Provider** to view your local network listing of general and specialty providers. Your network is Ameritas Classic and Plus Network.
- You can nominate a dentist to join the network via the link on this site, or by calling our provider relations department at 800-755-8844.





You Have Three Plans to Choose From

Dental plan options

Associates may choose between the three plan options shown below or choose to waive coverage. All three plans provide the freedom to choose any dentist, but members also have access to the Ameritas Classic and Plus Network. Out of pocket expenses are generally lower from network providers, who have agreed to provide dental care at discounted fees. The Associate must remain in the plan he or she chose until the next annual election period. During each annual election period, Associates may switch between plans without penalty.

	Core PPO Plan		Core Plus PPO Plan		Enhanced PPO Plan	
	Using a Network Provider	Using an Out-of-Network Provider	Using a Network Provider	Using an Out-of-Network Provider	Using a Network Provider	Using an Out-of-Network Provider
Deductible: per plan year per person/per family <i>Waived for Preventive Procedures & Orthodontia</i>	\$50 per person \$150 per family		\$50 per person \$150 per family		\$25 per person \$75 per family	\$50 per person \$150 per family
Preventive (Type 1) procedures	100%	90%	100%	90%	100%	100%
Basic (Type 2) procedures	80%	70%	80%	70%	90%	80%
Major (Type 3) procedures	50%	40%	50%	40%	60%	50%
Maximum dental benefit per plan year per person	\$1000		\$1500		\$2500	\$1500
Orthodontia for adults & children	Not Covered	Not Covered	50%	50%	50%	50%
Orthodontic lifetime maximum	NA		\$1500		\$2000	
Waiting periods	None	None	None	None	None	None
SoundCare® benefit: Annual hearing exam Hear Aid Maintenance Hearing Aids	No deductible 100% Up to \$75 per year 100% Up to \$40 per year 50% Up to \$200 per EAR		No deductible 100% Up to \$75 per year 100% Up to \$40 per year 50% Up to \$200 per EAR		No deductible 100% Up to \$75 per year 100% Up to \$40 per year 50% Up to \$200 per EAR	

Sample procedure listing

Type 1	Type 2	Type 3
Routine exam (2 in a calendar year) Bitewing X-rays (1 in a calendar year) Full mouth/panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (4 in a calendar year) Fluoride for children 18 and under (1 per benefit period) Sealants (age 13 and under) Space maintainers	Restorative amalgams Restorative composites Crown repair Endodontics (nonsurgical & surgical) Periodontics (nonsurgical & surgical) Simple extractions Complex extractions	Onlays Crowns (1 in 5 years per tooth) Prosthodontics (fixed bridge; removable complete/ partial dentures) (1 in 5 years)

Adult and child orthodontia benefits	In-network	Out-of-network
Plan benefit	50%	50%
Deductible	\$0	\$0
Lifetime maximum (per person)	\$1,500 - \$2,000	\$1,500 - \$2,000
Waiting period	none	none
Allowance	Discounted fee	U&C

To find out more about your Ameritas dental plan, visit your online benefits center at bsmh.ameritasgroup.com

Your Ameritas dental plan includes adult and child orthodontia benefits. Covered expenses are based on 50% of the estimated cost of the patient's treatment program, up to \$1,500 per person lifetime maximum on the Core Plus PPO Plan and \$2,000 on the Enhanced PPO Plan. The total estimated cost is prorated by quarter over the estimated length of the program. Payment is made in equal quarterly installments for up to two years, beginning on the date the braces are placed.

SoundCare® Benefit:

As an added benefit, by participating in this dental plan, members have access to hearing benefits. SoundCare is not tied to a network; you can seek services from any doctor at any facility. After receiving a hearing exam or hearing materials, simply submit a claim to Ameritas for reimbursement.

As an additional resource, members have the option of seeking services through an EPIC provider that may be able to offer better pricing on hearing devices, and you don't have to file any claim forms by using an EPIC provider. EPIC offers a nationwide alliance of ear physicians, ENTs and audiologists for expert hearing evaluations and treatments. Their counselors will help you find an EPIC alliance provider, schedule an exam, receive treatment if needed, submit your claim and more.

Using Your Dental Benefits is Pain-Free



See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. **You do not need to switch providers.** Family members do not need to see the same dentist.



Save money. Dentists in the Ameritas network have agreed to a contracted fee. They charge you **25-50% less than their regular rates.** Many of them also offer discounted fees on non-covered dental services as allowed by state law. Out-of-network providers have not agreed to offer discounts and will charge you their regular rates. If the dentist's charges happen to be higher than the usual and customary allowance, the difference will be an out-of-pocket expense.



Avoid paperwork. When visiting Ameritas Classic and Plus Network providers, there are no claim forms to submit. Our providers handle everything, and they may even submit claims electronically for a quicker turnaround. All you need to do is make the appointment and show up. Out-of-network dentists may also submit claims as a courtesy. If you need a claim form, go to **bsmh.ameritasgroup.com**.



Know what's covered. As a smart consumer, it's best for you to know your share of the cost up front. For services over \$200 we recommend you ask your dentist to request a pretreatment estimate from our customer relations department. You will receive a written response showing what Ameritas estimates your dental plan will pay, and the amount that you will owe.

