



Ameritas' network

We want to make it easier for people to see their dentist. Our plans give members across the nation more than 303,000 access points for dental care. Now, members can get the cost savings they want with the quality care they deserve.

Our dental PPO plans give members across the nation more than 303,000 access points for dental care. We are dedicated to superior provider recruitment and retention, customer service goals, area-appropriate discounts, provider accessibility, and ongoing enhancements to make the network even stronger for our members.

Managing Our Costs

Our Participating Provider Organization [PPO] is designed to be cost effective for you and your employees. This is one of the most important differences between our PPO and that of a company whose sole focus is network leasing. Here's how we actively manage PPO costs:

- True discounts. Our network fees are typically 25% below average charges, or 30-50% below the 90th percentile.
- Our reimbursement levels for members and dentists are appropriate to costs in their area.
- Many of our PPO providers offer discounted fees on virtually all procedures, covered or non-covered (as available by state law). This gives the insured members a chance to receive affordable treatment for additional services they may not ordinarily choose.
- Utilization management. We monitor and analyze procedures submitted by our PPO providers to ensure appropriate care and costs for our members.

Network Quality

Some PPOs operate on a single-minded philosophy: more is better. Although our network is one of the country's largest dental PPOs, size is not the whole story. Our goal is to contract with the dentists you want, then maintain an optimal accessibility of providers, as well as cost savings. From our perspective, if every dentist in an area joins a network, there are probably sacrifices being made — both in terms of the discounts for members, and the quality of care provided.

Not every dentist is able to meet our standards. Only those who adhere to our credentialing and quality assurance requirements are able to join and remain in our network. This process includes:

- State insurance department verification to confirm that dentists are licensed, and to uncover whether any disciplinary action has ever been taken.
- Review of malpractice insurance and any malpractice suits which may have been filed.
- Legal department and dental consultant review of any license disciplinary action or malpractice suits.
- Certification of adherence to quality assurance guidelines as mandated by state and federal entities, including OSHA and the Centers for Disease Control.

We recredential and conduct quality assurance visits of our providers periodically to make sure they continue to work within accepted parameters.



Our Providers' Satisfaction

We understand that we have to give dentists good reasons to join and remain with our PPO. After all, they must agree to provide excellent service at a discounted fee. Dentists join networks to increase “chair traffic.” The large potential patient base available through our network increases our PPO’s appeal to dentists.

An important way we maintain provider satisfaction is by keeping their compensation competitive. Our provider network team maintains relationships with all of our PPO offices, keeping us in touch with our PPO providers, offering support and customer service. We also supply our PPO providers with access to special practice management discounts. Our commitment to our providers’ business success is another important factor in maintaining our strong PPO network.

Our Members' Satisfaction

With our dental plans, our members always have the right to receive care from any dentist they choose. However, their out-of-pocket costs will almost always be lower if they choose a PPO provider. Below is a PPO savings sample comparison chart based on the following:

- Type 3 [Major] Procedure: Crown [porcelain with semiprecious metal]
- PPO vs. non-PPO with a \$50 deductible and 50% coinsurance on Type 3, in- and out-of-network
- Figures are based in San Francisco, California, and may not reflect fees charged in other areas

PPO Savings Sample Comparison		
	PPO Fee ¹	Non-PPO ²
Dentist Charge	\$ 710	\$1,140
Annual Deductible	\$ 50	\$ 50
Charge [less deductible]	\$ 660	\$1,090
Coinsurance	50%	50%
Ameritas pays	\$ 330	\$ 545
Member pays	\$ 380	\$ 595
Member saved \$215 with our PPO General Provider.		

¹ PPO fee based on Ameritas Discounted Fee Maximum Allowable Charge [MAC].

² Non-PPO based on 90th U&C [Usual and Customary], which indicates that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

Our Flexibility

Our PPO network is available with dental plans sold in an area where our PPO providers practice. Our PPO plans, available in most states, are specifically designed to offer maximum savings and achieve a balance between cost efficiency and member choice.

Passive PPO

This is our most popular PPO solution. It is automatically provided on any dental plan sold in an area where our PPO network is established. It ensures a balance between cost efficiency and employee choice with minimal steerage to the PPO network.

Passive PPO — Deductible Reduction

This is a variation of Passive PPO that provides an additional incentive for the member to visit a PPO provider. The incentive is a reduced or eliminated deductible for using our PPO network.

Freedom of Choice® — Two-Tier

Designed to keep premium rates low by offering a financial incentive to members who use PPO providers. As always, members may visit any dentist. And when using a PPO provider, the deductibles, coinsurance and maximums applied to covered procedures generally result in lower out-of-pocket expenses.

A New Choice®Plus — Maximum Allowable Charge [MAC]

The philosophy: members who choose PPO don't pay a higher rate to help subsidize members who choose non-PPO dentists. Lower premium rates are achieved in part by limiting non-PPO dentist claims to the MAC. When members select a non-PPO provider, the plan payment will be based on the MAC, therefore member out-of-pocket expenses will likely be higher than a typical PPO plan. MACs vary by geographic area, are established based on the ZIP code of the dentist's office, and are reviewed annually.

PPO Dual Choice

Members have the option to choose between a PPO plan and a non-PPO plan according to their own needs and preferences.

Members who decide to enroll in the PPO plan pay a lower premium than those who select the non-PPO plan, and almost always pay lower out-of-pocket costs as well.

We Make Finding A Dentist Easy

Visitors to our website just click on "Find A Provider" and follow the brief step-by-step instructions to locate convenient PPO providers.

They'll see the provider's name, address, and phone number, whether it's a general or specialty practice, and if the provider is currently accepting new patients. They can even request a map and driving directions to the provider's office. Clicking on the profile button brings up office hours and the university the provider attended, if available.

It's also simple to create and print a customized directory of area providers.

Our Ratings

Our financial stability allows us to increase our policyholder base, distribution systems and product portfolio.

The financial strength and operating performance of Ameritas Life is reflected in strong group ratings by independent rating agencies.

- **A (Excellent) — A.M. Best Company.**

For financial strength and operating performance. The third highest of Best's 15 ratings.

- **A+ (Strong) — Standard & Poor's.**

For insurer financial strength. The fifth highest of S&P's 21 ratings.



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