

2010 – 2011

**The UNL Healthy Option Student Plan
Student Dental Insurance
Plan Brochure**



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Underwritten by:
Ameritas Life Insurance Corp.

Claims Processed and Paid by:
Ameritas Group
A Division of Ameritas Life Insurance Corp.

Your Ameritas Group Online Benefit Center

View a summary of your dental benefits, access a claim form, find useful information including claim status/plan maximums/deductibles, look up dental procedure terms in our online glossary, order a replacement ID card using **your dental policy number 010-350453**, and more.

www.ameritasgroup.com/students/unl

Ameritas Group claims e-mail address: group@ameritas.com

To Contact Ameritas Group by Phone

Ameritas Group's customer relations representatives are always pleased to assist you with your claims and answer your dental insurance plan questions.

877-640-9494

(for all calls including those placed from Lincoln)

Monday – Thursday: 7 a.m. to 12 a.m. Central Time

Friday: 7 a.m. to 6:30 p.m. Central Time

Ameritas Group Claims Address/Fax

Ameritas Group
Claims Office
P.O. Box 82520
Lincoln, NE 68501

Claims Fax: (402) 467-7336

University Health Center Dental Office

University of Nebraska-Lincoln
1500 "U" Street
Lincoln, NE 68588-0618
www.unl.edu/health/Services/Dental.html
Dental Insurance Contact: Sue Heng (402) 472-7495

Appointments: (402) 472-7495

Ameritas Group is proud to be the University of Nebraska-Lincoln's choice for its Student Dental Insurance Plan!

The Student Dental Insurance Plan is endorsed by the University of Nebraska-Lincoln, and the Plan is underwritten by Ameritas Life Insurance Corp. Claims are processed and paid by Ameritas Group, a division of Ameritas Life Insurance Corp.

About Ameritas Group

Ameritas Group offers an unmatched combination of service, benefits and features that help customers achieve and maintain good dental health. Ameritas Group provides dental insurance coverage for more than 2 million people nationwide, maintaining a customary claims processing timeframe of just 5-10 business days. Ameritas Group is a division of Ameritas Life Insurance Corp., which has operated with integrity to serve customers' needs since 1887. Ameritas Life consistently earns high ratings for financial strength and stability from the industry's leading independent analysts.

Your Plan For Good Health

With all the advances in dental care, regular checkups and proper dental maintenance, no one should suffer from tooth decay or dental disease. The UNL Healthy Option Student Plan makes regular checkups much easier and less costly for students.

This plan provides significant dental benefits by covering most Preventive and Basic services. All covered procedures are listed in this brochure.

Please note: You must be enrolled in the plan before making your first dental appointment in order to be eligible for plan benefits.

How To Enroll

By enrolling in the UNL Healthy Option Student Plan, you are automatically enrolled in the Student Dental Insurance Plan.

To enroll, you should access your My RED account. The appropriate coverage period premium will be placed on your UNL Student Account. If you'd like to enroll your eligible dependents, please contact the UNL Student Insurance Coordinator at (402) 472-7507 or by email at bheiserman1@unl.edu.

It is the student's responsibility to re-enroll for insurance coverage each enrollment period.

**Quality Care *And* Cost Savings:
University Health Center Dentists**

With your University of Nebraska-Lincoln Student Dental Insurance Plan, you may seek dental care from any dentist you choose and still be eligible for benefits.

You will get the most from your dental plan by using the services of the University Health Center Dental Office.

Through University Health Center dentists, you may significantly reduce out-of-pocket expenses because you receive higher benefits and gain access to contracted fees.

Dental care at the University Health Center Dental Office is provided by licensed dentists, dental hygienists and certified dental assistants. Conveniently located on the downtown campus in Lincoln, University Health Center dental care professionals provide comprehensive, high-quality dental care.

