

Essential Plan



BUILD CONFIDENCE WITH A BEAUTIFUL SMILE AND
LOOK YOUR BEST IN A PAIR OF PERFECT FRAMES!

INSURANCE VALUE?

Build a confident bright smile and look great by having Core Dental and Vision Insurance. Did you know that the number one reason people do not go to the dentist is a lack of dental insurance? Don't let financial reasons stand between you and the smile you deserve.

Core Dental Insurance can help pay for preventive care like routine exams, cleanings, fluoride treatments, sealants, X-rays, and even more!



HERE ARE MANY OF THE WAYS WE PROTECT YOUR SMILE AND YOUR WALLET

NEW DENTAL INSURANCE PLANS

PLAN HIGHLIGHTS

Coverage for over 370+ procedures.



Preventive

The Essential plan includes coverage for one exam per year with a \$25 per-visit deductible. 100% preventive dental benefits and routine exams, cleanings, fluoride treatments, sealants and more. Coverage for X-rays once a year.



Basic - 100% Maximum Covered Expenses (MCE) with a \$25 per-visit deductible. Basic includes filling restoration, extractions - surgical removal of teeth, deep sedation - and more.



Major - 100% Maximum Covered Expenses with a \$25 per-visit deductible. Major includes onlays, maxillary partial denture - resin base, denture repair, endodontics - root canal, periodontal scaling and root planing, crown and crown repairs, pontics, fixed bridges, general anesthesia, and more.

Claim Allowance - Claims for Preventive (Type 1) visits are paid based on the maximum amount a network provider may charge. If you visit an out-of-network dentist, claims are paid based on the lowest contracted network provider fee in your ZIP Code. Claims for Basic (Type 2) services are paid based on a list of covered dental procedures showing the maximum dollar amount that insurance will pay for each. You pay the difference between what the plan pays and the dentist's actual charge. If you select a network provider, you may have lower out-of-pocket costs.

EXTRA PLAN BENEFITS

Separating ourselves from the competition.



Vision Benefit - A portion of your dental maximum can be used to help cover vision expenses. Simply select your preferred vision provider, pay the provider, and submit a claim for reimbursement up to \$100. There's no network so you can take advantage of special pricing offers from any eye doctor.



Additional Vision Savings - Your vision benefit includes a discount program on exams, lenses, frames, and LASIK procedures with EyeMed network providers to help your benefit dollars go further.

Dental Rewards™ - Each year you submit at least one dental claim and keep your total amount of benefits at or under \$500, you qualify to carry over \$250 in benefit dollars to the following year. Over time, you can earn up to the maximum accumulation of \$1,000 to use after your existing annual maximum benefit is used. If you visit an Ameritas network provider, you earn an additional \$100 per year.



Large Nationwide Network

The Ameritas Dental Network is one of the largest in the nation. When visiting a network provider, members can enjoy discounted fees on dental procedures covered by their plan.

PROTECT YOUR SMILE AND YOUR SIGHT WITH CORE DENTAL INSURANCE PLANS

Coverage	Essential Plan
Annual Maximum Benefit	\$1,500
Potential Maximum Benefit with Dental Rewards® (Year 4)	\$2,500
Dental Rewards® (PPO bonus not available in MT, RI)	Threshold Amount: \$500
	Annual Reward: \$250
	Maximum Reward: \$1000
	PPO Bonus: \$100
Waiting Periods	Preventive - none Basic - none Major -6 months
Deductible (per person)	\$25 per visit Type 1, 2 and 3
Preventive (Type 1) Benefit	Plan Benefit 100% Member Coinsurance 0%
Basic (Type 2) Benefit	100% of Schedule
Major (Type 3) Benefit	100% of Schedule
Capacity	No family maximum
Orthodontia	Not Covered
Vision Insurance Benefit	\$100 toward any covered eye care expense (deducted from annual maximum)
Next-day Coverage	Yes
Guaranteed Rates	12 months

Coverage	Essential Plan
PERIODIC ORAL EVALUATION-ESTABLISHED PATIENT	100%
LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$30
COMPREHENSIVE ORAL EVALUATION-NEW OR ESTAB PATIENT	100%
INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	100%
INTRAORAL - PERIAPICAL FIRST FILM	\$0
INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	\$0
BITEWINGS - TWO FILMS	100%
BITEWINGS - FOUR FILMS	100%
PANORAMIC FILM	100%
PROPHYLAXIS - ADULT	100%
PROPHYLAXIS - CHILD	100%
AMALGAM - ONE SURFACE - PRIMARY OR PERMANENT	\$75
AMALGAM - TWO SURFACES - PRIMARY OR PERMANENT	\$95
AMALGAM - THREE SURFACES - PRIMARY OR PERMANENT	\$95
RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	\$75
RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	\$95
RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	\$95
RESIN-BASED COMP- 4+ SURFACES OR INCISAL, ANTERIOR	\$95
RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$75
RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$95
RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$95
RESIN-BASED COMPOSITE-FOUR OR MORE SURF, POSTERIOR	\$95
CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$335
CROWN - PORCELAIN WITH GOLD	\$335
CROWN - PORCELAIN WITH NONPRECIOUS METAL	\$335
CROWN - PORCELAIN WITH SEMIPRECIOUS METAL	\$335
RECEMENT CROWN	\$40
CORE BUILD-UP, INCLUDING ANY PINS	\$0
PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$0
ROOT CANAL, MOLAR, EXCLUDING FINAL RESTORATION	\$320
PERIODONTAL SCALING AND ROOT PLANING-4 OR MORE TTH	\$70
DELIVERY OF ANTIMICROBIAL AGENTS INTO TISSUE	\$115
PERIODONTAL MAINTENANCE	100%
EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	\$90
SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVAT	\$90

