



GemStarSM Elite Dental 1500

Group dental coverage you can smile about.

Employees value benefits that help them pay for the care they and their families need to stay healthy. And when you offer incentives, you see the value too.

- For employer groups with 2-99 lives
- Access to nationwide savings with Ameritas Dental Network
- Featuring Dental Rewards[®]

Dental Network

The GemStar Elite plan is designed for those who value the freedom to use any dentist. However, if you visit an Ameritas dental network provider your out-of-pocket costs almost always will be less. That's because plan-paid benefits are based on a negotiated Ameritas fee schedule. If you use a non-network provider, plan-paid benefits are based on the 90th percentile of the Reasonable and Customary charges, which may result in higher out-of-pocket costs compared to the Ameritas negotiated fee schedule.

Features of the Ameritas dental network include:

- Discounted fees, typically 30% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with over 428,000 access points and 111,500 unique providers

You have the option of a Network (MAC) or U&C PPO dental plan. If you visit an Ameritas dental network provider, the plan-paid benefits are based on a negotiated fee schedule.

Visit star.ameritas.com/findadentist to search for network providers.

Network not available in MT, RI and the PA counties of Forest and Potter.

Plan Details

	Plan Benefit*
Preventive (type 1) <ul style="list-style-type: none"> • exams/cleanings (two per year) • fluoride treatment (under age 16) 	100% day one
Basic (type 2) <ul style="list-style-type: none"> • fillings • simple extractions • X-rays • sealants (under age 16) 	50% day one 60% after year one 80% after year two
Major (type 3) <ul style="list-style-type: none"> • oral surgery • crowns • bridges • dentures • surgical endodontics • periodontal procedures 	30% day one 50% after year one
Orthodontia (under age 19) <ul style="list-style-type: none"> • \$1,000 lifetime maximum per child 	50% after year one
Calendar Year Deductible \$50 calendar year deductible per person for basic and major services combined, with a maximum of three deductibles per family	\$50
Lifetime Deductible \$50 lifetime deductible is for preventive services	\$50
Calendar Year Maximum Benefit Per person for preventive, basic and major services combined	\$1,500

Groups with existing coverage will receive takeover credit at an additional cost. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

* When you visit an Ameritas Dental Network provider, Ameritas sends payment directly to the dentist. There is no balance billing – you won't pay the difference between the dentist's contracted fee and what the plan allows, subject to contractual limitations. When you visit an out-of-network dentist, you must pay the difference between what the plan pays and the dentist's actual charge and may have to submit your own claim.

Member Savings

You may receive additional savings that can reduce out-of-pocket expenses:



Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials).



Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required).



Access to emergency vision provider referrals when traveling outside the U.S. through AXA Assistance.



Dental Rewards

Seeing the dentist at least once a year is a great dental health habit. Our program rewards you when you visit the dentist yearly, but don't wind up using all of your annual maximum benefit in any given year.

Unlike the "use it or lose it" approach, you can carry over part of your unused benefit so the money is there when you need it the most. You can keep building your reward until you reach the maximum accumulation of \$1,000.

How it works:

1. Submit at least one dental claim a year.
2. Keep your total benefits received for that year at or below the plan's annual threshold amount. \$500 for \$1,000 or \$750 for \$1,500 Annual Maximum.
3. Earn reward to use for the following year.

Earn an additional PPO Bonus when you visit an Ameritas Dental Network provider.

Dental Rewards Sample Bonus		
Annual maximum for Preventive, Basic and Major services	\$1,000	\$1,500
Dental Reward carryover	+ \$250	+ \$250
PPO Bonus	+ \$100	+ \$150
Next year's annual maximum	\$1,350	\$1,900

Additional Information

Out-of-network benefits are based upon the 80th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).

Eligible Employees: An individual employed by a participating employer who works 20 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

Dependents: A spouse or domestic partner, or dependent child under age 26.

Eligible Dependent: An unmarried child at least 26 years of age who relies on you for support because he or she is incapable of self-sustaining employment due to mental or physical incapacity.

Alternative Procedures: If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment to the submitted treatment.

What is not covered?

Covered Expenses will not include and benefits will not be payable for expenses incurred:

- for Type 3 procedures in the first 12 months the person is covered under this contract. (Waived for groups of 25+ lives enrolled, existing coverage, or accidental injury. For accidental injury, claims should first be filed with the insured person's medical carrier, if applicable, for consideration.)
- for Type 3 procedures in the first 12 months that a person is insured, if the person is a late entrant (except for evaluations, cleanings, and fluoride application.)
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under this contract.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion; or
 - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure begun after the insured person's insurance under this contract terminates.
- to replace lost or stolen appliances.
- for any treatment which is for cosmetic purposes.
- for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)
- for orthodontic treatment under the following provisions:
 - for treatment begun on or after the insured's 19th birthday;
 - for treatment begun before the insured became covered under this section;
 - before the insured has been insured under this section for at least 12 consecutive months (except in VT);
- for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA and KY).
- for charges which the Insured person is not liable or which would not have been made had no insurance been in force.
- for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- for dependents under age 19 if the policyholder has purchased such coverage under a separate essential health benefits package or stand- alone pediatric essential oral health services policy.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products.

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