

# Employee Dental Benefits

## Hy-Vee Complete Plan

Your dental benefits help you save money. And you might be surprised at how much more you save when you visit a network provider.

### As an Ameritas member, here's what you can expect.



**Exceptional network.** The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Scan the QR code or visit [ameritas.com](https://ameritas.com) - [Find a Health Provider](#)

to find a new dentist or see if your current provider is in the **Ameritas Classic and Plus network**.

Since 98% of providers stay with Ameritas year after year, it's less likely you'll have to switch dentists to keep seeing a network provider.

If your dentist is not in the network already, just go to [ameritas.com](https://ameritas.com), search for "nominate a provider" and complete the online form.

**Flexibility.** See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

**Avoid paperwork.** When visiting a network provider, there are no claim forms to submit. Ameritas can send claim payments directly to in- or out-of-network providers, so you only have to pay your portion. We do not require you to pay the entire amount upfront and wait to be reimbursed.

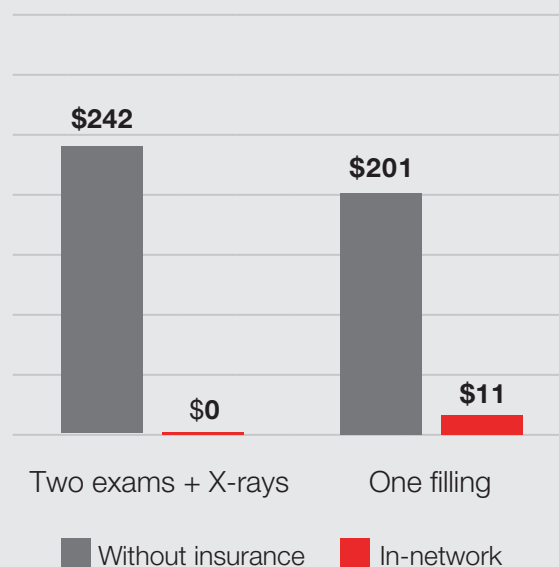
### Here to help

For plan information any time, visit [ameritas.com](https://ameritas.com) and sign in to your secure member account, or download the **Ameritas Benefits app**, available for iOS and Android. Log in with the same user ID and password you use for your secure member account.

If you have questions about your plan benefits, contact the Ameritas customer connections team.

[group@ameritas.com](mailto:group@ameritas.com) | 800-487-5553

### You spend less when visiting an in-network provider



*These examples reflect amounts specific to your plan's benefit levels. Deductibles not included. Allowance and cost estimates are specific to ZIP code 50266. Actual charges may vary.*



**Save more with Ameritas.** Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements

are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards through your secure account at [ameritas.com](https://ameritas.com).



Complete Dental Plan Benefits	Ameritas Classic and Plus Network	Out-of-network
<b>Maximum benefit</b> The total amount insurance will pay per person per benefit year.	\$1,000	\$1,000
<b>Deductible</b> 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 \$75 Type 2 & 3 \$225 family maximum
<b>Claim allowance</b> The highest insurance payment allowed for services.	MAC	Usual & Customary
<b>Coverage levels</b>	Insurance coverage per procedure; subject to the maximum, deductible, and allowance.	
<b>Preventive (Type 1)</b> Exams, X-rays, cleanings, space maintainers, child fluoride & sealants (<14)	100%	100%
<b>Basic (Type 2)</b> Fillings, extractions, anesthesia	90%	80%
<b>Major (Type 3)</b> Root canals, gum disease treatment, denture & crown repair, onlays, crowns, bridges, dentures	50%	50%
<b>Child orthodontia</b> Lifetime maximum per person	50% \$1,000	50% \$1,000

**Child orthodontia.** Dependent child orthodontia benefits end when patient is no longer a dependent, even if a treatment program is underway. Maximum is lifetime for both in network and out of network. Plan payments begin automatically to the party assigned on the claim form, and are made in equal quarterly installments not to exceed two years.

**Maximum Allowable Charge (MAC) in-network claim allowance.** Ameritas network dentists have agreed to charge a contracted fee, which is 25-50% less than their regular rates. After the deductible, the plan pays a percentage of the claim based on the procedure type. You pay the remainder.

**Usual and Customary (U&C) out-of-network claim allowance.** Out-of-network providers decide how much they charge per procedure. Ameritas determines what we expect out-of-network dentists charge for that service. The plan pays a percentage of that allowed amount based on the procedure type. You pay the difference between what the plan pays and the dentist's actual charge.

