Ardent Health System Employee Dental Plan Policy #10-351106

Frequently Asked Dental Questions

GENERAL

Will ID cards be provided?

Yes. Each employee who enrolls will receive a welcome letter with two ID cards. ID cards will be mailed to the employee's home address and should arrive before the plan goes into effect January 1, 2024. In addition to showing the member's name, ID cards will indicate if the member elected dependent coverage. Covered dependent names will not appear on the ID card. Ameritas' toll-free customer service number and web address also shown on the ID card.

Members can also download and print additional ID cards through their secure member account on ameritas.com.

Once your dental plan is active, what information is available on the Ameritas website?

After your effective date for the Ameritas dental plan, members can go to www.Ameritas.com and select the **Sign In** link (upper right side of the page).

After selecting **Member Sign In** under Dental, members will be able to set up a secured member account by clicking on the **Register Now** link (under **first time users**).

Online access to the member's secure account requires the set-up process to be completed only one time. Once the secured account is set up, members can select Sign In (under **existing users**) to see:

- Dental claim history and status
- Dental maximum and deductible information
- Patient Details regarding eligibility on you or your dependents are eligible for common dental procedures
- Benefit summaries
- Dental cost estimator tool
- Dental Provider Nomination Form
- Request Dental ID Cards
- Dental provider search options
- Oral wellness information and more!

Will my subscriber ID be my social security number or randomly assigned number? A randomly assigned number is used as the member's subscriber ID. However, if provided at time of claim or as part of enrollment data, the member's social security number is stored in our system to aid in ability to search for members when a member or their provider calls for assistance. To protect the member's personal information, the member SSN does not appear on any printed materials.

For a tour of what will be available once your plan is effective, please explore this video for an online tour.

Online Tour of the Member Secure Portal

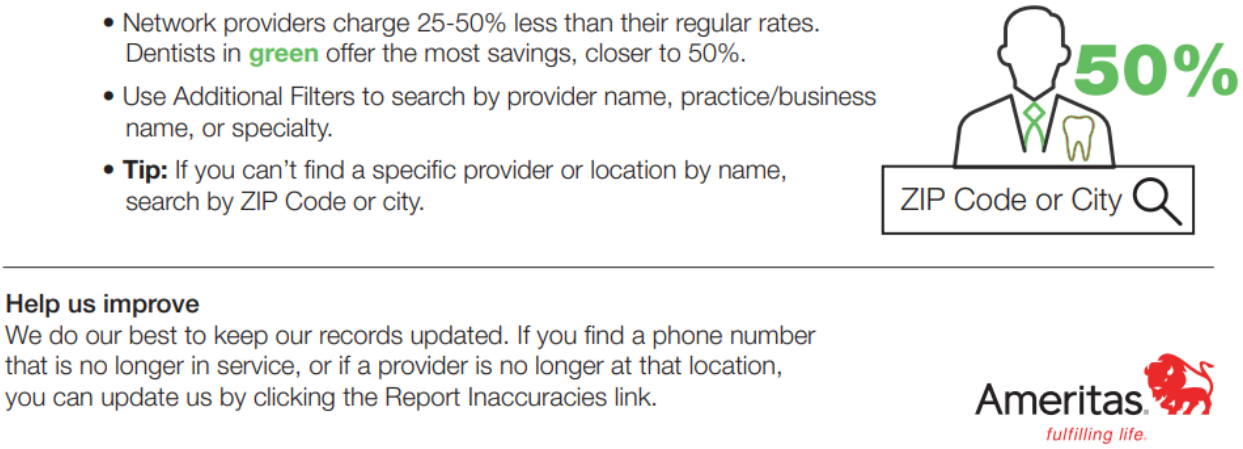
Where are claims submitted for processing?
Most dentists will submit claims as a courtesy. Dental procedures started January 1, 2024, or after should be submitted to Ameritas at:

