

Dental Benefits Created With You in Mind

DentalElect Plan

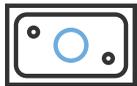


Student Health & Special Risk

As a college student, you're making a large financial commitment to your future. So you don't have much room for unexpected expenses.

Some of the most common unexpected expenses are health-related. Don't leave your health unprotected. Make sure you have a plan.

Dental insurance can help you stay healthy and avoid more serious and costly health issues in the future.



Studies have shown investing in preventive care can lead to lower-out-of-pocket costs.¹

¹Dental Benefits: A Bridge to Oral Health & Wellness, Guardian (2018)



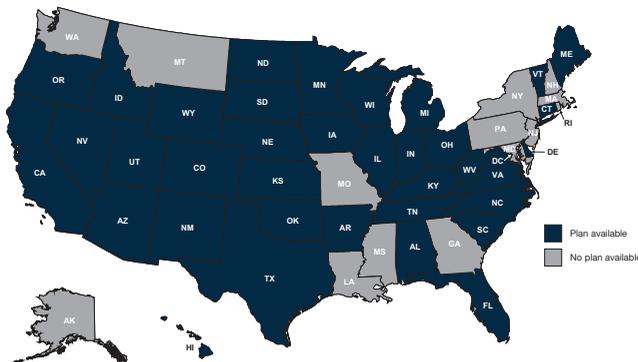
Individuals without dental benefits are more likely to need tooth extractions, accounting for over 2 million visits to emergency rooms for dental treatment annually².

²The Healthcare Cost and Utilization Project (HCUP) National Emergency Data Sample (2016)

Plan details

Maximum benefit	\$1,000
Per person per benefit year	
Deductible	\$75 Types 2 & 3
Per person per benefit year	
Claim allowance	In-network paid at MAC Out-of-network paid at MAB*
Preventive (Type 1)	100%
Exams, cleanings	
Basic (Type 2)	80%
X-rays, fillings	
Major (Type 3)	50%
Oral surgery, crowns, simple extractions	

This plan is available in AL, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, ME, MI, MN, NC, ND, NE, NM, NV, OH, OK, OR, SC, SD, TN, TX, UT, VA, VT, WI, WV, and WY.



* With an in-network provider, your out-of-pocket costs will almost always be less because of contracted fees Maximum Allowable Charge (MAC). With an out-of-network dentist, you pay the difference between what the plan pays Maximum Allowable Benefit (MAB) and the dentist's actual charge, which may result in higher out-of-pocket costs.

Below is an example of what your annual dental costs would be, if you're seeing an in-network provider.

In-network				
Service	Average cost without insurance	Claim allowance (network discount)	Plan pays	Member pays
Two Preventive visits (Type 1)	\$284	\$176	100% plan benefit = \$176	\$0
Filling (Type 2)	\$168	\$96	80% benefit after \$75 deductible = \$17	\$79 (balance plus \$75 deductible)
Crown (Type 3)	\$1,045	\$657	50% plan benefit = \$329	\$329
Total	\$1,497	\$929	\$522	\$408

This example shows estimated amounts for ZIP Code 685XX. The amount insurance covers is calculated from the amount allowed from network providers in the area. A Preventive visit is composed of an exam and cleaning.

Plan overview

Your plan features one of the largest dental networks in the country. When you visit a network dentist, you receive up to 25-50% savings on out-of-pocket expenses. You are still eligible for benefits if you visit an out-of-network dentist.

And, if you visit an in-network provider, you don't have to worry about out-of-pocket expenses for preventive services like exams and cleanings because they are covered at 100%. Year-round enrollment available.

Find a dental provider near you at ameritas.com—[Find a Provider](#). Simply enter your ZIP Code and choose the Classic Network to start your search.

Our easy enrollment was built with the busy student in mind. Here are 5 easy steps to getting enrolled:

1. Visit GallagherStudent.com/dental
2. Select your institution
3. Choose your preferred plan
4. Enter your personal information
5. Submit payment



Additional information

There is a 12 month waiting period for re-enrollment once a policy is canceled.

Individuals 18+ and their dependents are eligible for coverage. Coverage is effective the first day of the month following enrollment. This insurance will not automatically terminate once you leave school or graduate. You must contact the policy administrator at 855-672-3232 (option 3) if you wish to terminate this coverage. Your full policy and ID Cards will be available for download once your enrollment is completed.

This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

Limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion; or
 - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen'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 (except in CA & KY).
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Rates are subject to change at any time.

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