

our dental plan

Ameritas dental plan offered exclusively to State of Florida employees
2011 plan benefits



The State of Florida recognizes that good dental health is important to overall health and is pleased to offer employees and their dependents the option to enroll in this dental insurance plan.

Take a look inside to find out more about this plan, designed just for you.

People First Plan Code 4064



our dental and eye care plans tailored to enhance lives

We're Ameritas. We're for people.®

our network

The Ameritas PPO is a group of dentists who agree to provide dental services at discounted fees to individuals covered under Ameritas' dental insurance plans.

- Plan payments are based on Maximum Covered Expense and are the same whether you visit an Ameritas PPO dentist or a non-PPO dentist.
- When visiting a PPO dentist, you pay the difference between the plan payment and the dentist's discounted fee. With a non-PPO dentist, you pay the difference between the plan payment and the dentist's actual charge.
- Visiting an Ameritas PPO dentist can save you 10-30 percent.
- With an Ameritas PPO dentist your out-of-pocket costs will almost always be lower.

preventive plus

With this new plan feature, plan payments for covered preventive dental procedures are not deducted from your annual maximum benefit, saving your entire annual maximum for other covered services.

monthly rates

Employee (EE)	\$10.20
EE + Spouse	\$20.76
EE + Children.	\$27.00
EE + Spouse & Children	\$37.56

enrollment

Enroll electronically on the People First website at <https://peoplefirst.myflorida.com>, or complete a paper supplemental dental insurance enrollment form. Completed paper forms should be submitted to People First. For additional assistance please contact Ameritas at 877.721.2224 or online at <http://ameritasgroup.com/florida>.

¿en español?

Para información o ayuda en español, por favor llame al 877.721.2224.

frequently asked questions

Q: Can I continue to see my current dentist?

A: Yes. You are free to visit the dentist of your choice.

Q: What if my dentist is not in the PPO network?

A: Your benefits remain the same whether your dentist is a member of the PPO network or not. If you see a dentist who is not in the network, Ameritas will reimburse up to the maximum covered expense.

Q: Will I need a referral to visit a specialist?

A: No. You can see the specialist of your choice without a referral.

Q: Do my family members need to visit the same dentist that I choose?

A: No. Each member is free to see the dentist of their choice.

Q: How do I locate a PPO provider?

A: Visit our website, <http://ameritasgroup.com/florida>. Click on "Find a Provider" and follow the easy step-by-step instructions to locate PPO dentists in your area.

Q: If my dentist isn't a member of the PPO network, how can I get him or her to join?

A: You are welcome to nominate your dentist to our PPO network. Nominate your dentist online at <http://ameritasgroup.com/florida>, or call our Provider Relations Department toll free at 800.755.8844.

our plan design

Coinsurance Type 1 - Preventive Procedures Routine Exam (2 per benefit period) Bitewing x-rays (2 per benefit period) Cleaning (2 per benefit period) Fluoride for children 18 and under (1 per benefit period) Type 2 - Basic Procedures Restorative amalgams and composites Non-surgical endodontics Type 3 -Major Procedures Inlays, Onlays Crowns (1 in 5 years)	Maximum Covered Expense Maximum Covered Expense Maximum Covered Expense
Deductible	\$50/Calendar Year Waived on Type 1 3 Family Maximum
Maximum	\$1000/Calendar Year Per Person
The plan's maximum covered expense is the maximum amount considered per procedure. Ameritas will reimburse up to the maximum covered expense. If the dentist charges more than the maximum covered expense, the member is responsible for paying the difference between the maximum covered expense and the amount the dentist charges. Please see website (http://ameritasgroup.com/florida) for complete details regarding maximum covered expense.	

sample procedures

Code	Procedure	Ameritas pays	Average Dentist Charge (out-of-network)	Estimated out-of-pocket cost	Ameritas PPO Dentist Charge (in-network)	Estimated PPO out-of-pocket cost
D0120	Periodic Oral Evaluation	14.00	30.00	16.00	20.00	6.00
D0272	Bitewings (Two Films)	13.00	26.00	13.00	19.00	6.00
D1110	Prophylaxis (Cleaning – Adult)	30.00	60.00	30.00	44.00	14.00

Annual Premium (\$10.20 x 12 months x .80)*	= \$123
Amount you pay for routine visits twice per year with an average cost dentist	= \$118
Amount you pay for routine visits twice per year with an Ameritas PPO dentist	= \$52
<i>*This illustration is an example of section 125 savings that may be realized on your year-end tax return.</i>	

This sample shows out-of-pocket costs based on maximum covered expense allowance when visiting either a PPO or non-PPO dentist twice a year. Out-of-network costs calculated from 50th U&C in Florida ZIP codes. These calculations represent an estimate of out-of-pocket cost, and only illustrate routine coverage. For complete details, go to <http://ameritasgroup.com/florida>. The Codes and Procedures listed above are part of *Current Dental Terminology* © 2004 American Dental Association. All rights reserved.

our fine print

Covered expenses will not include, and no benefits will be payable for expenses incurred:

1. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant.
2. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
3. to replace any prosthetic appliance, crown, inlay or onlay restoration, or five years from the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
4. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance of fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of the third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the plan member was covered under the dental expense benefit.
7. for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
8. to replace lost or stolen appliances.
9. for appliances restoration, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition.
10. for any procedure which is not shown on the Table of Dental Procedures.
11. for orthodontic treatment. (Unless otherwise specified in this contract.)
12. for which the plan member 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.
13. for charges for which the plan member is not liable or which would not have been made had no insurance been in-force.
14. for services which are not required for necessary care and treatment or, are not within the generally accepted parameters of care.
15. because of war or any act of war, declared or not.

