



[To view a full list of MCE \(Maximum Covered Expense\) amounts, Click Here](#)

Contents – click the page number to jump to that page

<i>An Introduction to Core Dental Insurance</i> _____	<i>2</i>
<i>State Availability</i> _____	<i>10</i>
<i>Rates</i> _____	<i>11</i>
<i>Administrative Procedures</i> _____	<i>12</i>
<i>Benefits</i> _____	<i>13</i>
Type 1 - Preventive _____	<i>13</i>
Type 2 - Basic _____	<i>13</i>
Type 3 - Major _____	<i>13</i>
<i>Additional Benefits</i> _____	<i>14</i>

An Introduction to Core Dental Insurance

*An affordable and
valuable benefit.*

- ★ Routine Exams
- ★ Filling Restorations
- ★ Crowns
- ★ Denture Repair
- ★ Orthodontia
- ★ Teeth Whitening
- ★ Vision & Hearing
- ★ Dental Rewards® & More




coredentalinsuranceSM

Provided exclusively through:



Why Dental Insurance?

Client

- Dental insurance is the most requested benefit after medical insurance
- The number one reason individuals don't have preventative dental care performed is the lack of dental insurance
- 50% of Americans are without dental insurance
- 77% of those without dental insurance delay regular dental care
- 74% of the noninsured only see a dentist when there's a perceived problem
- On average, the uninsured go to the dentist only once every three years

Agent

- A benefits rich dental insurance plan sees extremely high retention. In many cases, well above 80%
- Dental insurance is a great lead product, allowing you to get your foot in the door with additional products
- The need for dental insurance is great. The need for a dental insurance plan with real value, is greater.
- Dental insurance is easy to sell; either you need it or you don't

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Dental Facts

- Dental caries (cavities) are the most common chronic disease nationally affecting 53 percent of 6-8 year olds and 84 percent of 17 year olds
- For every person without medical insurance, there are approximately 2.8 people without dental insurance.^{1,2}
- People without dental benefits are less likely to have tooth-saving and restorative procedures (fillings, crowns, root canals) than those with benefits but more likely to have extractions and dentures³
- People with dental benefits are more likely to receive restorative procedures – whereas those without are more likely to have extractions performed or require dentures³
- One study focusing on consumers in general showed that four in five Americans (79 percent) consider dental benefits to be "extremely important."⁴
- Each year, more than 35,000 new cases of oral cancer are diagnosed – and an estimated 7,600 people annually will die of the disease⁵
- An average of just under 100 people are newly diagnosed with oral cancer in the United States each day⁵

¹NADP/DDPA Joint Dental Benefits Report: Enrollment, June 2009.

²U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2008," September 2009.

³NADP Report: The Haves and the Have-Not: Consumers With and Without Dental Benefits, February 2009.

⁴Delta Dental Children's Oral Health Survey, 2009.

⁵National Cancer Institute, SEER Stat Fact Sheet, 2009.

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Plan Highlights

- SASid Exclusive Rates and Plans
- Next Day Coverage
 - ✓ 38 states+DC available
 - ✓ Ages 18+
 - ✓ Rates are National and not age banded
- Individual Annual Maximums of:
 - ✓ \$2500
 - ✓ \$1500
 - ✓ \$1000
- Bonus Benefits
 - ✓ Cosmetic, Orthodontia, Dental Rewards, LASIK, Vision & Hearing and more
- Choose any dental provider
- Large nationwide network (235,000+)
 - ✓ Great discounts
 - ✓ Ameritas Group
 - ✓ Dentist Nomination
- Quick online claim lookup
- Easy online billing

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Benefit Highlights

Type 1 - Preventative Dental Care

- Routine Exams
- Cleanings
- Fluoride Treatment



Type 2 - Basic Dental Care

- X-rays
- Extractions
- Fillings



Type 3 - Major Dental Care*

- Onlays
- Crowns or Crown Repair
- Root Canal



*Please note-There is a 6 month waiting period for Major Dental Care unless you have had prior dental coverage in the last 6 months

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

CDI Bonus Benefits

■ Orthodontia Benefits

 *Coverage for dependent children*

■ Cosmetic Benefits

 *Teeth whitening*


■ Dental Rewards

 *Plan maximum carryover*

■ Vision Correction Coverage

 *LASIK and related procedures*

■ Hearing & Vision benefits

 *Benefits for exams and more*



Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Orthodontia for dependent children

- Under the Platinum, Gold and Silver plans, orthodontic benefits are available for dependent children. Benefits are payable for orthodontic programs that are started before the dependent's 17th birthday. Waiting periods may apply.