Weekly Premiums	Complete Plan	
	Contributory*	Voluntary**
Employee only	\$2.76	\$7.79
Employee + spouse	\$8.24	\$15.58
Employee + children	\$11.23	\$19.59
Family	\$19.90	\$31.95

\* Hy-Vee contributes to cost for eligible employees \*\* Employee pays full cost



Watch this short video to learn more about navigating your secure member account.

# Employee Dental Benefits

## Hy-Vee Essential Plan

Your dental benefits help you save money. And you might be surprised at how much more you save when you visit a network provider.

### As an Ameritas member, here's what you can expect.



**Exceptional network.** The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Scan the QR code or visit [ameritas.com](https://ameritas.com) - [Find a Health Provider](#)

to find a new dentist or see if your current provider is in the **Ameritas Classic and Plus network**.

Since 98% of providers stay with Ameritas year after year, it's less likely you'll have to switch dentists to keep seeing a network provider.

If your dentist is not in the network already, just go to [ameritas.com](https://ameritas.com), search for "nominate a provider" and complete the online form.

**Flexibility.** See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

**Avoid paperwork.** When visiting a network provider, there are no claim forms to submit. Ameritas can send claim payments directly to in- or out-of-network providers, so you only have to pay your portion. We do not require you to pay the entire amount upfront and wait to be reimbursed.

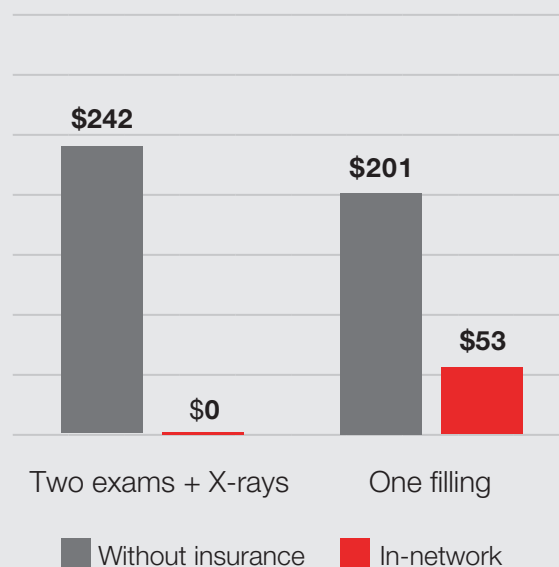
### Here to help

For plan information any time, visit [ameritas.com](https://ameritas.com) and sign in to your secure member account, or download the **Ameritas Benefits app**, available for iOS and Android. Log in with the same user ID and password you use for your secure member account.

If you have questions about your plan benefits, contact the Ameritas customer connections team.

[group@ameritas.com](mailto:group@ameritas.com) | 800-487-5553

### You spend less when visiting an in-network provider



*These examples reflect amounts specific to your plan's benefit levels. Deductibles not included. Allowance and cost estimates are specific to ZIP code 50266. Actual charges may vary.*



**Save more with Ameritas.** Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements

are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards through your secure account at [ameritas.com](https://ameritas.com).



## Essential Dental Plan Benefits

## Ameritas Classic and Plus Network and out-of-network

<b>Maximum benefit</b> The total amount insurance will pay, per person per benefit year.	\$600
<b>Deductible</b> The amount you pay before benefits apply, per person per calendar year.	\$5 per visit Type 1 \$50 Type 2 & 3 No family maximum
<b>Claim allowance</b> The highest insurance payment allowed for services.	MAC
<b>Coverage levels</b>	Insurance coverage per procedure; subject to the maximum, deductible and allowance.
<b>Preventive (Type 1)</b> Exams, X-rays, cleanings, child fluoride & sealants (<18), space maintainers	100%
<b>Basic (Type 2)</b> Fillings, extractions, anesthesia, root canals, gum disease treatment, denture repair	50%

**Maximum Allowable Charge (MAC) in-network claim allowance.** Ameritas network dentists have agreed to charge a contracted fee, which is 25-50% less than their regular rates. After the deductible, the plan pays a percentage of the claim based on the procedure type. You pay the remainder.

**Maximum Allowable Charge (MAC) out-of-network claim allowance.** Out-of-network providers decide how much they charge per procedure. Insurance will pay up to the lowest contracted network provider fee in your ZIP Code area. You pay the difference between what the plan pays and the dentist's actual charge.

Weekly Premiums	Essential Plan	
	Contributory*	Voluntary**
Employee only	\$1.49	\$3.45
Employee + spouse	\$4.82	\$7.31
Employee + children	\$7.41	\$10.30
Family	\$10.81	\$14.25

\* Hy-Vee contributes to cost for eligible employees \*\* Employee pays full cost



Watch this short video to learn more about navigating your secure member account.