The Plan At A Glance

This chart shows how the plan pays benefits for expenses:

SUMMARY OF DENTAL BENEFITS		
Coinsurance (Plan Pays)	University Health Center Dental Office	All Other Providers
Preventive Procedures	100%	80%*
Basic Procedures	Payment Schedule	Payment Schedule
Deductible Amounts		
Preventive Procedures	\$0	
Basic Procedures (Each Plan Year)	\$40	
Preventive and Basic Procedures, Combined (Each Plan Year)		\$75
Maximum Plan Year Benefits		
Preventive and Basic Procedures (Per Person)	\$500	
Payment Schedule means the Pre-Determined Allowance for each Covered Procedure.		
*When receiving a Preventive procedure from a dentist who is not a University Health Center Dental Office provider, the coinsurance is 80% of the Maximum Allowable Benefit. The Maximum Allowable Benefit is the amount that University Health Center dentists have agreed to charge plan members for services.		

Premium Refund Policy

Any student withdrawing from school during the first 31 days of the period for which coverage is purchased shall not be covered under the dental plan and a full refund of the premium will be made unless you or your covered dependent files a medical or dental claim. Students withdrawing after such 31 days will remain covered under the dental plan for the full period for which premium has been paid. No other refunds will be allowed.

A Covered Person entering the armed forces of any country will not be covered under the dental plan as of the due date of such entry. A pro-rata refund of premium will be made for such person, and any covered dependents, within the 90 days of withdrawal from school.

Written documentation must be submitted for each refund request. To obtain written documentation, please contact the UNL Student Insurance Coordinator at (402) 472-7507 and speak with Beverly Heiserman.

Participation

By enrolling in the UNL Healthy Option Student Plan, you are automatically enrolled in the Student Dental Insurance Plan. Dental participation must match participation in the Student Medical Plan. In no event can a student or dependent waive coverage for the dental plan and participate in the medical plan, and a student or dependent cannot waive coverage for the medical plan and participate in this dental plan. The same eligible students and dependents who enroll in the medical plan must enroll in the dental plan, and only those eligible students and dependents enrolling in the medical plan are permitted to enroll in the dental plan.

Dependent Coverage

Enrolled dependent children are considered covered up to age 19 if not a full-time student and up to age 24 if a full-time student.

LIST OF PREVENTIVE (TYPE 1) PROCEDURES

The following is a complete list of the preventive dental procedures for which benefits are payable. No benefits are payable for a procedure that is not listed.

The plan pays 100% of covered Preventive dental procedures **if performed by a University of Nebraska-Lincoln Health Center Dental Office provider**. Through University Health Center dentists, you may significantly reduce out-of-pocket expenses because you receive higher benefits and gain access to contracted fees. If receiving a Preventive procedure from a dentist **who is not** a University Health Center Dental Office provider, the plan pays 80% of the Maximum Allowable Benefit (in other words, 80% of the amount that University Health Center dentists have agreed to charge plan members for services) after the Deductible has been met.

Your Online Benefit Center contains a glossary of dental terms and their definitions:
www.ameritasgroup.com/students/unl

All procedure codes in this plan brochure are from *Current Dental Terminology* © 2004 American Dental Association. All rights reserved.

Procedure

Code	Description of Service
D0120	Periodic oral evaluation.
D0140	Limited oral evaluation - problem focused (D0140 and D0170: Coverage is limited to accidental injury only. If not due to an accident, will be considered as a D0120 and count toward this maximum allowance.)
D0150	Comprehensive oral evaluation - new or established patient
D0180	Comprehensive periodontal evaluation - new or established patient. (Two evaluations will be allowed in a Benefit Period. A D0120, D0140, D0150, or D0180 counts toward this maximum allowance. D0150 and D0180 will be limited to once per provider.)
D1110	Prophylaxis - adult.
D1120	Prophylaxis - child. (Prophylaxis (cleaning) will be allowed twice in a Benefit Period. A D1110, D1120 or D1201 counts toward this maximum allowance. Periodontal maintenance may be substituted for a cleaning (see requirements under Basic section. Benefits will not be available if performed on the same date as periodontal services. An adult prophylaxis is considered for individuals age 14 & over. A child prophylaxis is considered for individuals age 13 & under.)
D1201	Topical fluoride (including prophylaxis) – child.
D1203	Topical application of fluoride (prophylaxis not included) - child.
D1204	Topical application of fluoride (prophylaxis not included) – adult.
D1205	Topical application of fluoride (including prophylaxis) – adult.