The Platinum, Gold and Silver plans provide a \$1,000 lifetime maximum benefit per eligible dependent child, in addition to the plans annual maximum.

Core Dental Insurance (CDI) – Orthodontia Plan Allowances				
	Platinum Plan	Gold Plan	Silver Plan	Value Plan
Coinsurance	50%	50%	50%	No Ortho
Coverage for Adults	No	No	No	-
Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000	-
Waiting Period	12 months	12 months	12 months	-

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Cosmetic Teeth Whitening

- Professional teeth bleaching, also referred to as whitening, has become a popular cosmetic procedure. With this benefit, plan members can enjoy having a healthy, white smile that will boost self-confidence and add sparkle to their appearance.

Tooth bleaching pays a benefit for the following services up to the maximum covered expense:

- Per arch bleaching (upper or lower) for ages 14 and over every 2 years
- Single tooth bleaching
- Internal bleaching to lighten a discolored tooth that has had root canal therapy

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Dental Rewards®

- Is 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. Members 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. When a claim is submitted, your EOB will include the status of your Dental Rewards®. Or, you may call our Claim Customer Service unit to ask about the status of your Dental Rewards®.

	All Plans
Threshold	\$500
Annual Carryover Amount	\$250
PPO Bonus (Annual bonus if PPO provider is used for all claims)	\$100
Maximum Rewards Accumulation	\$1,000

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Increase Annual Maximum with Dental Rewards®

To be eligible for Dental Rewards®, file at least one claim in the given calendar year but not receive more than \$500 of benefit. This allows you to carry-over \$250/year into the next years annual maximum, for up-to 4 years. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost.

Base Individual Annual Maximum	Annual Maximum Potential with Dental Rewards®
Platinum Plan - \$2500	\$3500
Gold Plan - \$1500	\$2500
Silver Plan - \$1000	\$2000
Value Plan - \$1000	\$2000

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Vision Correction LASIK

- Provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a four-year period, with the highest coverage provided at year four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. The LASIK Advantage benefit is available to members age 18 and older. There is no network tied to this coverage.

Value, Silver, Gold & Platinum Plans	Lifetime Benefit Earned per Eye	
	After 12 months	After 24 months
	\$125 benefit/eye	\$250 benefit/eye

- There is a 12-month wait on LASIK benefits.** After 12-months, a \$125 benefit per eye is accrued. After 24-months, a \$250 benefit per eye is accrued. One lifetime benefit allowable per eye.

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Vision Benefits

- Apply a portion of dental maximum benefit towards annual eye exams, lenses, frames and contact lenses. Additional discounts are at no cost to plan members who use an [EyeMed Access network provider](#).

Vision Benefit: \$100 each calendar year towards covered vision expenses. This benefit is taken from the annual dental benefit maximum.

- Covered Vision Expenses**
 - Annual eye exams
 - Lenses: single, bifocal, trifocal, lenticular and progressive
 - Contact lenses including fit and follow up
 - Discounts are available to plan members who use an EyeMed Access network provider
- Exclusions and Limitations**
 - Sub-normal eye care aids
 - Orthoptic or eye care training or any associated testing
 - Non-prescription lenses
 - Medical or surgical treatment of the eyes or any services not specified above.

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Hearing Benefits

- Wellness benefit which helps people protect & preserve their ability to hear. Pays benefits for hearing exams.

Included - \$75 exam per person per year.

- Not available in Washington

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Access the In-Network and Save

- **Greater Accessibility** with over 235,000 network providers nationwide
- **Experience the Value** in Ameritas' wholly-owned provider network. The Ameritas network is never leased or rented, maintaining the value for Ameritas clients
- **Save by using In-Network providers.** - Network providers have agreed to charge significantly reduced fees for services. *Save up to 40% through network providers or 25%, on average.*
- **No referrals necessary**
- **Higher benefit percentages** when you see an Ameritas network provider
- **Easily find providers** near you with the [Ameritas Provider Search](#)

Save up to 40% through network providers or 25%, on average.



Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Access the In-Network and Save

- 235,000 network providers nationwide
- In-Network savings
- No referrals needed

Procedure	Provider Charges	Provider Network Negotiated Fee	Plan Coverage*	Patients' Responsibility
Routine exam (D0120)	\$59	\$38	\$30	\$8
Adult Cleaning (D1110)	\$75	\$50	\$63	\$0 (no deductible)
Bitewing x-ray (D0274)	\$36	\$22	\$42	\$0 (no deductible)
Filling (D2160)	\$102	\$68	\$101	\$0 (no deductible)
TOTAL	\$272	\$178	\$236	\$8

* Platinum plan coverage amounts listed

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Simple to Enroll... Smart to have...

