



coredental insuranceSM

BUILD CONFIDENCE WITH A BEAUTIFUL SMILE

ASK YOUR AGENT HOW TO ENROLL TODAY

Benefits Offered

Preventive/ Type 1

Routine exams, cleanings, fluoride treatments, sealants, and more.

Basic/ Type 2

X-rays, filling restoration, extractions, and more.

Major/ Type 3 (Platinum, Gold, Silver Plans)

Onlays, dentures, denture repair, endodontics – root canal, periodontal scaling and root planing, crown and crown repairs, pontics, fixed bridges, surgical removal of teeth, deep sedation/general anesthesia, and more. A six (6) month waiting period applies to all Type 3 Procedures before benefits are payable.

Orthodontia (Platinum, Gold, Silver Plans)

A lifetime-maximum benefit is available to dependent children under the age of 17 who are covered under the plan. A twelve (12) month waiting period applies to all Orthodontic Procedures before benefits are payable.

Teeth Whitening (Platinum, Gold, Silver Plans)

Professional tooth bleaching, also referred to as whitening. With this benefit, members can have a healthy, white smile that may boost self-confidence and enhance their appearance.

Dental Rewards®

A valuable feature which allows qualifying plan members to carry over part of their unused annual maximum.

LASIK Vision Correction

These plans also include access to savings on LASIK vision correction.

LASIK Advantage® provides for LASIK and related procedures.

\$100 Vision Benefit

\$100, per member on the plan, each calendar, to use towards covered vision expenses (frames, lenses, contacts or eye exams), at any provider. This benefit is taken from the annual dental maximum.

Platinum Plan

\$2500 Calendar Year Maximum

MONTHLY RATES	Platinum
Individual Only	\$51.00
Individual & Spouse	\$97.00
Individual & Children	\$122.74
Individual & Family	\$168.75

Gold Plan

\$1500 Calendar Year Maximum

MONTHLY RATES	Gold
Individual Only	\$41.00
Individual & Spouse	\$77.00
Individual & Children	\$99.40
Individual & Family	\$135.40

Silver Plan

\$1000 Calendar Year Maximum

MONTHLY RATES	Silver
Individual Only	\$31.00
Individual & Spouse	\$57.00
Individual & Children	\$75.82
Individual & Family	\$101.82

Value Plan

\$1000 Calendar Year Maximum

Coverage is for Preventive and Basic Services

MONTHLY RATES	Value
Individual Only	\$21.00
Individual & Spouse	\$37.00
Individual & Children	\$57.01
Individual & Family	\$73.01

Highlights

Eligibility

Anyone at least 18 years of age who is not a current Ameritas dental plan member is eligible for these valuable dental plans. Please refer to the website for plan availability in your state.

PPO dentists AND freedom of choice

You're free to visit any licensed dentist. Also, these plans offer members more than 235,000 Ameritas PPO (Participating Provider Organization) access points for dental care nationwide. Ameritas PPO network providers have agreed to charge discounted fees to our members, so you can almost always save money. In Texas, the PPO network is referred to as the Ameritas Dental Network.

When you purchase the plan, you have 10 days from the date you receive your policy to cancel it with no penalty or obligation except for the one-time application fee. Following that 10-day period, SASid requires that members make a commitment through the initial 12 monthly periods.



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ADMINISTRATORS



EXCEPTIONS, REDUCTIONS, AND LIMITATIONS OF THE POLICY — Your policy will contain a complete listing of procedures covered and any frequency or other limitations on specific procedures. Certain covered expenses may be subject to a waiting period (an elimination period). Alternate Benefit Provision — At times, two or more procedures are considered adequate and appropriate treatment. In this case, the benefit paid will be based on the charge for the least expensive procedure. Certain expenses are not covered — For instance, procedures begun prior to your effective date are not covered. The policy does not provide benefits for lost or stolen appliances or cosmetic procedures. It does not cover hospitalization or prescription drugs. This is not a complete list of exclusions. A full list will be included in your policy. To preview the policy, please send us a request using the contact form on our website, www.CoreDentalInsurance.com.

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