



Dental Plan Comparison

Below is an overview of your dental plan.

Dental Plan Comparison Chart		
	Network Provider	Out-of-Network Provider
Deductible	\$50 per year for Type 2 or Type 3 not to exceed \$150 per family	
Plan Allowance	PPO Contracted Fee (after deductible) Provider agrees to adjusted fee	PPO Contracted Fee (after deductible) Difference between dentist full fee and PPO contracted fee for the area is member responsibility.
Type 1	100% Deductible waived	
Type 2	80% after deductible	
Type 3	50% after deductible	
Plan Year Maximum	\$1,500 dental (per person) Annual Benefit Period starts 1/1/2018 and end on 8/14/2018	
Waiting Periods	None	
Orthodontics	Not covered	
Vision Benefit	\$100 of the dental benefit can be used towards vision service at any vision provider	

How will changing plans impact dental treatment in progress?

For dental services, the date the treatment begins is usually the only date of service. For example, the day they start a root canal, or prepare a crown or denture. There are services that go hand in hand, such as an extraction of a tooth and a placement of a bridge.

Who files my claims? How are claims filed?

Network providers submit claims as part of their contracts, out of network providers often submit them as a courtesy. Claims can be submitted by the member or by the dentist or vision provider, electronically, with either an Ameritas claim form, or the providers generic claim form.

Who will receive the benefit payment (the member or the dental/vision provider)?

Network providers are paid directly. For other providers, the claim form provides a box to note assignment of benefit. By signing this box the member requests payment to be made directly to the dental/vision provider. If the member does not check this box, payment will be made to the member.

How do I know if my dental provider is part of the Ameritas PPO network?

To find a participating provider, visit our website at www.ameritas.com and select FIND A

PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice.

You may also call Ameritas' customer service line at 800-487-5553 and the Customer Service associates will be happy to do a provider search for you.

Columbia University Student Plan Frequently Asked Question for Ameritas Dental

How can I find out more information about my new plan?

You may call Ameritas regarding your dental plan, or you may go to

www.ameritas.com/group/olbc/ColumbiaUniversityStudentHealth

Ameritas Group Customer Connections:

800-659-5556

Monday – Thursday 8:00 a.m. to 1:00 a.m. EST

Friday 8:00 a.m. to 7:30 p.m. EST

To **submit a new claim or pretreatment estimate**, contact us at:

By email: group@ameritas.com

By fax: 402-467-7336

Or by mail:

Group Claims

PO Box 82595

Lincoln, NE 68501

To **review member specific dental benefits, claims history, a claim status** member may access via:

www.ameritas.com

What happens after a student enrolls?

Once a student enrolls on the Aetna enrollment site, Aetna compiles the enrollment and sends the enrollment information to Ameritas. From the time a student enrolls to the time the student's enrollment appears on Ameritas' system is about 3-5 business days.

After the student's enrollment is loaded to Ameritas' system, an ID card will generate overnight and will go into the mail to the student. Initial enrollment received did not include the student address, so Ameritas is working with Aetna to receive addresses so ID cards can be mailed ASAP.



Even if the student hasn't received their ID card yet, benefits are available for that student and claims can be processed.

The ID number shown on the student's ID card can be used to set up set up online access with Ameritas. We suggest the student wait to set up online access until the ID card is received.

To set up access, the student can visit www.ameritas.com/group/olbc/ColumbiaUniversityStudentHealth then select the "Secure Member Log In (NY)" from the quick links on the right side of the page.

Please note: the ID number that is needed to set up the online access is shown on the member's ID card (see the sample below). The ID number is a nine digit number, and all nine digits need to be included (including any zeros at the beginning of the number). The ID number is not the student ID number nor is the ID number the member's social security number.

Sample ID Card:

<p align="center">AMERITAS OF NY DENTAL NETWORK</p> <p>Networks: Classic</p> <p>Ameritas  Ameritas Life Insurance Corp. of New York P.O. Box 82595 Lincoln, NE 68501</p> <p>Principal </p> <p>COLUMBIA UNIVERSITY STUDENT PLAN</p> <p>Policy # 26-202255-1 Dependent Coverage No</p> <p>ID # 000000000</p> <p>Member Name appears here</p> <p>For benefit or services information or to express concerns about our services, call Ameritas of NY at 1-800-659-5556 or visit us online at ameritas.com</p>	<p><i>select the dentist of your choice</i> <i>visit a network provider to help reduce out-of-pocket expenses</i></p> <ul style="list-style-type: none">● visit us online at ameritas.com for a current list of network providers, also find claim forms, benefit and claim status information, plus much more● claim forms also may be obtained from your policyholder, and we will also accept your provider's claim form or super bill● present this card at your appointment● you or your provider may mail the completed claim form to Group Claims, P.O. Box 82595, Lincoln, NE 68501-2595; fax it to 402-467-7336. For electronic submittal, please use Payor #72630.● if visiting a network provider, your benefits will be paid directly to that provider
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