

Ameritas Dental Plan



Today's Lunch and Learn Objectives

1. Basics of Oral care
2. Overview of Dental Insurance and how it works
3. Review of RGEA Dental plan
4. Navigating to AMBA and Ameritas for support
5. Questions and Next Steps

How does AMBA support RGEA Members?

- Complimentary Benefits Reviews
- Access to myAMBAdiscounts.com
- Dental and Vision administration
- Tailored Group Solutions for:
 - Long Term Care
 - Critical Illness
 - Emergency Medical Transportation
 - Life Insurance
 - Protecting Your Nest Egg



Essential Routine Dental Care at Home

1. Brush for a Full 2 Minutes

Most people brush for less than 60 seconds—aim for 2 full minutes to remove plaque effectively.

Pro-Tip: Use a timer or an electric toothbrush with a built-in timer.

2. Floss Regularly

Flossing helps prevent gum disease, cavities, and bad breath.

Pro-Tip: Choose a consistent time (morning or night) to make flossing a daily habit.

3. Stay Hydrated

A dry mouth increases bacteria buildup, leading to bad breath and cavities.

Pro-Tip: Carry a water bottle and sip throughout the day.

4. Get Enough Calcium

Calcium strengthens teeth and keeps roots healthy.

Pro-Tip: Eat calcium-rich foods like dairy, broccoli, tofu, and almonds.

5. Visit the Dentist Regularly

Professional cleanings remove tartar and plaque while detecting early signs of gum disease.

Pro-Tip: Schedule checkups every six months for optimal oral health.

The Importance of Regular Dental Visits for Retirees

As we age, we face increased risks of tooth decay, gum disease, and oral health complications that require professional care.

Key Reasons to Visit the Dentist Regularly:

- ✓ **Prevent Tooth Decay & Gum Disease** – Enamel wears down over time, increasing the risk of cavities, chipping, and infections. Regular cleanings help preserve oral health.
- ✓ **Combat Dry Mouth Effects** – Many medications cause dry mouth, leading to bacterial buildup and decay. A dentist can provide guidance and treatment options.
- ✓ **Oral Cancer Screenings** – Risk increases with age, and early detection through dental exams improves treatment outcomes.

Basic Terminology

- **Premium** – The amount a policyholder pays for dental insurance coverage, typically on a monthly basis.
- **Coinsurance** – The percentage of costs the patient is responsible for after the deductible has been met (e.g., an 60/40 plan means the insurer pays 60%, and the patient pays 40%).
- **Copayment (Copay)** – A fixed dollar amount the patient must pay for a specific service at the time of the visit.
- **Deductible** – The amount a patient must pay out-of-pocket before the insurance plan begins to pay for covered services.



Basic Terminology

- **PPO (Preferred Provider Organization) Dental Plan** – A type of dental insurance plan that allows patients to see both in-network and out-of-network dentists, often with different coverage levels.
- **Annual Maximum** – The maximum dollar amount a dental insurance plan will pay for covered services in a plan year.
- **Rollover Benefit** – A feature in some plans that allows a portion of unused annual benefits to carry over to the next benefit year.
- **Maximum Allowable Charge (MAC)** – The highest amount an insurance plan will reimburse for a specific dental service.



Basic Terminology

- **Pre-Authorization (Pre-Determination)** – A process in which an insurance company reviews a treatment plan before services are provided to determine coverage eligibility.
- **Missing Tooth Clause** – A policy provision stating that the insurance company will not cover the replacement of a tooth that was missing before coverage began.
- **Usual, Customary, and Reasonable (UCR) Fees** – The standard charge for a dental service within a specific geographic region, used by insurance companies to determine reimbursement amounts.



Dental Options

NORTH CAROLINA RETIRED GOVERNMENT EMPLOYEES ASSOCIATION



Take a look at your RGEA dental benefits...

Enjoy no waiting periods and visit *any dentist* you choose!

Your Plan Option	High Plan (Freedom)	Low Plan (Choice)
<i>What the plan pays</i>	<i>In-Network/Out-of-Network</i>	<i>In-Network/Out-of-Network</i>
Maximum (per person)	\$2,000 / \$1,750 Per Calendar Year	\$1,200 / \$1000 Per Calendar Year
Preventive Services: Routine Cleanings and Oral Exams	100%	100%
Basic Services: Crown Repair, Denture Repair, Fillings, Extractions, X-Rays	60% - 70% - 80%* / 60%	50% - 60% - 70%* / 50%
Major Services: Crown, Dentures, Root Canals, Complex Extractions, General Anesthesia, Periodontics, Implants (High plan only)	50%	50%
Deductible	Preventive - Waived Basic & Major - \$100 Per Calendar Year No Family Maximum	Preventive - \$10 per visit Basic & Major - \$50 Per Calendar Year No Family Maximum

