

Employee Dental Benefits

Diné Development Corporation

Your dental benefits help you save money no matter which provider you visit.
Here's what you can expect.

Save with a network provider. The Ameritas Dental Network is one of the nation's largest. Network providers charge 25-50% less than their regular rates, which can lower your out-of-pocket costs. Since 98% of providers stay with Ameritas year after year, you can keep seeing a network provider.



Use the QR code to find a dentist or see if yours is in the **Ameritas Classic & Plus Network**. Or visit ameritas.com – Find a Health Provider.

Nominate your dentist. If your provider is not in the network, Ameritas can invite them to join. Go to ameritas.com, search “nominate a provider” and complete the online form.

No paperwork. Network providers submit claims for you. Out-of-network dentists may also submit claims as a courtesy. Ameritas sends claim payments directly to any provider, so you only pay your portion. There's no need to pay upfront and wait for reimbursement.

Here to help

Once coverage begins, visit ameritas.com and create a member account to view plan information. Or download the [Ameritas Benefits app](#).

Claims, benefit and provider network questions:
group@ameritas.com | 800-487-5553

Save more with a network provider
Sample out-of-pocket costs

Member Cost In-network	Diagnostic and Preventive Services	Basic Services	Major Services
Without insurance	\$255	\$212	\$1,513
Base plan	\$0	\$17	\$357
Buy-up plan	\$0	\$17	\$357

Out-of-network			
Without insurance	\$255	\$212	\$1,513
Base plan	\$135	\$143	\$1,157
Buy-up plan	\$0	\$42	\$757

This is an example of average savings for Ameritas members in ZIP code region 852xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.

Know the cost. Use the dental cost estimator in your member account to view average in- and out-of-network procedure charges in your area.



Save more with Ameritas. Ameritas offers savings programs to help members with hearing, prescription and eyewear expenses. These non-insurance programs are available at no additional cost to the plan premium.



Dental plan benefits	Base plan	Buy-up plan
	In and out-of-network	In and out-of-network
Maximum benefit The total amount insurance will pay per person, per calendar year	\$2,000	\$2,500
Deductible The amount you pay before benefits apply, per person, per calendar year	\$50/employee \$150 family maximum Waived for Diagnostic and Preventive Services	\$50/employee \$150 family maximum Waived for Diagnostic and Preventive Services
Out-of-network claim allowance The highest plan payment allowed for services	MAC	90th U&C
Insurance coverage per procedure; subject to the maximum, deductible and allowance		
Diagnostic and Preventive Services	100% Exams, cleaning, X-rays (bite-wing & periapical), fluoride & sealants for children, space maintainers	100% Exams, cleaning, X-rays, fluoride & sealants for children, space maintainers
Basic	80% Fillings, X-rays (full mouth/panoramic), simple extractions, gum disease treatment (non surgical), root canal (surgical), restorative composites	80% Fillings, simple extractions, gum disease treatment, root canal, extractions, denture repair, anesthesia, restorative composites
Major	50% Onlays, crowns, crown repair, root canals (non surgical), gum disease treatment (surgical), denture repair, implants, dentures, bridges, complex extractions, anesthesia	50% Onlays, crowns, crown repair, implants, bridges, dentures
Adult & Child orthodontia Lifetime maximum, per person	No coverage	50% \$1,500

Claims allowance

Maximum Allowable Charge (MAC)

In-network claims are paid based on the provider’s network fee, which may result in lower out-of-pocket costs.

Usual & Customary (U&C)

Out-of-network providers decide how much they charge per procedure. Out-of-network claims are paid based on what we expect 9 out of 10 charges from out-of-network dentists to be for this service. You pay the difference between what the plan pays and the dentist’s actual charge.

Plan features

Dental Rewards® & PPO Bonus Each year you submit at least one dental claim and keep your total amount of benefits at or under **\$750**, you qualify to carry over **\$400** in benefit rewards to the following year. If you visit an Ameritas network provider, you earn an additional **\$200** per year. Over time, you can earn up to the maximum accumulation of **\$1,200** to use after your existing annual maximum benefit is used.

Orthodontia (adult and child) (Buy-up plan only)The treatment program may begin at any age, but dependent benefits end when a patient is no longer a dependent, even if a treatment program is underway. Plan payments will begin automatically to the party assigned on the claim form and are made in equal quarterly installments not to exceed two years.

Implant coverage Your plan includes comprehensive implant coverage, which includes bone augmentation, placement and maintenance associated with these procedures.