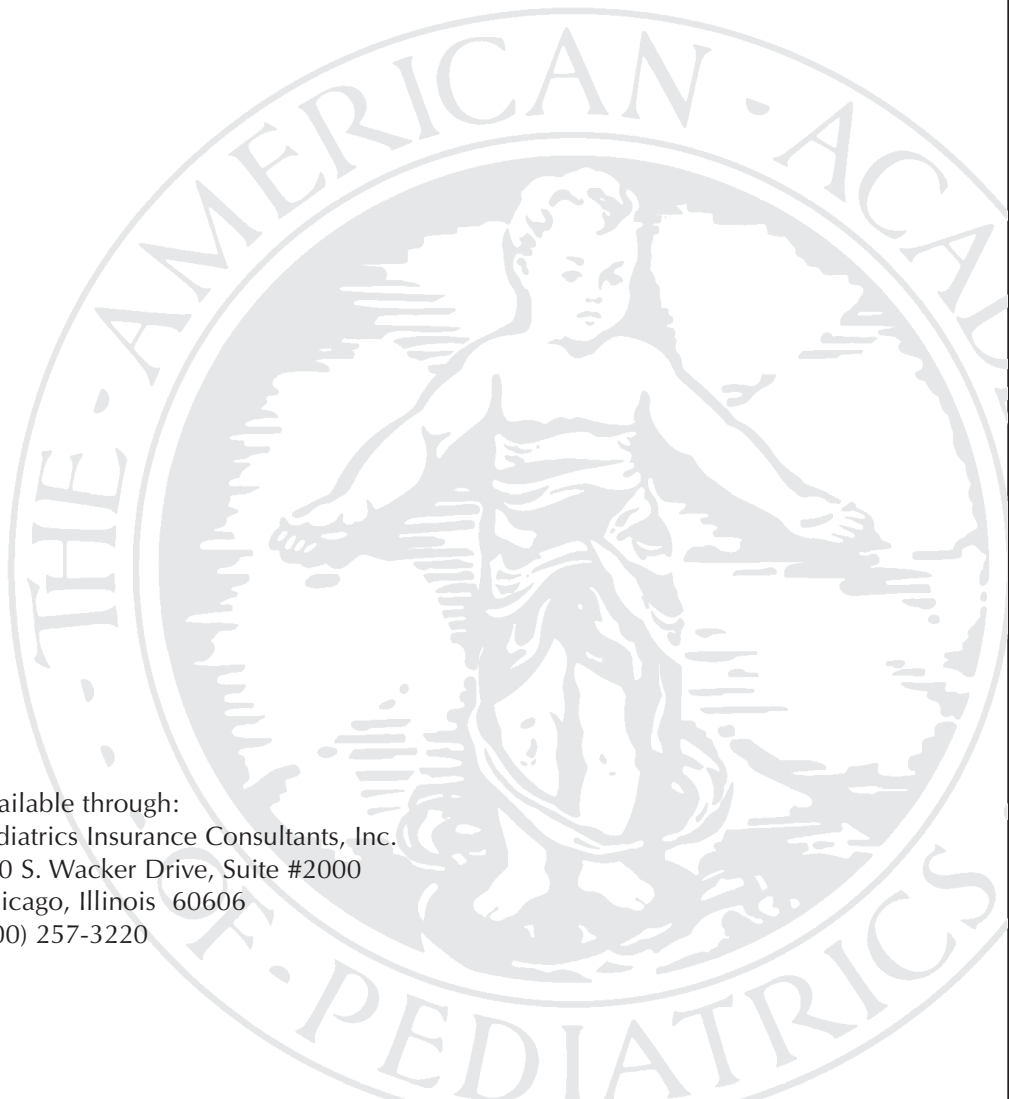


# Group Dental Insurance

for American Academy of Pediatrics  
Group Insurance Trust



Available through:  
Pediatrics Insurance Consultants, Inc.  
300 S. Wacker Drive, Suite #2000  
Chicago, Illinois 60606  
(800) 257-3220

## A BRIEF OVERVIEW

Pediatrics Insurance Consultants, Inc. and Ameritas Group Dental are pleased to offer a group dental program to American Academy of Pediatrics members.

Group dental insurance is one of the most popular insurance benefits offered today. Dental coverage combines wellness principles with preventive care. It can also save you money.

Take a few minutes to consider these quality dental plans available through AAP Group Insurance Trust and underwritten by Ameritas Group Dental. In New York, the plan is underwritten by First Ameritas Life Insurance Corp. of New York. Ameritas, now in its second century of service to its policyholders, has a standard claims processing turnaround time of just 5-10 working days, and dollar accuracy of processed claims exceeds 99%.

