



Dental High Plan Summary

Rates Effective: 1/1/2013

Coinsurance	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year, Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,250 per calendar year
Allowance	90th USDC
Waiting Period	12 months, Type 3 New Hires Only

Orthodontia Summary - Child Only Coverage

Allowance	USDC
Coinsurance	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months, New Hires Only

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

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Restorative Amalgams	Onlays
Biting X-rays (2 per benefit period)	Restorative Composites	Crowns (1 in 5 years per tooth)
Full Mouth Periapical X-rays (1 in 5 years)	Endodontics (non-surgical)	Crown Repair
Periapical X-rays	Endodontics (surgical)	Prosthetics (fixed bridge, removable, complete, partial dentures) (1 in 5 years)
Cleaning (2 per benefit period)	Periodontics (non-surgical)	
Fluoride for children 11 and under (1 per benefit period)	Periodontics (surgical)	
Sealants (up to 16 milliliters)	Denture Repair	
Space Maintainers	Simple Extractions	
	Complex Extractions	
	Anesthesia	

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Hinds County Board of Supervisors. 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.

Ameritas Customer Relations

800-487-5553

Hinds County Board of Supervisors

Dental Highlight Sheet



Dental Low Plan Summary

Rates Effective: 1/1/2013

Coinsurance	
Type 1	100%
Type 2	50%
Type 3	25%
Deductible	\$50/Calendar Year, Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,250 per calendar year
Allowance	90th PERC
Waiting Period	12 months, Type 3 New Hire, Only

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

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Restorative Amalgam	Onlays
Bitewing X-ray (2 per benefit period)	Restorative Composite	Crowns
Full Mouth/Panoramic X-ray (1 in 3 years)	Endodontics (non-surgical)	(18 in 5 years per tooth)
Periapical X-rays	Endodontics (surgical)	Crown Repair
Cleanings	Periodontics (non-surgical)	Prosthodontics (fixed bridge, removable complete/partial dentures)
Floresce for children 18 and under (1 per benefit period)	Periodontics (surgical)	(18 in 5 years)
Sealants (age 6 and under)	Denture Repair	
Space Maintainers	Simple Extractions	
	Complex Extractions	
	Anesthesia	

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Dental Highlight Sheet



Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It's that easy. Or members can visit us at ameritasgroup.com and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.

Dental Rewards® - High and Low plan

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. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. 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
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Type 3 Waiting Period - new hires only

The group of initial employees who enroll in this plan have no waiting period for Type 3 benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive Type 3 benefits.

Orthodontia Waiting Period - new hires only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

PPO Information

To find a provider, visit 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.

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.

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.