

SIHO Dental

Group Dental Insurance For Your Employees and Their Families



Marketed By:



INSURANCE
SERVICES

www.siho.org

Underwriting By:

Ameritas 
fulfilling life

Ameritas Life Insurance Corp.
5900 O Street
Lincoln NE 68510

SIHO Dental

Insurance Overview

SIHO understands that dental care is important to our members overall health and that comprehensive coverage should not be limited to just large employer groups. SIHO Dental is designed to provide dental coverage for smaller employers and their employees.

SIHO Dental makes it easy to provide coverage:

- Insurance coverage is offered on a voluntary basis with no cost to the employer. If an employer chooses to help pay for the cost of coverage, premium rates will be even lower!
- The participation minimum is only two employees and is determined at the time of initial enrollment.
- Employees need to complete only one enrollment form for both SIHO Health and SIHO Dental coverage.
- SIHO will send just one bill to the employer for both the health plan and dental coverage.
- Participation in the SIHO health plan is not required.

Choose Your Own Dentist

The SIHO dental plan is designed for participants to use their own dentist. However, employees may choose to use an Ameritas Dental Network provider and in so doing lower their out of pockets costs. This is possible because these network providers have agreed to charge their patients discounted fees. Utilizing the Ameritas Classic Provider Network gives employees:

- Discounted fees - can be 30% lower than typical charges in your community.
- One of the largest nationwide networks with over 428,000 access point and 111,500 providers.

Search for a dental office near you at ameritas-dental.prismisp.com.

Plan Options

SIHO Dental offers three plan design options to meet the needs of any employer, the comprehensive Preferred Plan, mid-level Standard Plan, and lowest cost Value Plan.

General Information

SIHO Dental is provided through a partnership with Ameritas Life Insurance Corporation.

Premiums, Renewability

Applicable Premium Rates are guaranteed for each Participating Employer Unit for 12 months from date of issue. Thereafter, rates are subject to change in accordance with the Master Policy. Coverage is renewable as long as eligibility criteria are satisfied and premiums are paid when due.

Eligible Employees

An individual employed by a participating employer who works 30 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

Eligible Dependents

An eligible dependent is a spouse or domestic partner, or unmarried dependent child under age 26. Dependent eligibility may differ between medical, dental and vision plans. Refer to the appropriate plan document for eligibility requirements.

SIHO Dental Insurance Designs

Services	Preferred Plan	Standard Plan	Value Plan
Calendar Year Deductible	\$50 Individual \$150 Family Waived for Preventive & Diagnostic	\$75 Individual \$225 Family Waived for Preventive & Diagnostic	\$100 Individual \$300 Family Waived for Preventive & Diagnostic
Calendar Year Benefit Maximum¹	\$1,250	\$1,000	\$750
Lifetime Orthodontia Maximum	\$1,250	\$1,000	N/A
Preventive Services <ul style="list-style-type: none"> • Oral Exam (2 per calendar year) • Routine Cleanings (2 per calendar year) • Fluoride Treatment for Children up to age 16 (2 treatments per calendar year) • Space Maintainers for Children • Topical Sealants for unrestored molar teeth (1 treatment for Children in a 3 year period) 	100%	100%	100%
Diagnostic Services <ul style="list-style-type: none"> • Bitewing X-Rays (one every 12 months) • Full mouth (one every 3 years) 	100%	80%	60%
Basic Services <ul style="list-style-type: none"> • Amalgam, Silicate & Composite Fillings² • Stainless Steel Crowns • Simple Extractions • Repairs of dentures, bridgework and crowns (one every 2 years) • Perio Prophylaxis (2 per year following surgery) 	80%	60%	50%
Major Services (12-month waiting period) ³ <ul style="list-style-type: none"> • Oral Surgery & Complex Extractions • Periodontal Therapy • Endodontic Therapy • Full & Partial Dentures • Implants as an Alternate Procedure • Crowns • Bridges 	60%	50%	40%
Orthodontia (for children under age 19) (12-month waiting period) ³	60%	50%	Not Covered

¹ You may increase the Calendar Year Maximum Benefit per individual by either \$500 for an increase of 14% to monthly premium or \$1,000 for an increase of 20% to monthly premium.

² No limit on number of fillings per visit or per policy period.

³ Does not apply if Employer Group is currently offering equivalent dental coverage.

The plan reimburses at the above percentages for covered dental expenses based upon Reasonable and Customary (R&C) fees for those covered expenses. R&C means the usual, customary and regular charges for the area where such expenses are incurred.

