

Employee Dental Benefits

North Kansas City School District

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. Network provider charges are guaranteed to be within the plan allowance. Many network providers also offer discounts on non-covered dental services as allowed by state law.



Find a provider. Use the QR code to find a dentist or see if your current dentist is in the **Ameritas Classic Network**. Or visit [ameritas.com](https://www.ameritas.com) – Find a Health Provider. You can also see a list of contracted providers in Mexico.

Visit any dental provider. You are free to use your benefits with any in or out-of-network licensed dentist. You do not need to switch providers, and family members do not need to visit the same dentist.

Nominate your dentist. If your provider is not in the network, Ameritas can invite them to join. Go to [ameritas.com](https://www.ameritas.com), search “nominate a provider” and complete the online form.

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

Online access. After your benefit effective date, go to [ameritas.com/sign-in](https://www.ameritas.com/sign-in) and select Member Sign In under Dental, Vision & Hearing. Click Register, choose your account type, validate your identity, and follow the prompt to create your account. With your member account, you can access ID cards, view plan details, track claims and find helpful resources, all in one place.

Download the **Ameritas Benefits app** for quick access to many of the same features. Log in with the same email and password you use for your member account.



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.

Save more with a network provider

Sample out-of-pocket costs based on your plan

Member Cost	Exam, X-rays, and cleaning (Type 1)	Filling (Type 2)	Crown (Type 3)
Without insurance	\$240	\$205	\$1,320
In-network	\$0	\$0	\$354
Out-of-network	\$48	\$41	\$660

This is an example of average savings for Ameritas members in ZIP code region 641xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.

Know the cost. After coverage begins, use the dental cost estimator in your member account to view average in- and out-of-network procedure charges in your area. These amounts do not include network discounts or plan benefits.

You are welcome to ask your dentist's office to submit a pretreatment estimate based on your plan benefits so you can see exactly how a proposed service would be covered, how much insurance will pay and your estimated out-of-pocket cost.

Here to help

Claims, benefit and provider network questions:
group@ameritas.com | 800-487-5553 | NY: 800-659-5556

Registering or accessing your member account: 888-808-5080



Scan the QR code to learn more about your dental networks and benefits.



Dental plan benefits	In-network	Out-of-network
Maximum benefit The total amount insurance will pay per person, per calendar year	\$1,000	\$1,000
Deductible The amount you pay before benefits apply, per person, per calendar year	\$0 Type 1 \$50 Type 2 & 3 No family maximum	\$0 Type 1 \$50 Type 2 & 3 No family maximum
Out-of-network claim allowance The highest payment allowed for services		90th U&C: lower out-of-pocket costs no matter which dentist you visit
Coverage levels - member coinsurance	Insurance coverage per procedure; subject to the maximum, deductible and allowance	
Preventive (Type 1) Exams, X-rays, cleanings, fluoride for children, space maintainers	100%	80%
Basic (Type 2) Fillings, sealants for children, root canals, gum disease treatment, extractions, anesthesia	100%	80%
Major (Type 3) Crowns, onlays, crown repair, denture repair, bridges, dentures	50%	50%
Child orthodontia Lifetime maximum, per person	50% \$1,000	50% \$1,000

Claim allowances: How in and out-of-network claims are paid

In-network Discounted Fee: Maximum Allowable Charge (MAC)

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

Out-of-network: 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

Preventive Plus Plan payments for covered Preventive (Type 1) dental procedures are not applied to your annual maximum benefit. This saves the entire annual maximum amount for all other services covered under the plan. Be sure to schedule your preventive visits each year to take advantage of this additional benefit.

Child only orthodontia Your plan includes orthodontic treatment for children. Dependent child orthodontia benefits end at age 19, so a two-year treatment program must begin by age 17. Ameritas will provide coverage on current orthodontic treatment programs and pay up to Ameritas' orthodontic maximum minus any benefits the member has received from the prior carrier. 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.