



# CHOICE PLAN

## Individual Dental & Vision Insurance

With dental health playing an essential role in your overall health, now is the time to get started in helping protect your smile with our Student Dental Insurance plan. Plus, we offer vision insurance too!

The Choice dental plan allows you to select any dentist or choose an Ameritas Classic Network participating provider - giving you the option to select a plan that best fits your needs.

**TO ENROLL, VISIT: [www.gallagherstudent.com/dental](http://www.gallagherstudent.com/dental)**

### What's covered:

#### Type 1 - Preventive Services

Includes exams and cleanings (2 per year)	
Policy Pays	100%
Waiting Period	None - Covered day 1

#### Type 2 - Basic Services

Includes fillings, x-rays, oral surgery and simple extractions	
Policy Pays	
Year 1	65%
Year 2	65%
Year 3 and thereafter	80%
Calendar Year Deductible	\$50
Waiting Period	None - covered day 1

**This dental policy will pay a yearly  
Maximum Benefit Amount of \$1,000**

### Optional vision coverage:

#### Exams - once per year

Policy Pays	100%
Waiting Period	None - covered day 1

#### Lenses, Frames and Contacts

1 pair every 2 years	
Policy Pays	75%
Waiting Period	15 months

#### Deductible

Calendar Year Deductible	\$25 per person
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**This vision policy will pay a yearly  
Maximum Benefit Amount of \$200**

*Vision plan is not available in ID, MA, MD, NJ, NM, NY, PA, VT or WA*

Marketed by Safe Passage International



### About the Dental Plans:

#### Indemnity - Choose Your Own Dentist

Choosing this plan gives you the freedom to choose any dentist. Your cost for dental services is dependent on the policy co-insurance amount, the Usual and Customary(U&C) charge and any required deductible on covered services. You are responsible for dental expenses charged by your provider beyond what the insurance pays. Providers are not part of a network plan and have not agreed to contracted fees which may result in higher out-of-pocket costs.

*Usual and Customary means the usual, customary or regular charges for the area where expenses were incurred.*

*The Choice Indemnity dental plan is not available in FL, ID, MA, MD, NY or WA*

#### Network - Ameritas Classic PPO

Network plans are designed for those who will visit an Ameritas dental network provider. If you visit a network provider, your out-of-pocket costs will almost always be less because of contracted fees. If you use an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge (MAB/maximum allowable benefit). The Ameritas network features: Discounted fees, typically 30% below average charges in your community; immediate network discounts; and one of the largest nationwide networks with over 400,000 access points and 100,000 unique providers. To find an Ameritas Classic Network provider near you, visit: <http://ameritas-dental.prismisp.com>

*The Choice PPO dental plan is not available in: AK, FL, GA, ID, LA, MA, MD, MS, MT, NJ, NY, RI, WA or PA counties of Forest or Potter*

Underwritten by Ameritas Life Insurance Corp.



## DENTAL LIMITATIONS & EXCLUSIONS

Dental Expenses will not include, and benefits will not be payable, for any of the following.

- Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
  - Alter vertical dimension.
  - Restore or maintain occlusion.
  - Splint or replace tooth structure lost as a result of abrasion or attrition.
- Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates.
- Covered Dental Expenses to replace lost or stolen appliances.
- Covered Dental Expenses for any treatment which is for cosmetic purposes.
- Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
- Covered Dental Expenses for orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
- Covered Dental Expenses for which the Insured person is entitled to benefits under any workers' 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 employment. (Not applicable in CA or KY)
- Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
- Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Covered Dental Expenses because of war or any act of war, declared or not.
- Alternative Procedures – Occasionally two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care. In this case, 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. This provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. You may choose to apply the alternate benefit amount determined under this provision toward payment of the received treatment.

## VISION LIMITATIONS & EXCLUSIONS

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.

- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

## GENERAL INFORMATION

### Who is eligible to purchase the dental and vision plans?

The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

### Can I see the dentist I have now?

Yes, you are always free to visit the dentist of your choice. The Ameritas Dental Network offers more than 428,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided. Find a Provider at: [ameritas-dental.prismisp.com/](http://ameritas-dental.prismisp.com/) (choose the Choice Network after inputting zip code).

### Can I see my same eye doctor?

This vision plan allows you to visit the eye doctor of your choice.

### Are my rates guaranteed?

Your rates are guaranteed for 12 months following your plan's effective date. After that you will receive at least 30 days' notice (more if required by state law) if your rates change.

### Do I have coverage outside of the state I live in?

Yes, if you are traveling or have covered dependents living in a different state you will still have coverage.

### How do I submit claims?

You or your provider may submit completed claim forms along with any requested information to Ameritas Life Insurance Corp. P.O. Box 82520, Lincoln, NE 68501 or fax to 402-467-7336. Dentists may submit claims electronically.

Underwritten by Ameritas Life Insurance Corp. Ameritas Life Insurance Corp. and its affiliated companies have a proud and rich heritage dating back to the late 1880s. This tradition is deeply rooted in our commitment to our customers, a foundation of integrity and trust and a legacy of financial strength to deliver on our promises.

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Individ. 9000 Rev. 07-16 and/or Vision Policy Form Individ. 9000 Ed. 07-16-V. (Revision dates may vary by state). Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations.

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