Frequently Asked Dental Questions

How do I contact Ameritas Customer Service for questions about benefits and claims?
The dedicated toll free number for SAS Institute, Inc. is 888-234-0706. Our customer connections associates will be pleased to assist you 8:00 a.m. - 1:00 a.m. (Eastern Time), Monday through Thursday, and 8:00 a.m. - 7:30 p.m. on Friday. You may also contact us electronically via sasdental@ameritas.com.

What is my group number?
The SAS Institute dental group plan number is 010-301350.

Do I need an identification card?
ID cards are not required, however, it can be helpful to present your ID card to your dental provider for ease of claims filing. For your convenience, your dental ID information can be found on the back of your prescription ID card. Generic dental ID cards are also available on website. The generic ID cards are not required, but they contain helpful information such as the address for the submission of claims, the web address, our toll free phone number, how to find a PPO provider, and more.

How do I submit a claim?
Claims may be submitted by mail, fax or email:

Ameritas Group Claims
PO Box 82520
Lincoln, NE 68501-2520
Fax: (402) 467-7336
Email: sasdental@ameritas.com

Do I need to get a pretreatment estimate for a procedure?
No, you are not required to get a pretreatment estimate for any procedure. Ameritas offers an optional pretreatment estimate anytime you or your dental provider would like an estimate of payment from the dental plan. We recommend that you request a pretreatment estimate for all charges exceeding $300.

Please note, if dental coverage terminates for any reason during treatment, only procedures performed before the coverage ended will be eligible for payment.

How long do I have to submit my claim?

We recommend that claims be submitted as soon as possible, as dental plans have a proof of loss clause. Insured members must submit claims to us within 18 months of the date of service. This may vary by state. To insure your claims are processed in a timely manner we suggest within 12 months for all claims.

Can I see any dental provider or am I required to visit one from your Participating Provider Organization?
Members are able to use any licensed dental provider of their choice, regardless of whether or not he or she is in the Ameritas PPO network. The plan provides access to a PPO network of dental providers who have agreed to provide dental services at discounted rates. By using an in-network provider, your out-of-pocket costs will almost always be lower because the amount you pay for covered services will be based on a lower contracted amount.

How do I know if my dental provider is part of the PPO network?
To find a participating provider, visit our website: http://ameritas-dental.prismisp.com. Enter your criteria to search by location or for a specific provider or practice. You may also email sasdental@ameritas.com to receive a list, or call Ameritas' dedicated customer service line for SAS at 888-234-0706, and the Customer Service associate will be happy to perform a provider search on your behalf.

If my dental provider is not part of Ameritas' PPO network, can I request that my provider be contacted?
Yes. Ameritas continually recruits new general dentists and specialists to join the network. If your provider is not currently participating in the Ameritas network, visit: http://www.ameritasgroup.com/member/nomprov.asp to nominate the provider.

Can I visit a dental provider while I am traveling internationally?
Yes. For any services provided outside the United States, Ameritas will reimburse the member directly. The member can submit a claim form and attach a bill from the overseas provider. Ameritas will then translate the submitted information into the American Dental Association procedure codes to calculate benefits using the currency exchange rate on the date the services were performed.

Please note: Ameritas does not have PPO providers outside of the United States.

How do I access additional benefits for maternity, heart disease management, and diabetes?
The plan allows an additional routine exam, cleaning or periodontal maintenance service per benefit period for pregnancy, heart disease management, or diabetes. For these benefits to be considered, please complete and submit the Maternity Benefits or Medical Conditions form located on our website, available January 2013.

Your physician completes a portion of the form. The dental provider may send the completed form as an addendum attached to your dental claim. Alternately, you may fax, mail or email the forms directly to Ameritas and request direct member reimbursement. For additional questions about these benefits, please email sasdental@ameritas.com or call our dedicated toll free line at 888-234-0706.

What is U&C?
U&C = Usual and Customary. Plan members are reimbursed for procedures performed by out of network providers based on the Usual and Customary allowance (U&C) for the provider's zip code area. Allowances are set at the 90th percentile, which means that 9 out of 10 providers in a specific zip code area charge at or below the plan allowance for a procedure. Ameritas updates U&C allowances annually.

Services performed by in-network providers are reimbursed based on the negotiated fees with that PPO provider. These negotiated fees are often less than the provider's typical charge, which results in lower out of pocket costs for the patient.

What happens if I am currently in an orthodontic program through the prior carrier?
If you have an orthodontic program already in progress, Ameritas will work with you and your provider to ensure that you have a seamless transition. The lifetime maximum under this plan ($2500) will be adjusted by the amount already reimbursed for a current program that began prior to a member's effective date under this plan. To calculate the remaining orthodontic benefit, Ameritas will determine the orthodontic benefit under this plan and then subtract any benefit already received by the member. Monthly reimbursements will be made for the remainder of the treatment program – up to the lifetime limit – as long as the member remains covered under this plan.

How are new orthodontic programs reimbursed?
When a new orthodontic program begins, the member or orthodontist should submit a claim for the treatment program. In addition to the member name, patient name and orthodontist's identification information, the claim should include the banding date, the total cost of the treatment program, the estimated length of the treatment program, and any payment frequency required by the orthodontist. Ameritas will then calculate the orthodontic benefit and establish payments based on the frequency required by the orthodontist.

Note: Payment frequency required by the orthodontist may vary by provider, such as full payment at the time bands are placed, monthly payments, quarterly payments, or annual payments. Because of these varying payment requirements, the frequency of the orthodontic benefit payments will be customized for each treatment program and may vary for each patient.