(D1201, D1203, D1204, or D1205: Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period.)

RADIOGRAPHS.

D0270	Bitewing, single film.
D0272	Bitewings - two films.
D0274	Bitewings - four films.
D0277	Vertical bitewings - 7 to 8 films.

Bitewing films are limited to 2 allowances in a Benefit Period. A D0270, D0272, D0274 or D0277 counts toward this maximum allowance. In addition, D0277 will be limited to once in a 3-year period.

**LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
UNIVERSITY HEALTH CENTER PROVIDERS**

Following is a complete list of basic dental procedures for which benefits are payable, and the pre-determined allowance for each procedure when the insured receives care from a University of Nebraska-Lincoln Health Center Dental Office provider. No benefits are payable for a procedure that is not listed.

Procedure Code	Description of Service	Care Received From a
		University Health Center Provider
		Maximum Insurance Payment
RADIOGRAPHS.		
D0220	Periapical radiograph - first film.	\$5.00
D0230	Additional periapical film, each.	4.00
D0210	Intraoral - complete series (including bitewings).	27.00
D0330	Panoramic film. (D0210 or D0330: Only one of these procedures will be allowed in any three-year period. The frequency is measured forward from the last covered date of service for the procedure.)	22.00
D0240	Intraoral, occlusal film.	7.00
D0250	Extraoral, first film.	9.00
D0260	Extraoral, each additional film.	7.00
VISITS AND EVALUATIONS.		
D0170	Re-evaluation - limited, problem focused (Established patient; not post-operative visit). (D0140 and D0170: Coverage is limited to accidental injury only. If not due to an accident, will be considered as a D0120 and count toward this maximum allowance.)	13.00
D9430	Office visit during regularly scheduled hours. (D9430: Payment will be made on basis of services rendered or visit, whichever is greater.)	17.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment) (D9310: Coverage is limited to one allowance per provider.)	20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis. (D4355: Coverage is limited to once during a 5-year period. The frequency is measured forward from the last covered date of service for the procedure.)	28.00
D4910	Periodontal maintenance. (D4910: This procedure is available in place of an eligible routine prophylaxis (D1110-D1120) as listed above. Coverage is contingent upon evidence of full mouth active periodontal therapy and limited to 2 allowances in a Benefit Period (a D1110, D1120 or D1201 counts toward this maximum allowance. Benefits will not be available if performed on the same date as other periodontal services.)	29.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.	28.00
PATHOLOGY.		
D7285	Biopsy of oral tissue - hard (bone, tooth).	104.00
D7286	Biopsy of oral tissue - soft.	56.00

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
UNIVERSITY HEALTH CENTER PROVIDERS (continued)

Care Received From a
 University Health Center Provider

Procedure Code	Description of Service	Maximum Insurance Payment
RESTORATIVE DENTISTRY, excluding inlays, crowns and fixed partial dentures.		
Amalgam Restorations.		
D2140	Amalgam - one surface, primary or permanent.	23.00
D2150	Amalgam - two surfaces, primary or permanent.	29.00
D2160	Amalgam - three surfaces, primary or permanent.	35.00
D2161	Amalgam - four or more surfaces, primary or permanent.	42.00
Resin Restorations.		
D2330	Resin-based composite - one surface, anterior.	28.00
D2331	Resin-based composite - two surfaces, anterior.	35.00
D2332	Resin-based composite - three surfaces, anterior.	44.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior.	49.00
D2391	Resin-based composite - one surface, posterior.	31.00
D2392	Resin-based composite - two surfaces, posterior.	39.00
D2393	Resin-based composite - three surfaces, posterior.	49.00
D2394	Resin-based composite - four or more surfaces, posterior.	54.00
(D2391-D2394: Coverage is limited to permanent bicuspid teeth.)		
<i>Note: When choosing a composite restoration on a posterior tooth, bicuspid or molar, the patient is responsible for all remaining charges not covered by insurance.</i>		
Other Restorative Services.		
D2390	Resin-based composite crown, anterior.	59.00
D2930	Prefabricated stainless steel crown - primary tooth.	50.00
D2931	Stainless steel crown - permanent tooth.	53.00
D2932	Prefabricated resin crown.	59.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	59.00
(D2390, D2930-D2932, D2934: Coverage is limited to 1 in 12 months)		
D2940	Sedative Filling	17.00
D2950	Core build-up, including any pins.	26.00
D2951	Pin retention, per tooth, in addition to restoration (3 pins per tooth maximum).	9.00
Recementation.		
D2910	Recement inlay, onlay, or partial coverage restoration.	18.00
D2915	Recement cast or prefabricated post and core.	9.00
D2920	Crown Repair.	18.00
D6930	Fixed Partial Denture.	25.00