Ameritas Group Claim Office
P.O. Box 82520
Lincoln, NE 68501-2520

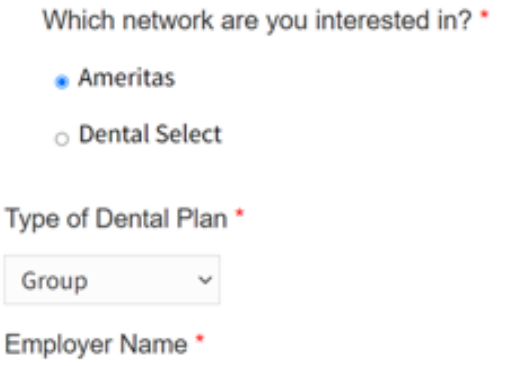
PPO NETWORK

Do I have to use an Ameritas PPO network provider?
No, while both plans provide access to Ameritas' Classic and Plus network, members may receive benefits from any licensed dental provider. Ameritas network team is in the process of communicating to dental offices about the change in carrier and network.

How do I find a list of participating dentists in the Ameritas PPO dental network?
There is a provider search on the Ameritas website - www.Ameritas.com. Go to Find a Provider, then just enter a City, State or Zip Code to search for providers in your area. Members also may contact our customer service department for assistance at 800-487-5553.



How can I get my dentist to join the network?
Members are encouraged to complete a provider nomination form if their dentist is not currently in the Ameritas PPO network. Ameritas will then contact the office to recruit them for participation in our network. Provider nomination forms can be submitted directly from this link. Provider Nomination or through www.Ameritas.com . The provider nomination form will ask you to complete the following information in addition to sharing your provider's name and address.



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How will my benefit work if I go to an out of network provider?

Members to experience both a savings and a benefit when going to a network provider, when using an out of network provider you will have a benefit that recognizes the usual provider charges for the area. We have provided examples for both the high and the low plan option for the same services in the same sample area.

Out-of-pocket expense examples for High Plan							
		In-network			Out-of-network		
Service	Cost without insurance	Allowed amount (MAC)	Plan pays	**Member pays**	Allowed amount (90th U&C)	Plan pays	**Member pays**
One preventive visit (Type 1: 100%)	$212	$122	$122	**$0**	$212	$212	**$0**
Filling (Type 2: 90%)	$181	$95	$786	**$10**	$181	$163	**$18**
Crown (Type 3: 60%)	$1,250	$675	$405	**$270**	$1,250	$750	**$500**
TOTAL	$1,643	$892	$613	**$280**	$1,643	$1,125	**$518**

This example reflects amounts specific to your plan's benefit level. Allowance and cost estimates are a sample. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. Deductibles not shown.

Out-of-pocket expense examples for Low Plan							
		In-network			Out-of-network		
Service	Cost without insurance	Allowed amount (MAC)	Plan pays	**Member pays**	Allowed amount (90th U&C)	Plan pays	**Member pays**
One preventive visit (Type 1: 100%)	$212	$122	$122	**$0**	$212	$212	**$0**
Filling (Type 2: 80%)	$181	$95	$76	**$19**	$181	$145	**$36**
Crown (Type 3: 50%)	$1,250	$675	$338	**$338**	$1,250	$625	**$625**
TOTAL	$1,643	$892	$536	**$357**	$1,643	$982	**$661**

This example reflects amounts specific to your plan's benefit level. Allowance and cost estimates are a sample. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. Deductibles not shown.

Usual and Customary (U&C): If you visit a network provider, claims are paid based on the maximum amount a network provider may charge, which may result in lower out-of-pocket costs. If you visit an out-of-network dentist, covered benefits 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.

CLAIMS

How are claims submitted?

If the member goes in network for services, the Ameritas PPO provider may file a claim and collect the patient portion after the claim is processed, or if they have researched the patient portion, they may request your portion at the time of service for deductible and coinsurance amounts.