See if your dentist is in our network. Visit ameritas.com, Find a Provider to find a new dentist or see if your current provider is in the Ameritas Classic and Plus Network.

Nominate your dentist. If your dentist is not in our network already, it's easy to let us know. Just go to ameritas.com, search for "nominate a provider" and complete the online form.



Exceptional network. The Ameritas Classic and Plus Network is one of the five largest in the nation. Plus, now you can visit dental providers in Mexico and still receive coverage. Plan discounted fees and agreements are honored by AmexUS Mexico providers, and claims will be processed by Ameritas.

Common Questions About Switching Dental Carriers

If my current dentist is not in the Ameritas Classic and Plus Network, will I pay significantly more for dental services?

We regularly analyze dentist procedure charges from every ZIP Code to come up with U&C levels for each area. When you visit an out-of-network dentist, the amount that we reimburse you or your provider is based on nine out of ten dentists' charges for that procedure in your given three-digit Zip Code area. So your dentist's charges are very likely to be at or below what our plan pays. If your dentist's charges happen to be higher than the U&C allowance, the difference will be an out-of-pocket expense. You can ask your provider to submit a pretreatment estimate to Ameritas so you and your provider can see exactly how the claim will be processed and what you will pay.

How will switching carriers to Ameritas impact dental treatment that's in progress?

Dental treatments are billed based on the date each service is performed. For example, the day your provider starts a root canal or prepares a crown or denture is considered the date of service. If you have a service in progress that requires multiple visits, claims for services received before your Ameritas effective date will be submitted to your previous dental carrier. Once you are active with Ameritas, dental services will be submitted to Ameritas. Ameritas does not have access to claims processed by your prior dental carrier.

Some services go hand-in-hand, such as tooth extraction and replacement. Prior Extractions may be a listed covered benefit if these two criteria are met, subject to maximum plan benefits.

- Extraction completed within 12 months of the effective date
- Replacement service was completed after effective date, and within 12 months of the original extraction

If those services are performed under different coverages, your dentist should provide documentation of the previous procedure, and Ameritas may request further information from you.

Orthodontia Benefits on Core Plus PPO Plan and Enhanced PPO Plan:

The treatment program may begin at any age, but dependent benefits cease when a patient is no longer a dependent, even if a treatment program is underway. Plan payments will begin automatically to the party assigned on the claim form. Half of the treatment program is considered at 50% and is paid up front. The remaining maximum orthodontia benefits are made in equal quarterly installments not to exceed two years.

How will my orthodontic benefit be released?

Upon receipt of the onetime orthodontic claim, Ameritas we will set up an orthodontic program to release the benefit in even quarterly payments. A letter will be issued to the partner and the dental office communicating the payment schedule, not to exceed 24 months.

For example, if an orthodontic program is planned for 36 months, the lifetime maximum would be scheduled to be released in 8 equal quarterly payments over the first 24 months, so it's possible the entire lifetime orthodontic maximum could be released before the banding is removed.

What if I'm in the middle of orthodontic treatment when I am hired as a new associate? (bold)

For orthodontic programs that were being paid through your former employer's dental plan, benefits can be set up under your Ameritas dental plan. A claim form for the orthodontic program and documentation on what your prior coverage paid in the past. Ameritas reimburses orthodontic payments quarterly. We encourage you or your orthodontic provider to contact Ameritas with any questions you may have.

Ameritas Orthodontic Benefits

Example of orthodontic benefits schedule for illustration purposes only

Orthodontic provider	Lifetime maximum	Dentist** charge	Plan benefit	Total benefit available*	# of quarters	Quarterly benefit	Out of pocket
Core PPO Plan	N/A	\$4,500	\$0	\$0	8	\$0	\$4,500
Core Plus PPO Plan	\$1,500	\$4,500	50%	\$1,500	8	\$188	\$3,000
Enhanced PPO Plan	\$2,000	\$4,500	50%	\$2,000	8	\$250	\$2,500

*Benefit available will not exceed the lifetime maximum.

**Sample charge, this may be reduced by choosing a network provider.

Bon Secours Mercy Health

Here to Help

If you have questions about your plan benefits, call our customer connections team. Our claims contact center associates have earned **BenchmarkPortal's Center of Excellence award since 2006**, an achievement held only by two other companies.



99.39% of phone calls answered within 15 seconds



99% claims processing accuracy



Claims processed in an average of 9 business days

Claims, benefit and provider network questions:

bsmh.ameritasgroup.com | 800-487-5553
Monday - Thursday, 7 a.m. – Midnight (CST)
Friday, 7 a.m. – 6:30 p.m. (CST)
During open enrollment until December 31, 2019,
call the Enrollment Support Welcome Line at 877-573-7749

¿en español? Ameritas offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

Worldwide support. AXA Assistance provides you with dental provider referrals and appointment coordination when you're traveling outside the U.S. AXA has offices in more than 30 countries, answering calls 24 hours a day. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment. Access AXA contact details via your secure member account at ameritas.com.

Dental health report card. Find out where your dental health stands and how to improve it. After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska Medical Center College of Dentistry and includes feedback on your dental health status and dental care tips specific to you.



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.

Claims statistics from Ameritas claims processing system, 2018.

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

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