

**LOW DENTAL OPTION**

<b>COINSURANCE</b>	
Type 1 - Preventive	100%
Type 2 - Basic	80%
<b>DEDUCTIBLE</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
<b>MAXIMUM (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C

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

TYPE 1 - PREVENTIVE	TYPE 2 - BASIC	TYPE 3 - MAJOR
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Child Fluoride 18 and under (1 per benefit period)</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical &amp; surgical)</li> <li>Periodontics (nonsurgical &amp; surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Non-Applicable</li> </ul>

**HIGH DENTAL OPTION**

<b>COINSURANCE</b>	
Type 1 - Preventive	100%
Type 2 - Basic	80%
Type 3 - Major	50%
<b>DEDUCTIBLE</b>	\$50/Calendar Year Type 2 & 3
	Waived Type 1
	3 Family Maximum
<b>MAXIMUM (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	90th U&C

**ORTHODONTIA SUMMARY - ADULT AND CHILD COVERAGE**

<b>ALLOWANCE</b>	U&C
<b>COINSURANCE</b>	50%
<b>LIFETIME MAXIMUM (per person)</b>	\$1,000

Note: A member must be covered under this Ameritas plan prior to starting an Orthodontic treatment program in order to be eligible for reimbursement. Orthodontia reimbursement through Ameritas is paid on a quarterly basis based on the start of the treatment program. The first payment is released 3 months following the banding date and quarterly payments are then automatically released thereafter until the member has reached the lifetime Orthodontia maximum of \$1000. Reimbursement for records will be paid separately and will apply towards the Orthodontia maximum.

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

TYPE 1 - PREVENTIVE	TYPE 2 - BASIC	TYPE 3 - MAJOR
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 18 and under (1 per benefit period)</li> <li>Sealants (age 16 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical &amp; surgical)</li> <li>Periodontics (nonsurgical &amp; surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>



**Note: All of the following is applicable to both the LOW and HIGH plan options:**

**DENTAL REWARDS®**

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. 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
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards

**AMERITAS INFORMATION**

This plan was designed specifically for the employees of **ROANOKE COLLEGE**. 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](http://ameritasgroup.com/member).

**BENEFIT PERIOD**

The Benefit Period is January 1<sup>st</sup> of each year through December 31<sup>st</sup> of the same year.

**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](http://ameritasgroup.com) and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.

**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. In doing so, there are no waiting periods and a member has full benefits upon his/her effective date of coverage. If you choose to waive coverage, you will be considered a Late Entrant upon any later enrollment date. As a Late Entrant, benefits will be limited to exams, cleanings, and fluoride applications for the first 12 months of coverage. If an insured enrolls upon a qualifying event, the Late Entrant penalty does not apply.

**ELIGIBILITY**

You are an eligible employee if you are working for Roanoke College at least 20 hours per week in a full-time or part-time regular position. Eligible dependents include an insured's spouse and child dependents up to age 26. A child dependent deemed totally disabled may be eligible for benefits beyond age 26.

**COORDINATION OF BENEFITS**

If you or any covered dependents incur charges that are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefit received is not greater than the charges incurred.

**SECTION 125**

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Open Enrollment Period.