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
UNIVERSITY HEALTH CENTER PROVIDERS (continued)

Procedure Code	Description of Service	Care Received From a
		University Health Center Provider
		Maximum Insurance Payment
ORAL SURGERY.		
	Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7111	Extraction, coronal remnants - deciduous tooth.	26.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	26.00
	Surgical Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.	49.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	15.00
	Impacted Teeth. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7220	Surgical removal of impacted tooth (soft tissue).	62.00
D7230	Surgical removal of impacted tooth (partially bony).	82.00
D7240	Surgical removal of impacted tooth (completely bony).	96.00
D7241	Removal of impacted tooth (completely bony, with unusual surgical complications), by report.	109.00
D7250	Surgical removal of residual tooth roots (cutting procedure).	51.00
	Cysts and Neoplasms.	
D7510	Incision and drainage of abscess - intraoral soft tissue.	34.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.	73.00
D7280	Surgical access of an unerupted tooth.	113.00
ENDODONTICS.		
D3110	Pulp Cap – direct (excluding final restoration)	\$17.00
D3120	Pulp Cap – indirect (excluding final restoration)	\$17.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament. Limited to treatment of primary teeth.	\$17.00
D3221	Pulpal debridement, primary and permanent teeth.	17.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth.	22.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth.	19.00

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
UNIVERSITY HEALTH CENTER PROVIDERS (continued)

		Care Received From a University Health Center Provider
Procedure Code	Description of Service	Maximum Insurance Payment
ENDODONTICS. (continued)		
D3310	Root canal, anterior (excluding final restoration).	76.00
D3320	Root canal, bicuspid (excluding final restoration).	90.00
D3330	Root canal, molar (excluding final restoration).	117.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	45.00
D3333	Internal root repair of perforation defects. (D3310-D3333: Coverage is limited to permanent teeth. Allowance includes intraoperative films and cultures but excludes final restoration.)	27.00
D3346	Retreatment of previous root canal therapy - anterior.	95.00
D3347	Retreatment of previous root canal therapy - bicuspid.	109.00
D3348	Retreatment of previous root canal therapy - molar. (D3346-D3348: Coverage is limited to permanent teeth and to service dates more than 12 months after root canal therapy or a previous retreatment. Allowance includes intraoperative films and cultures but excludes final restoration.)	135.00
D3351	Apexification/recalcification - initial visit.	27.00
D3352	Apexification/recalcification - interim medication replacement.	19.00
D3353	Apexification/recalcification - final visit.	54.00
D3430	Retrograde filling - per root.	21.00
D3450	Root amputation - per root.	51.00
D3920	Hemisection (including any root removal), not including root canal therapy.	43.00
PERIODONTICS.		
Surgical Procedures (including postoperative visits).		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant. Coverage is limited to in one in a 3 year period.	50.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant. Coverage is limited to in one in a 3 year period.	25.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	55.00
Non-surgical Periodontal Procedures.		
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant.	50.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant. (D4341-D4342: Each procedure is eligible for consideration once in a 2-year period. The frequency is measured forward from the last covered date of service for the procedure.)	13.00
D9940	Occlusal Guards	50.00
D9951	Occlusal adjustment, limited.	10.00
D9952	Occlusal adjustment, complete. (D9951-D9952: Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease.)	50.00

**LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
ALL OTHER PROVIDERS**

Following is a complete list of basic dental procedures for which benefits are payable, and the pre-determined allowance for each procedure, when the insured receives care from a provider WHO IS NOT a University of Nebraska-Lincoln Health Center Dental Office provider. No benefits are payable for a procedure that is not listed.

