Employee Dental Benefits

Sun Health Employee Services LLC

Your dental benefits help you save money no matter which provider you visit. Here's what you can expect.

Save with a network provider. The Ameritas Dental Network is one of the nation's largest. Network providers charge 25-50% less than their regular rates, which can lower your out-of-pocket costs. Network provider charges are guaranteed to be within the plan allowance. Many network providers also offer discounts on non-covered dental services as allowed by state law.

Find a provider. Use the QR code to find a dentist or see if your current dentist is in the **Ameritas Classic & Plus Network.** Or visit ameritas.com – Find a Health Provider. You can also see a list of contracted providers in Mexico.

Visit any dental provider. You are free to use your benefits with any in or out-of-network licensed dentist. You do not need to switch providers, and family members do not need to visit the same dentist.

Nominate your dentist. If your provider is not in the network, Ameritas can invite them to join. Go to ameritas.com, search "nominate a provider" and complete the online form.

No paperwork or upfront payment. Network providers submit claims for you. Out-of-network dentists may also submit claims as a courtesy. Ameritas can send claim payments directly to any provider, so you only pay your portion. There's no need to pay upfront and wait for reimbursement.

Online access. After your benefit effective date, go to ameritas.com/sign-in and select Member Sign In under Dental, Vision & Hearing. Click Register, choose your account type, validate your identity, and follow the prompt to create your account. With your member account, you can access ID cards, view plan details, track claims and find helpful resources, all in one place.

Download the Ameritas Benefits app for quick access to many of the same features. Log in with the same email and password you use for your member account.

Save more with Ameritas. Ameritas offers savings programs to help members with hearing, prescription and eyewear expenses. These non-insurance programs are available at no additional cost to the plan premium.

Save more with a network provider

Sample out-of-pocket costs based on your plan

Member Cost In-network	Exam, X-rays, and cleaning (Type 1)	Filling (Type 2)	Crown (Type 3)
Without insurance	$244	$218	$1,170
Plan One	$0	$24	$332
Plan Two	$0	$24	$265
Out-of-network			
Plane One	$0	$44	$585
Plan Two	$0	$44	$468

This is an example of average savings for Ameritas members in ZIP code region 853xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.

Know the cost. After coverage begins, use the dental cost estimator in your member account to view average in- and out-of-network procedure charges in your area. These amounts do not include network discounts or plan benefits.

You are welcome to ask your dentist's office to submit a pretreatment estimate based on your plan benefits so you can see exactly how a proposed service would be covered, how much insurance will pay and your estimated out-of-pocket cost.

Here to help

Claims, benefit and provider network questions:
group@ameritas.com | 800-487-5553 | NY: 800-659-5556

Registering or accessing your member account: **888-808-5080**

Ameritas
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Dental plan benefits	Plan One	Plan Two
Maximum benefit The total amount insurance will pay per person, per calendar year	$1,000	$1,500
Deductible The amount you pay before benefits apply, per person, per calendar year	$0 Type 1 $50 Type 2 & 3 $150 family maximum	$0 Type 1 $50 Type 2 & 3 $150 family maximum
Out-of-network claim allowance The highest payment allowed for services	**90th U&C:** lower out-of-pocket costs no matter which dentist you visit	**90th U&C:** lower out-of-pocket costs no matter which dentist you visit
Coverage levels - member coinsurance	**Insurance coverage per procedure; subject to the maximum, deductible and allowance**	
Preventive (Type 1) Exams, X-rays, cleaning, space maintainers, fluoride & sealants for children	100%	100%
Basic (Type 2) Fillings, root canals, gum disease treatment, anesthesia, extractions	80%	80%
Major (Type 3) Crowns, crown repair, dentures, denture repair, bridges, onlays	50%	60%
Adult and child orthodontia Lifetime maximum, per person	No coverage	50% $1,500

Claim allowances: How in and out-of-network claims are paid

In-network Discounted Fee: Maximum Allowable Charge (MAC)
In-network claims are paid based on the provider's discounted network fee, which may result in lower out-of-pocket costs.

Out-of-network: Usual & Customary (U&C)
Out-of-network providers decide how much they charge per procedure. Out-of-network claims are paid based on what we expect 9 out of 10 charges from out-of-network dentists to be for this service. You pay the difference between what the plan pays and the dentist's actual charge.

Plan features

Dental Rewards® & PPO Bonus Each year you submit at least one dental claim and keep your total amount of benefits at or under **$500 (Plan 1) $750 (Plan 2),** you qualify to carry over **$250** in benefit rewards to the following year. If you visit an Ameritas network provider, you earn an additional **$100 (Plan 1) $150 (Plan 2)** per year. Over time, you can earn up to the maximum accumulation of **$1,000** to use after your existing annual maximum benefit is used. 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.

Preventive Plus Plan payments for covered Preventive (Type 1) dental procedures are not applied to your annual maximum benefit. This saves the entire annual maximum amount for all other services covered under the plan. Be sure to schedule your preventive visits each year to take advantage of this additional benefit.

Orthodontia (adult and child) - (Plan 2) The treatment program may begin at any age, but dependent benefits end when a patient is no longer a dependent, even if a treatment program is underway. Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier. Plan payments will begin automatically to the party assigned on the claim form and are made in equal quarterly installments not to exceed two years.

SoundCare® You can use your hearing benefits at the provider of your choice. The plan pays up to **$75** toward your annual hearing exam and up to **$40** per year for hearing aid maintenance, batteries, service, fittings, ear molds and repairs. The hearing aid benefit increases each year you're on the plan.