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Benefit Provisions

Employee Savings

Enrolling in the SIHO dental plan offers you additional savings on eyewear, prescriptions and vision.

- Save up to 15% on eyewear frames and lenses purchased at any Walmart Vision Center nationwide. (Savings does not include contact lenses or vision care materials).
- Save on prescriptions at any Walmart or Sam's Club (membership not required to receive discount).
- Access to emergency vision provider referrals when traveling outside the US provided by AXA Assistance.

Eligible Expenses

We will pay for Eligible Expenses you incur for yourself or on behalf of your insured dependent. Expenses must be incurred while the policy is in force and the person is covered by the policy.

Expenses Incurred

An Eligible Dental Expense is considered Incurred on the following dates: For full and partial dentures - the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - the date the teeth are first prepared; for root canal therapy - on the date the pulp chamber is opened; for periodontal surgery - on the date surgery is performed; for all other services - the date the service is performed.

Deductible Amount

The calendar year deductible is shown in the Coverage Schedule. The Deductible is an amount of charges you must incur for yourself or on behalf of your insured dependents before we start paying benefits.



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Dental Maximum Calendar Year Limit

The maximum limit payable for all Eligible Expenses in any calendar year is shown in the Coverage Schedule. The Maximum Calendar Year Limit will apply to each person covered under the Policy.

Dental Pretreatment Review

If the Dental Course of Treatment will exceed the amount shown in the Coverage Schedule, Ameritas will request prior review. This should include the provider treatment plan, description of the treatment, estimate charges and diagnostic x-rays.

We will determine Eligible Expenses and state how much we will pay for the treatment.

Our determination may suggest an

alternate less expensive course of treatment if it will produce professionally satisfactory results. If you do not request a pretreatment review we will pay for the least expensive method of treatment regardless of the method actually used.

Alternative Procedures

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.

This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate procedure is available. Accordingly, the covered member may choose to apply the alternate benefit amount determined under this provision toward payment to the submitted treatment.



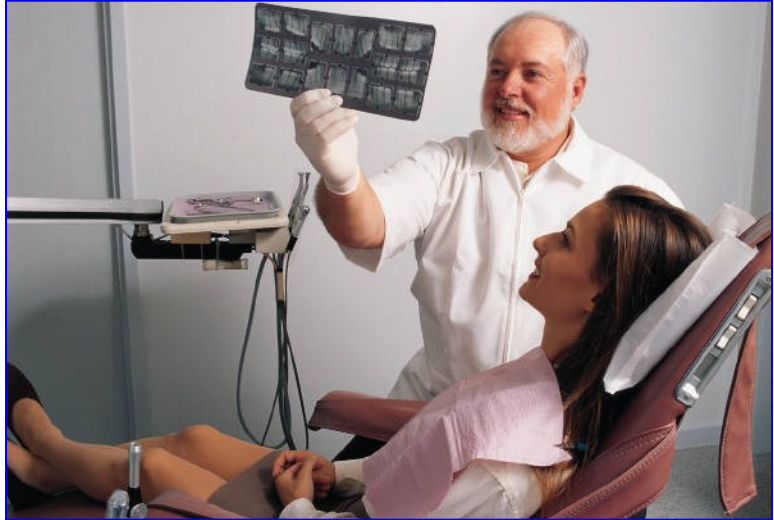
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Missing Tooth

When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan. This limitation ends after

the individual receiving care has been covered under this plan for 36 consecutive months.



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Dental Benefit Exclusions

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

- For any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance or who elects to become covered again after canceling a premium contribution agreement will be classified as a late entrant.
- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- For any procedure begun before the plan member was covered under the dental expense benefit.
- For any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliance installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; splint or replace tooth structure lost because of abrasion or attrition.
- For any procedure not shown on the Table of Dental Procedures.
- For which the plan member is entitled to benefits under any workers' compensation or similar law, or charges or 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 or wage of profit.
- For charges for which the plan member is not liable or which would not have been made have not insurance been in force.
- For services that are not required for necessary care and treatment or not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- Applies to non-takeover business: in the first 12 months that a plan member is covered 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 plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.

Orthodontic Benefit Exclusions

- For an orthodontic program which was begun on or after the member's 19th birthday, if orthodontia was elected.
- Before the plan member has been covered under the orthodontic expenses benefits for at least 12 consecutive months, however, this is waived for initials who were previously covered by the prior plan's dental and orthodontia plan for at least 12 consecutive months.
- In any quarter of a Program if the member was not covered under the orthodontic expense benefits for entire quarter
- After the member's insurance under the orthodontic expense benefits terminate.



Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas.

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