Procedure Code	Description of Service	All Other Providers Maximum Insurance Payment
RADIOGRAPHS.		
D0220	Periapical radiograph - first film.	\$3.00
D0230	Additional periapical film, each.	2.00
D0210	Intraoral - complete series (including bitewings).	15.00
D0330	Panoramic film. (D0210 or D0330: Only one of these procedures will be allowed in any three-year period. The frequency is measured forward from the last covered date of service for the procedure.)	12.00
D0240	Intraoral, occlusal film.	4.00
D0250	Extraoral, first film.	5.00
D0260	Extraoral, each additional film.	4.00
VISITS AND EVALUATIONS.		
D0170	Re-evaluation - limited, problem focused (Established patient; not post-operative visit). (D0140 and D0170: Coverage is limited to accidental injury only. If not due to an accident, will be considered as a D0120 and count toward this maximum allowance.)	8.00
D9430	Office visit during regularly scheduled hours. (D9430: Payment will be made on basis of services rendered or visit, whichever is greater.)	7.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment). (D9310: Coverage is limited to one allowance per provider.)	11.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis. (D4355: Coverage is limited to once during a 5-year period. The frequency is measured forward from the last covered date of service for the procedure.)	16.00
D4910	Periodontal maintenance. (D4910: This procedure is available in place of an eligible routine prophylaxis (D1110-D1120) as listed above. Coverage is contingent upon evidence of full mouth active periodontal therapy and limited to 2 allowances in a Benefit Period (a D1110, D1120 or D1201 counts toward this maximum allowance. Benefits will not be available if performed on the same date as other periodontal services.)	16.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth.	16.00

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
ALL OTHER PROVIDERS (continued)

Procedure Code	Description of Service	All Other Providers Maximum Insurance Payment
PATHOLOGY.		
D7285	Biopsy of oral tissue - hard (bone, tooth).	59.00
D7286	Biopsy of oral tissue - soft.	32.00
RESTORATIVE DENTISTRY, excluding inlays, crowns and fixed partial dentures.		
Amalgam Restorations.		
D2140	Amalgam - one surface, primary or permanent.	13.00
D2150	Amalgam - two surfaces, primary or permanent.	16.00
D2160	Amalgam - three surfaces, primary or permanent.	20.00
D2161	Amalgam - four or more surfaces, primary or permanent.	24.00
Resin Restorations.		
D2330	Resin-based composite - one surface, anterior.	16.00
D2331	Resin-based composite - two surfaces, anterior.	20.00
D2332	Resin-based composite - three surfaces, anterior.	25.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior.	28.00
D2391	Resin-based composite - one surface, posterior.	17.00
D2392	Resin-based composite - two surfaces, posterior.	22.00
D2393	Resin-based composite - three surfaces, posterior.	28.00
D2394	Resin-based composite - four or more surfaces, posterior.	30.00
(D2391-D2394: Coverage is limited to permanent bicuspid teeth.)		
Other Restorative Services.		
D2390	Resin-based composite crown, anterior.	34.00
D2930	Prefabricated stainless steel crown - primary tooth.	28.00
D2931	Stainless steel crown - permanent tooth.	30.00
D2932	Prefabricated resin crown.	34.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.	34.00
(D2390, D2930-D2932, D2934: Coverage is limited to one in 12 months)		
D2940	Sedative Filling	7.00
D2950	Core build-up, including any pins.	14.00
D2951	Pin retention, per tooth, in addition to restoration (3 pins per tooth maximum).	5.00
Recementation.		
D2910	Recement inlay, onlay, or partial coverage restoration.	10.00
D2915	Recement cast or prefabricated post and core.	5.00
D2920	Crown Repair	10.00
D6930	Fixed Partial Denture.	14.00

