



# TRI-COUNTY SCHOOLS INSURANCE GROUP

## Dental Highlight Sheet



### Plan 8: A2B Dental Plan Summary-Incentive \$1000 Child Ortho

<b>Plan Benefit</b>	Incentive Coinsurance
<b>Type 1</b>	70/80/90/100%
<b>Type 2</b>	70/80/90/100%
<b>Type 3</b>	50%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (3 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 (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 15 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (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>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

### Ameritas Information

#### We're Here to Help

This plan was designed specifically for the associates of TRI-COUNTY SCHOOLS. 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 [ameritas.com](http://ameritas.com).

#### Preventive Plus<sup>SM</sup>

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

### Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.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 the Ameritas Classic & Plus Network or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic & Plus Network.



# TRI-COUNTY SCHOOLS INSURANCE GROUP

## Dental Highlight Sheet



### 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.

### Eligibility

TCSIG Employees and eligible dependents must be enrolled in one of TCSIG's medical plans for the employee, retiree, and their eligible dependents to qualify for eligibility in TCSIG's dental programs. Employees, dependents, or retirees that do not enroll within thirty-one (31) days of becoming eligible or discontinue dental program coverage cannot re-enroll in the dental program. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on July 1.

### Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator).

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

### Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay on the plan, the higher their coinsurance. As long as plan members have at least one dental claim submitted each benefit period, they continue to advance one coinsurance level until they reach the plan's highest benefit level.

**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.**



# TRI-COUNTY SCHOOLS INSURANCE GROUP

## Dental Highlight Sheet



### Plan 12: A3B Dental Plan Summary-Incentive \$500 Adult and Child Ortho

Policy #302135

<b>Plan Benefit</b>	Incentive Coinsurance
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	50%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Adult and Child Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$500
<b>Waiting Period</b>	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (3 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 (1 per benefit period)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 15 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (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>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

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# TRI-COUNTY SCHOOLS INSURANCE GROUP

## Dental Highlight Sheet



### Plan 16: A4B Dental Plan Summary-Incentive \$500 Child Ortho

Policy #302135

<b>Plan Benefit</b>	Incentive Coinsurance
Type 1	70/80/90/100%
Type 2	70/80/90/100%
Type 3	70%
<b>Deductible</b>	\$0/Calendar Year
<b>Maximum (per person)</b>	\$2,500 per Calendar Year at Ameritas PPO Provider \$2,000 per Calendar Year at Non-Network Provider
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$500
<b>Waiting Period</b>	None

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

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