## ELIGIBILITY

### **Member**

AAP members and their eligible employees can participate in this dental plan.

### **Dependent**

Your spouse and unmarried children under 19 years of age are eligible for dependent insurance. A child from age 19 but under age 25 is an eligible dependent if he or she is an unmarried, full-time student. In order to participate, eligible dependents must enroll within the first 31 days of becoming eligible.

## ENROLLMENT

Choose between the high and low dental plan and mark your choice on the form included on Page 7. Fill out the rest of the required information and return the form in the envelope provided.

## FREEDOM OF CHOICE

The Ameritas dental plan allows you to select the dentist of your choice. There is no list to consult. Regardless of the dentist you choose, you're covered.

## BENEFIT SUMMARY

### **Coinsurance Percentage of Schedule**

Preventive Procedures .....	See Schedule
Basic Procedures .....	See Schedule
Major Procedures .....	See Schedule
Orthodontia Procedures.....	50%

### **Deductible Amount**

Preventive Procedures.....	\$0
Basic Procedures and Major Procedures - Calendar Year Per Person .....	\$50
Orthodontia Procedures - Lifetime Per Person.....	\$50

### **Maximum Benefit**

Preventive, Basic and Major Procedures Combined Per Calendar Year.....	\$1,000
Orthodontia Procedures .....	\$600*

\* After the first year, the insured is entitled to receive up to \$200 per calendar year up to a lifetime maximum of \$600 for orthodontic treatment as long as the insured is being treated for orthodontia. The twelve month waiting period for orthodontia coverage is not required for members covered under the prior Lincoln National plan.

**BENEFIT SUMMARY cont.**

- Periodontics and Endodontics are reimbursed under Major Procedures.
- X-rays are reimbursed under Basic Procedures.
- Benefits will not be payable for Major Procedures in the first twelve months that a person is insured.

**LOW PLAN**

**SAMPLE PROCEDURES**

The following is a sample list of dental procedures payable under this plan. A complete list of the procedures can be obtained by contacting Pediatrics Insurance Consultants, Inc. at 800-257-3220.

Please read the "Limitations" section for additional coverage information.

<b>PROC. NO.</b>	<b>DESCRIPTION OF SERVICE</b>	<b>MAXIMUM COVERED EXPENSE</b>
<b>PREVENTIVE</b>		
0120	Periodic Oral Evaluation (Twice in a Benefit Period). . . . .	\$14.00
1110	Prophylaxis - age 14 and over (Twice in a Benefit Period). . . . .	36.00
1203	Topical Fluoride (separate code) in conjunction with prophylaxis. . . . . (Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period.)	14.00
<b>BASIC</b>		
0210	Entire denture series consisting of at least 14 films, including bitewings if necessary. . . . .	43.00
0272	Bitewings - two films (Twice in a Benefit Period). . . . .	16.00
2140	Amalgam restoration - one surface, permanent. . . . .	38.00
2931	Stainless steel crown - permanent teeth (Coverage is limited to persons age 18 and under). . . . .	49.00
7110	Extraction - single tooth. . . . .	43.00
7240	Surgical removal of tooth (completely bony). . . . .	90.00
9220	Anesthesia, general, when administered by the dentist in the dentist's office (not available without a cutting procedure). . . . .	126.00
<b>MAJOR</b>		
5211	Maxillary partial denture - resin base. . . . .	270.00
5510	Denture repair - Repair broken base. . . . .	32.00
3310	Endodontics - root canal, anterior. . . . .	144.00
4341	Periodontal scaling and root planing, limited (per quadrant). Each quadrant is eligible for consideration once in a 2 year period. . . . .	47.00
2792	Crown - full cast noble metal. . . . .	202.00
2980	Crown repair. . . . .	54.00
6242	Pontics - porcelain fused to noble metal. . . . .	202.00

**HIGH PLAN  
SAMPLE PROCEDURES**

The following is a sample list of dental procedures payable under this plan. A complete list of the procedures can be obtained by contacting Pediatric Insurance Consultants, Inc. at 800-257-3220. Please read the "Limitations" section for additional coverage information.

