



Dental Plans

made available by

AVMA GHLIT

**Underwritten by Ameritas Life Insurance Corp.
(In New York, First Ameritas Life Insurance Corp. of New York)**

For AVMA Members and Their Staff

**Designed
by Veterinarians
for Veterinarians**

Valuable Benefits.
Remarkable Service.

DENTAL INSURANCE PLAN

Dental Insurance Plan

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Introducing A Dental Plan With Big Benefits.

Finding an affordable dental plan with strong benefits has always been a challenge for veterinarians. That's where the AVMA Group Health and Life Insurance Trust (AVMA GHLIT) comes in.

Thanks to the purchasing power of the AVMA GHLIT, AVMA members and their staff now benefit from the kind of quality dental coverage and pricing typically reserved for large groups. The AVMA GHLIT sponsored dental plans offer three distinct levels of coverage, allowing each insured to choose the one that best fits his/her needs.

The program was designed specifically for AVMA by Ameritas Life Insurance Corp. (in New York, First Ameritas Life Insurance Corp. of New York) and is underwritten by Ameritas Life/First Ameritas, one of the leading dental carriers in the nation.

About Ameritas and First Ameritas.

Ameritas Group, a division of Ameritas Life Insurance Corp., provides coverage for 49,000 employer groups, insuring more than 4 million people nationwide. Since the late 1990s, the company has maintained a customary claims processing turn-around time of just 5-10 business days with a dollar accuracy of processed claims that exceeds 99 percent. In New York, insurance coverage is provided through First Ameritas Life Insurance Corp. of New York, a subsidiary of Ameritas Life.

Founded in 1887, Ameritas Life earns high ratings from independent insurance industry analysts:

- A (Excellent) for financial strength and operating performance from the A.M. Best Company. This is the third highest of Best's 15 ratings.
- AA- (Very Strong) for insurer financial strength from Standard & Poor's. This is the fourth highest of S&P's 21 ratings.

TRIPLE OPTION DENTAL

There's Strength in Numbers.

Quality care. Choice. Affordable pricing. Thanks to the purchasing power of the AVMA GHLIT, you can enjoy all these big-company benefits, no matter what size practice you happen to be.

While each plan offers a different level of coverage, all three plans offer important benefits, including a \$1,000 annual maximum, the freedom to choose any dentist, and no minimum participation requirements. Everyone – or just one – in your group can harness the purchasing power of AVMA to enjoy these great benefits.

Three Options Offer Maximum Flexibility.

These plan options offer three distinct dental plan choices, allowing each insured individual to select the right balance of price and benefits. This ability to customize the level of coverage is an advantage not usually available with most dental plans.

Standard Plan – offers solid coverage on a budget. Type 1 and Type 2 care are provided under an affordable, easy-to-understand plan. Highlights include no deductible on Type 1 care and no eligibility period on all covered care.

Classic Plan – provides excellent mid-range benefits with 100% coverage on Type 1 services. Highlights of this plan include orthodontia, a \$50 combined deductible (waived on Type 1 services), eye care exam, and more. Established Maximum Covered Expense amounts allow insureds to know up front what they'll pay for Type 2 and Type 3 services.

Premier Plan – provides the maximum coverage of a traditional 100-80-50 indemnity plan. Highlights include orthodontia, a \$50 combined deductible (waived on Type 1 services), eye care exam, and more.

The Plan Offers Flexibility in Funding, As Well.

The Plan also provides for a variety of options when it comes to funding. No employer contribution is needed; premiums may be paid 100% by employees. Or, employers may choose to contribute.

Employees are able to purchase group dental benefits without a hefty price tag. And if you have a flexible spending plan in place, payments made by employees have the benefit of being pretax.

	STANDARD PLAN (Covered Procedures)	CLASSIC PLAN (Covered Procedures)	PREMIER PLAN (Covered Procedures)
ANNUAL DEDUCTIBLE	\$50 CAL YR (Type 2)	\$50 CAL YR*	\$50 CAL YR*
TYPE 1 CARE	100% OF MCE**	100% Wise Buyer***	100% OF U&C
TYPE 2 CARE	100% OF MCE**	100% OF MCE**	80% OF U&C
TYPE 3 CARE	N/A	100% OF MCE**	50% OF U&C
ENDO/PERIO	N/A	TYPE 3	TYPE 3
ELIMINATION PERIOD TYPE 3	N/A	12 MONTH	12 MONTH
ANNUAL MAXIMUM	\$1,000	\$1,000	\$1,000
DENTAL REWARDS**	N/A	AUTOMATICALLY INCLUDED	AUTOMATICALLY INCLUDED
ORTHODONTIA (CHILD ONLY)	N/A	50% TO \$1,000 LIFETIME MAXIMUM BENEFIT	50% TO \$1,000 LIFETIME MAXIMUM BENEFIT
ELIMINATION PERIOD ORTHO	N/A	12 MONTH	12 MONTH
EYE CARE EXAM	NO	YES	YES

