

# Breckenridge ISD

Dental Highlight Sheet



## High Dental Plan Summary

Effective Date: 9/1/2010

<b>Coinsurance</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	Type 3 – 3 months

## Orthodontia Summary - Adult and Child Coverage

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	3 months

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"><li>• Routine Exam (1 in 6 months)</li><li>• Bitewing X-rays (1 in 12 months)</li><li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li><li>• Periapical X-rays</li><li>• Cleaning (1 in 6 months)</li><li>• Fluoride for Children 13 and under (1 per benefit period)</li></ul>	<ul style="list-style-type: none"><li>• Sealants (age 13 and under)</li><li>• Space Maintainers</li><li>• Restorative Amalgams</li><li>• Restorative Composites</li><li>• Endodontics (nonsurgical)</li><li>• Endodontics (surgical)</li><li>• Periodontics (nonsurgical)</li><li>• Periodontics (surgical)</li><li>• Denture Repair</li><li>• Simple Extractions</li></ul>	<ul style="list-style-type: none"><li>• Onlays</li><li>• Crowns (1 in 10 years per tooth)</li><li>• Crown Repair</li><li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li><li>• Complex Extractions</li><li>• Anesthesia</li></ul>

## Monthly Rates

<b>Employee Only (EE)</b>	\$26.92
<b>EE + Spouse</b>	\$51.88
<b>EE + Children</b>	\$64.96
<b>EE + Spouse &amp; Children</b>	\$89.92

## Ameritas Information

### We're Here to Help

This plan was designed specifically for the associates of **Breckenridge ISD**. 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](http://ameritasgroup.com/member).

### 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	\$500	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

### Contracted Provider Information

To find a provider, visit [ameritasgroup.com](http://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.

### Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1.

### 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.

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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.

## Low Dental Plan Summary

Effective Date: 9/1/2010

<b>Coinsurance</b>	
Type 1	MCE
Type 2	MCE
Type 3	MCE
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	MCE
<b>Waiting Period</b>	Type 3 – 3 months

## Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Coinsurance</b>	50%
<b>Lifetime Maximum (per person)</b>	\$750
<b>Waiting Period</b>	3 months

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 18 and under (1 per benefit period)</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Denture Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Prostodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

## Monthly Rates

<b>Employee Only (EE)</b>	\$12.28
<b>EE + Spouse</b>	\$23.44
<b>EE + Children</b>	\$35.36
<b>EE + Spouse &amp; Children</b>	\$46.52

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