<b>PROC. NO.</b>	<b>DESCRIPTION OF SERVICE</b>	<b>MAXIMUM COVERED EXPENSE</b>
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**PREVENTIVE**

0120	Periodic Oral Evaluation (Twice in a Benefit Period). . . . .	\$20.00
1110	Prophylaxis - age 14 and over (Twice in a Benefit Period). . . . .	51.00
1203	Topical Fluoride (separate code) in conjunction with prophylaxis. . . . . (Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period.)	19.00

**BASIC**

0210	Entire denture series consisting of at least 14 films, including bitewings if necessary. . . . .	61.00
0272	Bitewings - two films (Twice in a Benefit Period). . . . .	22.00
2140	Amalgam restoration - one surface, permanent. . . . .	54.00
2931	Stainless steel crown - permanent teeth (Coverage is limited to persons age 18 and under). . . . .	69.00
7110	Extraction - single tooth. . . . .	61.00
7240	Surgical removal of tooth (completely bony). . . . .	128.00
9220	Anesthesia, general, when administered by the dentist in the dentist's office (not available without a cutting procedure). . . . .	179.00

**MAJOR**

5211	Maxillary partial denture - resin base. . . . .	383.00
5510	Denture repair - Repair broken base. . . . .	46.00
3310	Endodontics - root canal, anterior. . . . .	204.00
4341	Periodontal scaling and root planing, limited (per quadrant). Each quadrant is eligible for consideration once in a 2 year period. . . . .	66.00
2792	Crown - full cast noble metal. . . . .	286.00
2980	Crown repair. . . . .	77.00
6242	Pontics - porcelain fused to noble metal. . . . .	286.00

**LOW AND HIGH PLAN LIMITATIONS**

Covered Expenses will not include and no benefits will be payable for expenses incurred:

1. for Major Procedures in the first twelve months that a person is insured, except for members covered under the prior Lincoln National plan.
2. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an Member or dependent becomes classified as a late entrant. A Late Entrant/New Enrollee is a Member or dependent who does not enroll within 31 days of qualifying for insurance or who elects to become insured again after cancelling insurance.

3. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is insured, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance of fixed partial denture unless such placement is needed because of the extraction of one or more natural teeth while a person is insured. The extraction of a third molar (wisdom tooth) will not qualify. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
6. for any procedure started before a person becomes insured, unless covered under the prior Lincoln National plan.
7. for any procedure which began after a person's insurance terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after a person's insurance terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations, or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost because of abrasion or attrition; or
  - d. treat disturbances of the temporomandibular joint (T.M.J.). (except in the states of Alabama, Florida, Minnesota, Mississippi, and Washington)
10. for any procedure which is not shown on the List of Dental Procedures provided with your Certificate of Insurance.
11. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
12. for the completion of claim forms.
13. for orthodontic treatment. (Unless otherwise specified in this contract.)
14. because of an injury arising out of, or in the course of, work for wage or profit.
15. by a person because of a sickness for which he or she is eligible for benefits under any Worker's Compensation act or similar law.
16. for charges for which a person is not liable or which would not have been made had no insurance been in force.
17. for services which are not recommended by a physician or which are not required for necessary care and treatment.
18. because of war or any act of war, declared or not.
19. by a person if payment is not legal where the person is living when expenses are incurred.
20. for sealants.
21. subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both radiographs and pocket depth summaries of each tooth involved.

## **ORTHODONTIA LIMITATIONS**

Covered Expenses will not include and no benefits will be payable for expenses incurred:

1. for a Program which was begun on or after the Insured's 17th birthday.

2. for a Program which was begun before the Insured became covered under this section.
3. before the Insured has been insured under this section for at least 12 consecutive months, except for Members covered under the prior Lincoln National plan.
4. in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
5. after the Insured's insurance under this section terminates.
6. because of an injury arising out of, or in the course of, any work for wage or profit.
7. by an Insured because of a sickness for which he or she is eligible for benefits under any Worker's Compensation Act or similar laws.
8. for charges which the Insured is not legally required to pay or which would not have been made had no insurance been in force.
9. for services which are not recommended by a physician or which are not required for necessary care and treatment.
10. because of war or any act of war, declared or not.
11. by an Insured if payment is not legal where the Insured is living when the expenses are incurred.
12. by a Late Entrant/New Enrollee during the first 12 months that the Insured (Late Entrant) is insured for Orthodontic benefits.

**This brochure is a benefit highlight, not a certificate of insurance. The coverage outlined here only highlights the dental benefits available through Ameritas Group Dental. For a complete list of covered procedures please contact Pediatric Insurance Consultants, Inc. at 800-257-3220.**



Ameritas Group Dental, a division of Ameritas Life Insurance Corp. (Ameritas Life), an Ameritas Acacia Company, offers group dental and vision products nationwide. In New York, products are offered through First Ameritas Life Insurance Corp. of New York (First Ameritas).

Ameritas Life's dental and vision products (Form GR 9000 Ed. 8-94) and Preferred Dental Protection Plans (Form GR 9000 Rev. 1-83) are issued by Ameritas Life. First Ameritas' dental and vision products (Form GR 9000 NY Ed. 8-94) and Preferred Dental Protection Plans (Form GR 9000 Rev. 1-83) are issued by First Ameritas.

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GR 5611 Ed. 8-05