Freedom Plan

What your Plan Pays	In Network	Out-of-Network
Maximum (Per Person)	\$2,000	\$1,750
Deductible	Preventative Waived Basic and Major: \$100 per calendar year	Preventative Waived Basic and Major: \$100 per calendar year
Preventative Services Routine Cleanings and Oral Exams	100%	100%
Basic Services: Crown Repair, Denture Repair, Fillings, Extractions, X-rays	60%-70%-80%	60%
Major Services: Crown, Dentures, Root Canals, Complex Extractions, General Anesthesia, Periodontics, Implants	50%	50%

Example: Sample Crown Repair

- Jerry's dentist recommends a crown repair at his annual exam
- Jerry gets a Pre-Treatment Estimate
- The In-Network Dentist charges \$600 for the procedure.

Example: Sample Crown Repair

Freedom Plan

What your Plan Pays	In Network	Out-of-Network
Maximum (Per Person)	\$2,000	\$1,750
Deductible	Preventative Waived Basic and Major: \$100 per calendar year	Preventative Waived Basic and Major: \$100 per calendar year
Preventative Services Routine Cleanings and Oral Exams	100%	100%
Basic Services: Crown Repair, Denture Repair, Fillings, Extractions, X-rays	60%-70%-80%	60%
Major Services: Crown, Dentures, Root Canals, Complex Extractions, General Anesthesia, Periodontics, Implants	50%	50%

\$600 Crown Repair

-\$100 Deductible

Insurance pays 80% of
\$500 = \$400

Co-Insurance: \$100

Jerry's total out of
pocket for the Example
procedure is \$200

Dental Rewards

Ameritas Rollover Rewards “Dental Rewards” is a unique benefit for members! If you visit the dentist for a covered service at least once during the plan year and do not exceed the threshold limit, you can apply a portion of your unused maximum dollars to the future year and increase your maximum.

For the Freedom plan, each year, you submit at least one dental claim and keep your total amount of benefits paid under the \$750 you qualify to carryover \$400 in benefit dollars to the following year. Your Annual Maximum can be **\$2400** when using an in-network provider.

For the Choice plan, each year, you submit at least one dental claim and keep your total amount of benefits paid under the \$500 you qualify to carryover \$250 in benefit dollars to the following year. Your Annual Maximum can be **\$1450** when using an in-network provider.

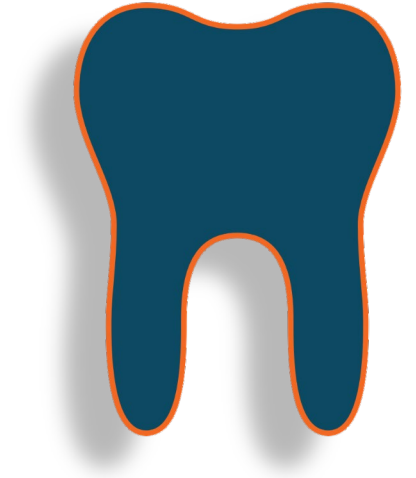
Ameritas Rewards

Each year you submit at least one dental claim and keep your total amount of benefits under the threshold noted in the chart below, you qualify to carry over benefits dollars to the following year.

Annual Benefit Threshold	Freedom \$750 In-Network/Out-of-Network	Choice \$500 In-Network/Out-of-Network
Annual Maximum Benefit	\$2,000/\$1,750	\$1,200/\$1,000
Dental Rewards Carry Over	+ \$400	+ \$250
Next Benefit Year’s Annual Maximum Benefit + Ameritas Rewards	= \$2,400/\$2,150	= \$1,450/\$1,250



Ameritas Rates



Keep your dentist or choose an In-Network dentist and save. The Ameritas plan has over 400,000 providers to choose from, whether home or away. North Carolina has over 7300 Provider Locations throughout the state. Get access right away with no waiting period on covered services.

Dental Plan Comparison	Choice Plan	Freedom Plan
Member Only	\$44.50/month	\$58.84/month
Member + Spouse	\$106.65/month	\$132.42/month
Member + Associate	\$89.01/month	\$117.69/month
Member + Children	\$86.94/month	\$91.66/month
Member + Family	\$147.81/month	\$164.70/month
Deductible	\$50.00	\$100.00 (waived for Preventative services)

PROVIDER LOOKUP:

Find a dentist <https://dentalnetwork.ameritas.com/>

(note: Enter zip, select city & state, and Classic PPO network.)