The screenshot displays the CoreDentalInsurance.com website. The main navigation includes links for HOME, LEARN, ABOUT US, FAQS, and CONTACT. The central message is "An affordable and valuable benefit." with a list of services: Routine Exams, Filling Restorations, Crowns, Denture Repair, Orthodontics, Teeth Whitening, Vision & Hearing, and Dental Rewards & More. A "VIEW PLANS & RATES" form is visible, with fields for Name, Gender, ZIP Code, Contact Method, Phone Number, E-Mail, and Coverage. A "SUBMIT" button is at the bottom of the form. To the right, a table titled "Individual and family Dental Insurance" shows annual maximums for various plans. The footer includes logos for AMERITAS GROUP, SASid, BBB, and a "Click for Review" button.

Have a question? Visit www.CoreDentalInsurance.com or call (888-204-9058) today!

Example of an agent enrollment site: www.CoreDentalInsurance.com

State Availability

STATE	Core Dental	Payments Accepted	Fees Not Collected
AL	√	Credit Card/Paper/EFT	
AK	√	Paper/EFT	
AZ	√	Credit Card/Paper/EFT	
AR	√	Credit Card/Paper/EFT	
CA	√	Paper/EFT	
CO	√	Credit Card/Paper/EFT	√
CT	√	Credit Card/Paper/EFT	
DE	√	Credit Card/Paper/EFT	
DC	√	Credit Card/Paper/EFT	
FL			
GA	√	Credit Card/Paper/EFT	
HI	√	Credit Card/Paper/EFT	
ID			
IL	√	Credit Card/Paper/EFT	
IN			
IA	√	Credit Card/Paper/EFT	
KS - Pre-appointment	√	Credit Card/Paper/EFT	
KY	√	Credit Card/EFT	√
LA	√	Credit Card/Paper/EFT	
ME	√	Credit Card/Paper/EFT	
MD			
MA			
MI	√	Credit Card/EFT	√
MN	√	Credit Card/Paper/EFT	
MS	√	Credit Card/Paper/EFT	
MO	√	Credit Card/Paper/EFT	
MT - Pre-appointment	√	Credit Card/Paper/EFT	
NE	√	Credit Card/Paper/EFT	
NV	√	Credit Card/Paper/EFT	
NH			
NJ	√	Credit Card/Paper/EFT	
NM	√	Credit Card/Paper/EFT	
NY			
NC	√	Paper/EFT	
ND	√	Credit Card/Paper/EFT	
OH			
OK	√	Paper/EFT	
OR	√	Credit Card/Paper/EFT	
PA - Pre-appointment	√	Credit Card/Paper/EFT	
RI	√	Credit Card/Paper/EFT	
SC	√	Credit Card/Paper/EFT	
SD	√	Credit Card/Paper/EFT	
TN	√	Credit Card/EFT	√
TX	√	Credit Card/Paper/EFT	
UT	√	Credit Card/Paper/EFT	
VT			
VA			
WA	√	Credit Card/Paper/EFT	
WV	√	Credit Card/Paper/EFT	
WI	√	Credit Card/Paper/EFT	
WY	√	Credit Card/Paper/EFT	

Rates

Monthly Rates

Individual	\$51.00	\$41.00	\$31.00	\$21.00
Single & Dependents	\$122.75	\$99.40	\$75.82	\$57.01
Married, No Dependents	\$97.00	\$77.00	\$57.00	\$37.00
Family	\$168.75	\$135.40	\$101.82	\$73.01

Quarterly Rates

Individual	\$150.00	\$120.00	\$90.00	\$60.00
Single & Dependents	\$365.25	\$295.20	\$224.46	\$168.03
Married, No Dependents	\$288.00	\$228.00	\$168.00	\$108.00
Family	\$503.25	\$403.20	\$302.46	\$216.03

Semi-Annual Rates

Individual	\$298.50	\$238.50	\$178.50	\$118.50
Single & Dependents	\$729.00	\$588.90	\$447.42	\$334.56
Married, No Dependents	\$574.50	\$454.50	\$334.50	\$214.50
Family	\$1,005.00	\$804.90	\$603.42	\$430.56

Annual Rates

Individual	\$595.50	\$475.50	\$355.50	\$235.50
Single & Dependents	\$1,456.50	\$1,176.30	\$893.34	\$667.62
Married, No Dependents	\$1,147.50	\$907.50	\$667.50	\$427.50
Family	\$2,008.50	\$1,608.30	\$1,205.34	\$859.62

*In CO, MI, TN, KY, subtract \$5.00 from premium amounts – **No Fees**, including application fees, can be collected in these states.