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
ALL OTHER PROVIDERS (continued)

Procedure Code	Description of Service	All Other Providers Maximum Insurance Payment
ORAL SURGERY.		
	Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7111	Extraction, coronal remnants - deciduous tooth.	15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	15.00
	Surgical Extractions. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.	28.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report.	8.00
	Impacted Teeth. Includes local anesthesia, suturing, if needed, and routine postoperative care.	
D7220	Surgical removal of impacted tooth (soft tissue).	35.00
D7230	Surgical removal of impacted tooth (partially bony).	46.00
D7240	Surgical removal of impacted tooth (completely bony).	54.00
D7241	Removal of impacted tooth (completely bony, with unusual surgical complications), by report.	62.00
D7250	Surgical removal of residual tooth roots (cutting procedure).	29.00
	Cysts and Neoplasms.	
D7510	Incision and drainage of abscess - intraoral soft tissue.	20.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.	41.00
D7280	Surgical access of an unerupted tooth.	64.00
ENDODONTICS.		
D3110	Pulp Cap – direct (excluding final restoration)	\$9.00
D3120	Pulp Cap – indirect (excluding final restoration)	\$9.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament. Limited to treatment of primary teeth.	\$9.00
D3221	Pulpal debridement, primary and permanent teeth.	9.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth.	12.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth.	10.00
D3310	Root canal, anterior (excluding final restoration).	40.00
D3320	Root canal, bicuspid (excluding final restoration).	47.00
D3330	Root canal, molar (excluding final restoration).	62.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.	24.00
D3333	Internal root repair of perforation defects.	14.00
	(D3310-D3333: Coverage is limited to permanent teeth. Allowance includes intraoperative films and cultures but excludes final restoration.)	

LIST OF BASIC (TYPE 2) PROCEDURES AND PAYMENT SCHEDULE
ALL OTHER PROVIDERS (continued)

Procedure Code	Description of Service	All Other Providers Maximum Insurance Payment
ENDODONTICS. (continued)		
D3346	Retreatment of previous root canal therapy - anterior.	50.00
D3347	Retreatment of previous root canal therapy - bicuspid.	58.00
D3348	Retreatment of previous root canal therapy - molar. (D3346-D3348: Coverage is limited to permanent teeth and to service dates more than 12 months after root canal therapy or a previous retreatment. Allowance includes intraoperative films and cultures but excludes final restoration.)	71.00
D3351	Apexification/recalcification - initial visit.	14.00
D3352	Apexification/recalcification - interim medication replacement.	10.00
D3353	Apexification/recalcification - final visit.	29.00
D3430	Retrograde filling - per root.	11.00
D3450	Root amputation - per root.	27.00
D3920	Hemisection (including any root removal), not including root canal therapy.	23.00
PERIODONTICS.		
Surgical Procedures (including postoperative visits).		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant. Coverage is limited to in one in a 3 year period.	26.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant. Coverage is limited to in one in a 3 year period.	13.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).	29.00
Non-surgical Periodontal Procedures.		
D4341	Periodontal scaling and root planing - four or more teeth, per quadrant.	13.00
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant. (D4341-D4342: Each procedure is eligible for consideration once in a 2-year period. The frequency is measured forward from the last covered date of service for the procedure.)	7.00
D9940	Occlusal Guards	8.00
D9951	Occlusal adjustment, limited.	5.00
D9952	Occlusal adjustment, complete. (D9951-D9952: Coverage is limited to adjustment performed in conjunction with treatment of periodontal disease.)	26.00

STUDENT DENTAL INSURANCE PLAN LIMITATIONS

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

1. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
2. for orthodontic treatment. (Unless otherwise specified in this contract.)
3. for any procedure begun before the insured person was covered under the dental expense benefit.
4. for any procedure begun after the insured's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the dental expense benefit terminates.
5. to replace lost or stolen appliances.
6. 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.
7. for any procedure which is not shown on the List of Dental Procedures.
8. because of war or any act of war, declared or not.
9. for which the insured person is entitled to benefits under any worker's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
10. for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
11. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.



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