

FAQ

Wholesale Webinar

1. How are claims payments determined?

- a. In most states, when using an in-network provider, claims are paid at the Maximum Allowable Charge (MAC) claim allowance which is the maximum amount a network provider may charge. If using an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest network contracted fee in the ZIP Code area.

2. How does balance billing work on the Primestar dental plans?

- a. For a plan that is paying benefits to an in-network provider, there should be no “balance billing”, rather the provider would bill the member the portion of the claim that the plan does not cover. (i.e. Ameritas covers 80% for a filling, member is responsible for 20%)
- b. When paying benefits to an out-of-network provider, the plan pays the insured percentage based on the Maximum Allowable Benefit (MAB) which is the lowest network rate in the ZIP code area. Therefore, if Ameritas covers 80% for a filling, the member is responsible for 20% plus the additional amount charged above the MAB.
- c. Check out the [agent marketing site](#) for state specific details.

3. How does an Ameritas plan pay if a claim is sent as secondary?

- a. With no Coordination of Benefits (COB) in our plans, we essentially ignore any other Explanation of Benefits (EOBs) or documentation submitted, therefore we process the claim as primary.
- b. Because we always pay primary, you can have an Ameritas plan with any number of other dental plans.

4. Who do I contact with questions about my commission level?

- a. Reach out directly to your General Agent or Field Marketing Organization.

5. How do I confirm who is in-network?

- a. Dental – visit our provider directory [online](#).
- b. VSP – call 800-877-7195, or [online](#).
- c. EyeMed - call 866-289-0614, or [online](#).
- d. Confirm directly with provider.

6. Can Primestar Dental plans be used outside the United States?

- a. Yes, we have in-network providers in every US state, and including Mexico.
- b. All other countries are out-of-network.

7. Where do I file out-of-network claims?

- a. Dental – mail itemized bill to Ameritas, PO BOX 82520, Lincoln NE 68210
- b. VSP – call 800-877-7195 or submit [online](#).
- c. EyeMed – call 866-289-0614 or submit [online](#).

8. Do Medicare Advantage plans with dental benefits qualify as a “fully insured dental plan” under the Credit for Prior Coverage (CPC) rules?

- a. Yes, a Medicare Advantage plan is considered a fully insured dental plan and is eligible given all other requirements are met.
- b. Download the [CPC flyer](#) for additional details.

9. How do I manage a plan change for an existing Ameritas customer?

- a. For an Ameritas to Ameritas change, always contact Sales Connect for timing and qualifications.

10. Where do I find my personalized shopping link?

- a. You can access it in your Producer Portal account at <https://producerportal.ameritas.com>
- b. Once you have your link, you can bookmark it as it's always current. [Learn more](#) about how to get the most out of your shopping link.

11. How does the Missing Tooth Clause work?

- a. Ameritas will not cover a space where the tooth has been removed prior to starting coverage with us, unless that space already has a prosthetic that has been in place for at least 5 years.

12. Where can I find marketing materials?

- a. Visit and bookmark our agent marketing site at: <https://explore.ameritas.com/agentmarketing>

13. For any additional questions, contact Sales Connect

- a. Email – salesconnect@ameritas.com
- b. Call – 888-336-7601
 - i. Option 2 (English)
 - ii. Option 7 (Spanish)



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Ameritas Life Insurance Corp. of New York