Administrative Procedures

Waiting Periods	There is a 6-month waiting period on ALL “Type 3 – Major” benefits. Orthodontia and LASIK benefits have a 12-month waiting period.
Deductible	There are no deductibles to meet
Networks	Dental – Ameritas provider network
	Vision – EyeMed Access network provider
Customer Service	Billing – InsuranceTPA.com – 800-279-2290
	Claims, Benefits, Eligibility – Ameritas – 800-487-5553
MCE List	Click to View
Application Fee	\$35.00 – charged in first month only in addition to first premium payment. Fees are NOT collected in CO, KY, MI, TN.
12-month Commitment	"This is premium dental insurance, to be accepted to this insurance a 12 month commitment is required. If you cannot commit to 12 months of coverage you will be declined."
10-day Review	Each member has 10-days to review their policy. Written notice is needed to terminate their plan within 10-days from their effective date.
NO Credit Cards	Credit cards are not accepted in AK, CA, OK and NC. However, ETF from a checking account is accepted.
Upgrade/Downgrade	After 12 consecutive months on a plan, members are eligible for a plan upgrade. They are allowed 1 downgrade per year.
FAQ's	Click to View
Limitations & Exclusions	Click to View

Benefits

Common procedures and coverage amounts

Type 1 - Preventive		Plan Allowable Amount			
Procedure	Code	Platinum	Gold	Silver	Value
Routine Exam	D0120	30.00	23.00	18.00	12.00
Adult Cleaning	D1110	63.00	49.00	38.00	27.00
Child Cleaning	D1120	45.00	35.00	26.00	19.00
Bitewing X-ray	D0274	42.00	33.00	25.00	18.00
Sealant	D1351	35.00	27.00	21.00	15.00
Space Maintainer	D1525	428.00	333.00	254.00	179.00

Type 2 - Basic		Plan Allowable Amount			
Procedure	Code	Platinum	Gold	Silver	Value
Filling (silver)	D2160	101.00	78.00	46.00	31.00
Extraction (simple)	D7210	80.00	59.00	54.00	44.00
Filling (composite)	D2330	80.00	62.00	37.00	25.00
Periodontal Maintenance	D4910	84.00	65.00	38.00	26.00
Denture Repair	D5510	84.00	65.00	38.00	26.00

Type 3 - Major		Plan Allowable Amount			
Procedure	Code	Platinum	Gold	Silver	Value
Porcelain Crown	D2750	384.00	285.00	260.00	0.00
Complete Denture - Upper	D5110	409.00	303.00	277.00	0.00
Complete Denture - Lower	D5120	396.00	294.00	268.00	0.00
Implant Supported Crown	D6067	372.00	276.00	252.00	0.00
Bridge Abutment	D6750	403.00	299.00	273.00	0.00
Bridge Pontic	D6240	372.00	276.00	252.00	0.00
Root Canal	D3310	229.00	170.00	155.00	0.00

A 6-month waiting period applies to all Type 3 – Major benefits

[To view a full Maximum Covered Expense \(MCE\) list, click here](#)

Additional Benefits

Orthodontia	After a 12-month wait, there is a \$1,000 lifetime benefit for each dependent child to be used towards orthodontia. Ortho services must be started before the child's 17 th birthday. This benefit is "in addition to" their annual maximum benefit. This benefit is subject to 50% coinsurance.
Cosmetic Whitening	Cosmetic teeth whitening benefits are available for member over 14 years of age. These benefits vary by plan and are eligible every 2 years.
Dental Rewards®	Dental Rewards® is a unique feature that allows members to roll a portion of their un-used annual benefit maximum into their next plan year. To access this benefit, the member must have submitted at least one claim during that year for dental services. A maximum lifetime carryover of \$1,000 is allowed (\$250/yr for 4 years).
LASIK Vision Correction	After a 12-month wait, there is a lifetime benefit for LASIK vision correction available for members 18 years and older. After 12-months on the plan there is a \$125 benefit per eye. After 24-months on the plan there is a \$250 benefit per eye. This is a lifetime benefit meaning only one benefit per eye is allowed.
Vision Benefits	\$100 each calendar year towards covered vision expenses. This benefit is taken from the annual dental benefit maximum. Benefit can be used on/towards Exams, Frames, Lenses, contacts. Additional savings and discounts for members who use EyeMed Access network provider .
Hearing Benefits	Not available in Washington. \$75 per person per year towards a hearing exam.