

sample comparisons of Plan A+, Plan A and Plan B coverage

The hypothetical examples below summarize the benefit you can expect to receive, depending on the plan you choose. In these three examples it is assumed that the deductible, if applicable, has been satisfied.

Example 1

Ellen visited a dentist for a periodic exam (Procedure Code D 0120*) and cleaning (procedure code D 1110*). Assuming this is Ellen's first visit to the dentist in the new calendar year.

	In Network		Out of Network	
If Ellen elected Plan A+ or Plan A, the reimbursement from Ameritas of New York would be calculated like this:***	Dentist Charge	\$83.00	Dentist Charge	\$100.00
	Dentist Negotiated Fee	\$77.00	Dentist Allowable Charge (80% U&C Allowance)	\$135.00
	Dentist Allowable Charge	\$77.00	Amount Paid by Plan	\$100.00
	Amount Paid by Plan	\$77.00	Amount Due Dentist	\$0.00
	Amount Due Dentist	\$ 0.00		
If Ellen elected Plan B, the reimbursement from Ameritas of New York would be calculated like this:	Dentist Charge	\$83.00	Dentist Charge	\$90.00
	Dentist Negotiated Fee	\$77.00	Dentist Negotiated Fee	Not Applicable
	Dentist Allowable Charge	\$77.00	Dentist Allowable Charge (50% U&C Allowance)	\$135.00
	Coinsurance Level	100%	Coinsurance Level	100%
	Amount Paid by Plan	\$77.00	Amount Paid by Plan	\$100.00
Amount Due Dentist	\$0.00	Amount Due Dentist	\$0.00	

Example 2

Joe visited the dentist to have a tooth filled (procedure code D 2330*). Joe has already obtained \$300 in dental benefits in this calendar year.

	In Network		Out of Network	
If Joe elected Plan A+ or Plan A, the reimbursement from Ameritas of New York would be calculated like this:***	Dentist Charge	\$87.00	Dentist Charge	\$90.00
	Dentist Negotiated Fee	\$73.00	Dentist Allowable Charge (70% U&C Allowance)	\$148.00
	Dentist Allowable Charge	\$73.00	Coinsurance Level	70%
	Coinsurance Level	90%	Amount Paid by Plan	\$63.00
	Amount Paid by Plan	\$65.70	Amount Due Dentist	\$27.00
If Joe elected Plan B, this procedure is considered a Type 2 procedure. The reimbursement from Ameritas of New York would be calculated like this:	Dentist Charge	\$87.00	Dentist Charge	\$90.00
	Dentist Negotiated Fee	\$73.00	Dentist Negotiated Fee	Not Applicable
	Dentist Allowable Charge	\$73.00	Dentist Allowable Charge (50% U&C Allowance)	\$148.00
	Coinsurance Level	Not Applicable	Coinsurance Level	Not applicable
	Amount Allowed by Schedule	\$52.00	Amount Allowed by Schedule	\$52.00
Amount Paid by Plan	\$52.00	Amount Paid by Plan	\$52.00	
Amount Due Dentist	\$21.00	Amount Due Dentist	\$38.00	

Example 3

Susan visited the dentist for a crown (procedure code D 2792*). The dentist recommended a full cast noble metal crown. She has already obtained \$800 in dental benefits this calendar year.

	In Network		Out of Network	
If Susan elected Plan A+ or Plan A, the reimbursement from Ameritas of New York would be calculated like this:***	Dentist Charge	\$825.00	Dentist Charge	\$900.00
	Dentist Negotiated Fee	\$721.00	Dentist Allowable Charge (50% U&C Allowance)	\$974.00
	Dentist Allowable Charge	\$721.00	Coinsurance Level	50%
	Coinsurance Level	50%	Amount Paid by Plan	\$450.00
	Amount Paid by Plan	\$360.50	Amount Due Dentist	\$450.00
If Susan elected Plan B, this procedure is considered a Type 3 procedure. The reimbursement from Ameritas of New York would be calculated like this:	Dentist Charge	\$825.00	Dentist Charge	\$825.00
	Dentist Negotiated Fee	\$721.00	Dentist Negotiated Fee	Not Applicable
	Dentist Allowable Charge	\$721.00	Dentist Allowable Charge (50% U&C Allowance)	\$974.00
	Coinsurance Level	Not Applicable	Coinsurance Level	Not applicable
	Amount Allowed by Schedule	\$273.00	Amount Allowed by Schedule	\$200.00
Amount Paid by Plan	\$273.00	Amount Paid by Plan	\$200.00	
Amount Due Dentist	\$448.00	Amount Due Dentist	\$625.00	

* Current Dental Terminology © American Dental Association

** The dental charges shown above are based on the average cost for zip code 148 and are for illustrative purposes only.

*** The Plan's reimbursement for Type 1 and Type 2 procedure for out of network providers is based on the 80th percentile, Type 3 is based on the 70th percentile.