

our dental plan

Ameritas dental plan offered exclusively to State of Florida employees
2009 plan benefits



The State of Florida recognizes that good dental health is important to overall health and is pleased to offer employees and their dependents the option to enroll in this dental insurance plan.

Take a look inside to find out more about this plan, designed just for you.



our dental and eye care plans tailored to enhance lives

We're Ameritas. We're for people.®

our network

The Ameritas PPO is a group of dentists who agree to provide dental services at discounted fees to individuals covered under Ameritas' dental insurance plans.

- Plan benefits are the same whether you visit an Ameritas PPO dentist or a non-PPO dentist.
- Visiting an Ameritas PPO dentist can save you 10-30 percent.
- With an Ameritas PPO dentist your out-of-pocket costs will almost always be lower.
- With a non-PPO dentist, the dental procedure charges are reimbursed up to the maximum covered expense.

monthly rates

Employee (EE)	\$8.84
EE + Spouse	\$17.76
EE + Children	\$23.12
EE + Spouse & Children	\$32.04

enrollment

Enroll electronically on the People First website at <https://peoplefirst.myflorida.com>, or complete a paper supplemental dental insurance enrollment form. Completed paper forms should be submitted to People First.

For additional assistance please contact Ameritas at 877.721.2224 or online at <http://ameritasgroup.com/florida>.

¿en español?

Para información o ayuda en español, por favor llame al 877.721.2224.

frequently asked questions

Q: Can I continue to see my current dentist?

A: Yes. You are free to visit the dentist of your choice.

Q: What if my dentist is not in the PPO network?

A: Your benefits remain the same whether your dentist is a member of the PPO network or not. If you see a dentist who is not in the network, Ameritas will reimburse up to the maximum covered expense.

Q: Will I need a referral to visit a specialist?

A: No. You can see the specialist of your choice without a referral.

Q: Do my family members need to visit the same dentist that I choose?

A: No. Each member is free to see the dentist of their choice.

Q: How do I locate a PPO provider?

A: Visit our website, <http://ameritasgroup.com/florida>. Click on "Find a Provider" and follow the easy step-by-step instructions to locate PPO dentists in your area.

Q: If my dentist isn't a member of the PPO network, how can I get him or her to join?

A: You are welcome to nominate your dentist to our PPO network. Nominate your dentist online at <http://ameritasgroup.com/florida>, or call our Provider Relations Department toll free at 800.755.8844.

our fine print

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

1. 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.
2. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
3. to replace any prosthetic appliance, crown, inlay or onlay restoration, or five years from the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
4. for initial placement of any prosthetic appliance or fixed partial denture 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, it will be a Covered Expense.
5. for initial placement of any prosthetic appliance of fixed partial denture 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 the 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.
6. for any procedure begun before the plan member was covered under the dental expense benefit.
7. for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
8. to replace lost or stolen appliances.
9. for appliances restoration, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition.
10. for any procedure which is not shown on the Table of Dental Procedures.
11. for orthodontic treatment. (Unless otherwise specified in this contract.)
12. for which the plan member 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 an injury or sickness arising out of, or in, the course of any employment for wage or profit.
13. for charges for which the plan member is not liable or which would not have been made had no insurance been in-force.
14. for services which are not required for necessary care and treatment or, are not within the generally accepted parameters of care.
15. because of war or any act of war, declared or not.