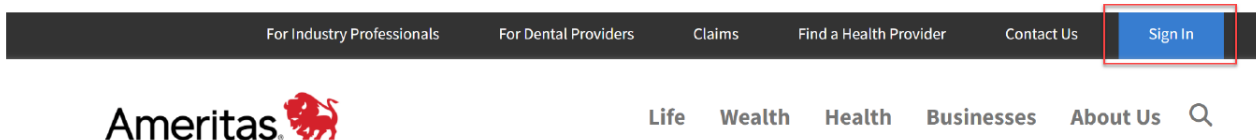
Ameritas Portal – Create an Account

Information at your fingertips!

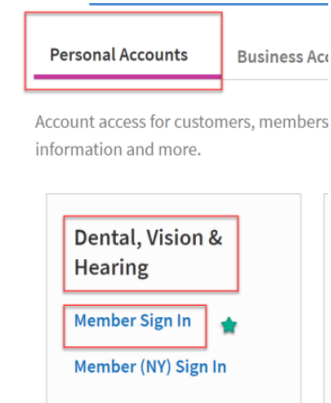
- View your explanation of benefits (EOB)
- Print new ID cards
- View/Print your Certificate of Coverage
- Look up dentist providers

Create an Ameritas Dental Member Account:

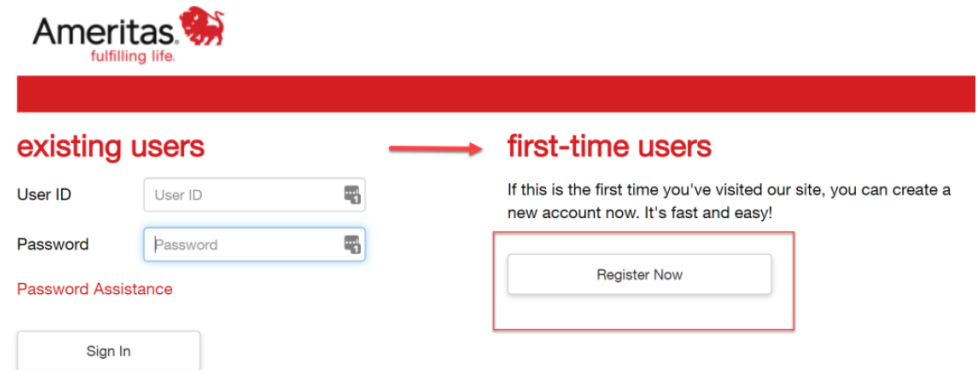
1. Begin at www.ameritas.com
2. Select **Sign In** at the top right hand side of the page



3. Under Personal Accounts, Select 'Dental/Vision/Hearing' & Click on 'Member Sign In'



4. Click on 'Register Now' under first-time users. You will then be lead through steps & questions to register for access to your member details & id cards.



If you need any assistance creating your account or for help with other online services, please contact our Web Support team at 800-659-2223, Ext. 88228

Ameritas Portal – Navigation

Ameritas

fulfilling life.

Home


Dental

Contact Us

Navigate to the DENTAL tab

Secure Member Account

Sign Out



member home page

Welcome to Your Secure Member Portal

Get the Member Mobile App

Ameritas Portal – Tools

As a dental plan member, you always have the right to receive dental care from any dentist. However, your out-of-pocket costs will almost always be lower if you choose an **dental network provider**.

Your dental plan benefits



Claims



Benefits Summary



Patient Details



Go Paperless



Dental Health Report Card



Resource Center



Find a Dental Provider

Additional tools



Nominate A Provider



Out-of-Network Dental Cost
Estimator

Information at your fingertips!

- View your Claims & Benefit Summary
- Find a Dental Provider
- Nominate a Provider
- Obtain an Out of Network Estimate
- And much more!

Ameritas Portal – Example Claim

HomeDentalContact Us

claim details

DENTAL

Date of Service:01/22/2024

Member Name:

Patient Name:

Patient DOB:

Claim Number:

Provider Name:

Plan Sponsor:

Ameritas Life Insurance Corp

P. O. Box 82520

Lincoln, NE 68501-2520

1-800-487-5553

Plan Number:

Download PDF

Action taken on this claim

You received services on 01/22/24. Since you used a network provider, the charge was reduced by \$240.56.

The provider charged:

\$658.00

The network provider accepted fee reduces the charges to:

\$417.44

After carefully reviewing your coverage and this claim, payment was sent to the provider for:

\$93.70

You owe the provider, unless previously paid:

\$323.74

See how your claim was calculated.

Go back to claims

This is not a bill. The provider will bill you directly.

Understanding your appeals process/fraud hotline.

AMBA

Important Sites and Phone Numbers

Enrolling in Dental or Vision? NCRGEA.com/benefits

Already have policy and have questions? **877-845-AMBA (2622)**

Connect directly with Ameritas: ameritas.com or **800-300-9566**