If the member uses an out of network provider, the dentist may or may not file the claim on the member's behalf. This is at the sole discretion of the provider. However, filing a claim with Ameritas is easy! The Ameritas claim form is not required. Generic claim forms that many dentists use in their offices also can be used to submit claims. Ameritas claim forms are available at www.Ameritas.com Simply fill out the member and patient information, attach a summary of charges provided by the dental provider, and send the claim to Ameritas.

Whether going in or out of network, Ameritas will pay the provider directly with an assignment of benefits marked on the claim form. Then member and dental provider will receive an Explanation of Benefits (EOB) when the claim has been processed.

How do I find out how much my treatment will cost?

While Ameritas does not requirement pretreatment estimates for any procedure, Ameritas encourages members to have a pretreatment estimate processed to determine the amount of coverage for their upcoming dental work. Ameritas' claim form includes an option to receive a pretreatment estimate. To receive a pretreatment estimate, the dentist submits the claim form requesting the estimate before the work is done, and we process the estimate to determine the level of benefits and patient responsibility.

Once a member has set up their secure member account, the member can also go online to use our Dental Cost Estimator tool that will give a general idea of the non-network cost.

What if I have another dental plan in addition to this one?

Coordination of benefits will apply. If an individual is covered under two separate dental plans, the incurred expenses must be submitted under both plans. The plans will coordinate the benefits.

Are the any waiting periods for services?

There are no waiting periods.

How will Ameritas handle work in progress when their plans take over January 1, 2024?

The date a dental procedure is started will determine who will process the claim. Any dental work that was started prior to the January 1, 2024 effective date with Ameritas would be considered under the previous plan. Dental work started after the Ameritas plan goes into effect on January 1, 2024 should be submitted to Ameritas.

For placement of new dentures, bridges and implants for employees and their dependents under the dental plan the completion of that treatment plan will be a covered expense under the dental plan.

ORTHODONTIA

How does the plan cover orthodontia?

Orthodontic benefits are available on the High Plan for dependent children up to age 26 and are reimbursed, the maximum benefit available for orthodontic benefits is $1,500 per lifetime per person.

How Are Orthodontia payments determined and processed?

The orthodontic start date is considered the date the teeth are banded. The orthodontic provider will submit information on the total anticipated length and total cost of the treatment plan. The total estimated cost is pro-rated and paid over the estimated length of the program. The schedule of benefit payment will be set up based on the duration or up to 8 quarters/24months, whichever is less.

What if we are in the middle of an orthodontic program when Ameritas takes over on January 1, 2024?

If your orthodontic program was covered through the prior dental plan and is still in progress when Ameritas takes over January 1, 2024, you will not lose any remaining coverage that would have been paid. Ameritas will work with you and your orthodontic provider to look at the total cost of the program and the total amount paid by the prior dental plan to determine any remaining benefit due. We will also look at the amount of time left in the program and set up quarterly orthodontic payments for the remaining benefit program. Please note, while Ameritas will take over your orthodontic benefit to ensure your lifetime maximum orthodontic benefit is not lost, it is not intended to provide another/full lifetime maximum benefit.

When your orthodontic program is processed, you will receive a letter confirming the schedule of payment. We have provided an illustration below until you receive your orthodontic letter.

Remaining months of treatment	Lifetime maximum	Paid under prior plan	Ameritas scheduled to release	# of Quarters remaining	Benefits scheduled to be released each quarter
3	$1,500	$750	$750	1	$750
6	$1,500	$750	$750	2	$375
9	$1,500	$750	$750	3	$250
12	$1,500	$750	$750	4	$188

How will orthodontic benefits be released for a new orthodontic treatment after January 1, 2024?

Lifetime maximum	Dentist charge	Plan Benefit	Total Benefit available*	# of Quarters	Benefits scheduled to be released each quarter
$1,500	$4,000	50%	$1,500	8	$188