Type 1 Coverage includes but is not limited to: oral exams, cleanings and fluoride treatments (thru age 18 only).

Type 2 Coverage includes but is not limited to: bitewing x-rays, fillings, single tooth extractions, sealants.

Type 3 Coverage includes but is not limited to: root canals, gum disease, crowns, bridges, onlays, pontics, general anesthesia.

U&C (Usual and Customary): Benefits for a given dental procedure are calculated according to the usual and customary charge for that procedure within a particular ZIP Code area. This plan utilizes the 75th percentile of U&C, which means that 7.5 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

STANDARD PLAN

Type 1

- 100% of MCE**
- No deductible
- No elimination period

Type 2

- 100% of MCE**
- Crowns – resin with high noble metal
- No elimination period

CLASSIC PLAN

Type 1

- 100% of Wise Buyer***
- No deductible
- No elimination period

Type 2

- 100% of MCE**
- Sealants (under age 17)
- Complete X-rays (Once every three years)
- Full or partial denture repair
- No elimination period

Type 3

- 100% of MCE**
- \$50 deductible calendar year per person*
- 12-month elimination period

PREMIER PLAN

Type 1

- 100% of U&C
- Space Maintainers
- No deductible
- No elimination period

Type 2

- 80% of U&C
- Sealants (under age 17)
- Complete X-rays (Once every three years)
- Full or partial denture repair
- No elimination period
- \$50 deductible calendar year per person*

Type 3

- 50% of U&C
- \$50 deductible calendar year per person*
- 12-month elimination period

VALUE ADDED BENEFITS

(Classic and Premier plans only)

Orthodontia – (child only)

- All orthodontic services
- 50% coinsurance, \$1000 lifetime max. per person
- 12-month elimination period

Eye Care

- Eye Care Exams – One Vision Service Plan (VSP)[†] eye exam per year covered at 100%
- Discounts on eyewear, contact lens services and Laser VisionCareSM program
- No deductible
- No elimination period

* Type 2 and Type 3 services combined.

** Based on area Maximum Covered Expense (MCE) for each procedure.

*** Based on median dental fees charged per procedure.

[†] To locate a VSP participating provider in your area, log on to www.ameritasgroup.com and click on Find a Provider.

^{††} Dental Rewards not available in New York.

ENROLLMENT PERIOD

New AVMA members and their staff:

Must enroll within 31 days of AVMA membership.

New hire staff member:

Must enroll within 31 days of hire.

Late Entrant:

If a person enrolls for coverage more than 31 days after date of hire or joining AVMA, he or she will be a late entrant. Benefits for a late entrant will be limited to evaluations, cleanings and fluoride applications in the first 12 months of coverage.

Open Enrollment:

Members, employees and eligible dependents must enroll during the open enrollment period. The open enrollment period runs **from January 1 through February 28 each year**. If you and/or your dependent(s) do not enroll during this period or elect to become insured again after dropping out of the dental plan, you and/or your dependents will be a late entrant.

DEFINITION OF TERMS

Maximum Covered Expense Plans: Benefit levels that are on a “maximum covered expense plan” pay at 100% of a pre-set amount for those covered procedures. Maximum covered expense plans pay an affordable, easy-to-understand benefit so members know exactly what the plan pays procedure by procedure. The difference, if any, between the maximum covered expense and the fee charged by the dentist is paid by the patient.

U&C: Usual and Customary charge. Ameritas/First Ameritas uses its own database, as well as data from Ingenix, to ensure allowances meet the highest industry standards. U&C allowances are reviewed approximately every 12 months.

Wise Buyer: Reimbursements are based on the median dental fees charged per procedure in the specific zip code area where dental services were performed.

Bitewing X-rays: Covered under Type 2 for all plans.

Orthodontia: Available for eligible children on Classic and Premier plans.