ABOUT CORE DENTAL AND VISION INSURANCE



Ameritas offers a competitive array of insurance, employee benefits, and financial products and services in a highly welcoming, ethical and professional manner that builds lasting trust and enduring relationships. Ameritas allows you to stretch your money even further by visiting a network provider. They are the company that customers, partners and associates are proud to work with.



Core Dental and Vision Insurance is administered by InsuranceTPA.com, a licensed third party administrator serving all 50 states. Focused on education, retention, and efficiency, we provide unparalleled insurance premium billing and customer service. Our mission is to make insurance simple for our members to understand, purchase, and manage their plans.

STOP WORRYING ABOUT EXPENSIVE DENTAL PROCEDURES.

Enroll in affordable, next day coverage, in just 5 minutes!



1

Shop -

Shop for the perfect plan. It takes seconds to obtain a quote.

2

Choose -

Once you select your insurance plan, you gain access to deep discounts and a network of dental providers.

3

Save -

Our plans offer rewards and coverage for preventive care.

HAVE QUESTIONS? WE HAVE ANSWERS!

Who is eligible to purchase the plan?

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 spouse or 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 is one of the nation's largest, which means you benefit from credentialed dentists who offer a discount on services provided. Find a network provider at ameritas.com.

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 law) if your rates change.



Does my Dental Plan offer takeover benefits?

If you were previously covered under a dental plan, you may be eligible for takeover benefits, which means waiting periods are waived. You will be asked to complete and submit a replacement form, plus provide an evidence of coverage letter from your prior carrier. The letter must include termination date of the prior plan that is no more than 30 days prior to the date we receive your application for coverage.

May I take advantage of coupons or special offers from retail locations?

Yes! With Core Vision you can take advantage of special offers, promotions, or coupons. You still qualify for your vision benefit amount.

What are some cosmetic options I should expect to pay for myself?

Lens options such as ultra-violet coating, scratch resistant coating and tinting are not reimbursable with your vision benefit.

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

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

How often may I receive vision services?

Because there are no frequency limitations with this vision benefit, you may use your set annual vision dollar amount for covered vision procedures such as frames, prescription lenses and contacts.

What type of contact lenses may I purchase with this plan?

All contact lenses containing prescription, including disposables, are reimbursable up to your set annual vision dollar amount.

LIMITATIONS AND EXCLUSIONS

This Plan Details document is a highlight sheet only. Please review the Outline of Coverage along with the Application Form or send an email to service@insuranceTPA.com to request a sample policy. Your actual policy will be the full legal description of your benefits. Certain plans and plan options may not be available in all areas. The plan described in this document is administered by InsuranceTPA.com.

Limitations and Exclusions

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

1. Covered Dental Expenses for Type 3 Procedures in the first 6 months the person is covered under this contract.
2. Covered Dental Expenses for initial placement of any prosthetic crown, appliance, or fixed partial denture 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 prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
3. Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
 - a. Alter vertical dimension.
 - b. Restore or maintain occlusion.
 - c. Splint or replace tooth structure lost as a result of abrasion or attrition.
4. Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
5. Covered Dental Expenses to replace lost or stolen appliances.
6. Covered Dental Expenses for any treatment which is for cosmetic purposes.
7. 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.)
8. 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.
9. 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.
10. 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.
11. Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
12. Covered Dental Expenses because of war or any act of war, declared or not.
13. 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:

1. Examinations performed or frames or lenses ordered before the Insured was covered under this section.
2. Any examination performed or frame or lens ordered after the Insured's coverage under this section ceases, subject to Extension of Benefits.
3. Sub-normal vision aids; orthoptic or vision training or any associated testing.
4. Non-prescription lenses.
5. Replacement or repair of lost or broken lenses or frames except at normal intervals.
6. Any eye examination or corrective eyewear required by an employer as a condition of employment.
7. Medical or surgical treatment of the eyes.
8. Any service or supply not shown on the Schedule of Eye Care Services.
9. Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

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This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2022 Ameritas Mutual Holding Company.