Deductible: A deductible is the amount of money you must pay each year to cover your dental care expenses before your insurance policy starts paying.

Coinsurance: Coinsurance is the percentage amount an insurance company pays toward a procedure. For example, an insurance company may pay 80 percent toward a Type 2 procedure, or 80 percent coinsurance, and the insured pays 20 percent.

Annual Maximum: Annual Maximum is the most the insurance company will pay per family member per calendar year.

Dental Rewards: Rewards qualifying insureds by rolling over a portion of their unused annual maximum.

ADMINISTRATIVE GUIDELINES

Most AVMA members are eligible to apply.

If you are an AVMA member or a staff employee of an AVMA member and work at least 20 hours per week, you are eligible to apply for coverage.

Eligible dependents include an insured's spouse and unmarried children under age 26 who are dependent on the insured for support.

When your coverage becomes effective.

The effective date for each member will be the first of the month falling on or next following:

the date on which the member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance,

OR

the date Ameritas/First Ameritas accepts the member for insurance when the member is a Late Entrant. The insured will be subject to any limitation concerning Late Entrants.

You will receive a separate Certificate.

Each insured member will receive a Certificate of Insurance.

SAVE USING THE AMERITAS/ FIRST AMERITAS PPO

(PREMIER AND CLASSIC PLANS)

With these plans, you are not required to utilize a PPO provider. However, if you do, additional savings could be realized. The PPO delivers important savings to insureds through qualified dentists in their area. With thousands of providers nationwide, its many benefits include:

- Discounted fees. Using PPO providers can often reduce out-of-pocket expenses for insureds.
- Exceptional quality. The PPO dentists are professionals who offer the highest standards of care, supported by a team of Provider Network Specialists.
- Coverage outside the PPO. Important flexibility is yours. Select any non-PPO dentist and receive coverage. Of course, PPO dentists can usually save insureds money.
- To locate a provider in your area, log on to www.ameritasgroup.com (in New York, www.firstameritasgroup.com).

When insurance ends.

- Last day of the month following non-payment of premiums.
- Last day of the final month in which you are an active AVMA member or staff employee of an AVMA member.

Billing options*.

- Monthly EFT
- Monthly Bill
- Quarterly Bill
- Semi-Annual Bill

* Administration fee may apply.

How to Submit a Dental Claim:

1. Upon enrollment, a claim form is included with your Certificate of Insurance. Additional claim forms can be obtained by calling the Trust office at 1-800-621-6360. Or you can log on to www.avmaghlit.org and click on forms.
2. Take the claim form with you to the dentist performing your service.
3. You complete Parts 1 and 3 of the claim form. Part 1 is information about you and your employer. Part 3 allows you to have benefits paid directly to your dentist.
4. Your dentist completes Parts 2 and 4. Part 2 identifies the services that were performed. Part 4 certifies that the dentist performed the services.
5. You or your dentist can send the claim form to:

Ameritas Life Insurance Corp.
Group Dental Claims
P.O. Box 82520
Lincoln, NE 68501-2520

In New York, send claim forms to First Ameritas claims address (see page 8).

CONTACT INFORMATION

Claims:

Ameritas Claims Office

P.O. Box 82520

Lincoln, NE 68501

Phone: 1-800-487-5553 (dental)

Phone: 1-800-255-4931 (eye care)

Fax: 1-402-467-7336

First Ameritas Claims Office

P.O. Box 82595

Lincoln, NE 68501

Phone: 1-800-659-5556

Client Benefits and Claim Status.

Save time and money by accessing dental plan benefit information online, including coinsurance, deductibles, maximums and much more. You can also access the most recent dental claim status information, including if a claim is paid or pending.

www.ameritasgroup.com

www.firstameritasgroup.com

Enrollment:

All enrollment forms should be sent to:

AVMA GHLIT Trust Office

P.O. Box 30475

Tampa, FL 33630-3475

Phone: 1-800-621-6360

www.avmaghlit.org



Broker/Administrator:

HealthPlan Services

Insured by:

Ameritas Life Insurance Corp.

Lincoln, Nebraska

First Ameritas Life Insurance Corp. of New York

Suffern, New York

This brochure is a benefit highlight, not a Certificate of Insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp./First Ameritas Life Insurance Corp. of New York and does not include exclusions and limitations. Ameritas and Dental Rewards are registered service marks of Ameritas Life Insurance Corp. and are used with permission.

A Membership Service of the American Veterinary Medical Association

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