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## About EDT

Employers Dental Trust is an innovative and flexible product for providing comprehensive dental insurance coverage for groups with 2 to 299 employees.

Special underwriting and rates apply to firms with 100+ enrolled employees.

*All benefits are subject to the provisions of the group policy under which the individual certificates of insurance are issued.*

Underwriting, issue, billing and administration for Employers Dental Trust insurance plans are performed by The Managing Agency Group - Employee Benefits (MAG-EB).

The Managing Agency Group - Employee Benefits is one of the fastest growing administrators of employer group plans in the country. They have arranged a broad portfolio of quality group products specifically designed to meet the needs of employers and their employees.

Employers Dental Trust is insured by Ameritas Life Insurance Corp, a UNIFI Company. Ameritas has been in the insurance business since 1887. New York accounts are underwritten by First Ameritas Life Insurance Corp. Their impressive industry ratings are:

- **AA- (Very Strong)** for insurer financial strength by **Standard & Poor's**. This is the fourth highest of S&P's 21 ratings.
- **A (Excellent)** for financial strength and operating performance by **A. M. Best Company**. This is the third highest of Best's 15 ratings, and is a group rating for Ameritas Life Insurance Corp., Acacia Life Insurance Company and First Ameritas Life Insurance Corp. of New York.
- **Ward's Top 50**, a benchmark group of top-performing life/health insurance companies as cited by **Ward Financial Group**.

## About Ameritas Group

Ameritas Group is a leading dental benefits provider with offices nationwide. They don't spend money on blimps or television advertising, because they don't have to. They're that good.

Best known for their impeccable service, solid rates and comprehensive plan designs, all of their efforts are concentrated on helping customers get the dental care they need.

Ameritas has been in the insurance business since 1887. Their impressive industry ratings are:

- **AA- (Very Strong)** for insurer financial strength by **Standard & Poor's**. This is the fourth highest of S&P's 21 ratings.
- **A (Excellent)** for financial strength and operating performance by **A. M. Best Company**. This is the third highest of Best's 15 ratings, and is a group rating for Ameritas Life Insurance Corp., Acacia Life Insurance Company and First Ameritas Life Insurance Corp. of New York.
- **Ward's Top 50**, a benchmark group of top-performing life/health insurance companies as cited by **Ward Financial Group**.

Ameritas Group and Employers Dental Trust have partnered to provide you with the best of both worlds. You get:

- EDT - a small group benefit specialist for 2-99 employees
- Ameritas Group - a large group benefit specialist for 100+

*All benefits are subject to the provisions of the group policy under which the individual certificates of insurance are issued.*

## About EDT & Managing Agency Group

Underwriting, issue, billing and administration for Employers Dental Trust insurance plans are performed by Managing Agency Group - Employee Benefits. MAG-EB is one of the fastest growing administrators of employer group plans in the country.

MAG-EB has arranged a broad portfolio of quality group products specifically designed to meet the needs of employers and their employees. Employers Dental Trust plans are insured by Ameritas Life Insurance Corp, a UNIFI Company.

## Online

To learn more about EDT and Managing Agency Group, visit [www.mag-eb.com](http://www.mag-eb.com). For Ameritas Group, visit [www.ameritasgroup.com](http://www.ameritasgroup.com). In New York, visit First Ameritas at [www.firstameritasgroup.com](http://www.firstameritasgroup.com).

## EDT Plan Highlights

- Choice of comprehensive **dental** plans designed to meet the needs of the employer and employee.
- Ameritas Participating Provider Organization (PPO) network available on all plans. Offers your employees **100,000+** provider access points nationwide. These PPO dentists agree to charge reduced fees on covered dental procedures. PPO available in most states.
- Out-of-network covered expenses for Two Star and Three Star **Traditional** and **Enhanced** Plans are based on Usual and Customary (U&C) charges at the 80th or 90th percentile (meaning that 8 out of 10, or 9 out of 10, dentists in an area charge at or below the plan allowance for a covered procedure).  
Out-of-network claims reimbursement for the **MAC** Plan is based upon the network allowance and out-of-network providers may balance bill patients for claim amounts in excess of the network allowance.
- Coverage may not be available in all states. Contact Managing Agency Group for exclusions.
- Extensive coverage for a broad range of dental services.
- Self-quote up to 99 lives.
- Pre-estimate of benefits. If a dental exam reveals that treatment is expected to exceed \$300, your dentist is encouraged to submit a pre-treatment estimate claim **to Ameritas** within 20 days of the exam. The request needs to describe the proposed treatment and itemize expected charges.
- Optional starter plans available. Covers only Type 1 (Preventive) and Type 2 (Basic) services. Outstanding value!
- All plans offer child-only orthodontia with 5+ enrolled employees.
- Adult orthodontia is optional for groups with 10+ enrolled employees.
- 12-month initial rate guarantee for all plans, and 24-month option available.
- Calendar year maximum re-set for qualifying takeover accounts.

### DENTAL REWARDS<sup>®</sup>

*Wouldn't it be great if you could reward your employees for practicing good dental habits? You can, automatically.*

*We call it Dental Rewards, and it's available on all plans.*

## Dental Rewards®

Wouldn't it be great if you could reward your employees for practicing good oral wellness?

With Dental Rewards you are, automatically.

With Dental Rewards' increasing annual maximum feature, your employees can "earn" additional money toward future years' annual maximums. That way, the money is there for them, when they need it most.

Annual maximum for Type 1, 2, 3 (Preventive, Basic, Major)	\$1,500
Annual Dental Reward (carryover) toward next year's annual max	+ \$250
Next year's annual max + Dental Reward	\$1,750
In this example, the annual benefit threshold limit is \$750, and maximum reward accumulation is \$1,000.	

Qualify for rewards by:

- Submitting at least one dental claim a year.
- Keeping your total paid claims under the plan's annual benefit threshold limit.

To earn rewards in subsequent years, just follow these same guidelines.

Rewards maybe accumulated from one year to the next, up to the maximum reward accumulation amount.

Annual Maximum	Annual Benefit Threshold	Annual Dental Reward	Maximum Reward Accumulation
\$750	\$250	\$125	\$500
\$1,000	\$500	\$250	\$1,000
\$1,500	\$750	\$250	\$1,000
\$2,000	\$750	\$400	\$1,200

Rewards will not be earned when:

- Your total annual paid dental claims exceed the benefit limit.
- No dental claims for covered procedures are submitted during the year.

If this happens, no rewards are earned and all accumulated rewards from previous years are given up. However, your employees can continue building rewards again the very next year.

## Group Eligibility

- Plans are available for groups of 2-99 enrolled employees. Special rating applies to groups of 100+ lives. Please contact EDT Sales Support at 800-243-2534 x1.
- All cases are subject to final underwriting approval.
- Family Businesses: If one family, living in the same household, related by blood or marriage, comprises 50% or more of a prospective group, the group is not eligible.
- Excluded Groups: Carve-out groups, dental offices, jewelry stores, voluntary associations with no employer/employee relationship.
- High-Risk Industries: Real estate, sales firms, entertainment firms, federal or public funded firms and investment firms. These industries require prior approval from EDT.

### Employer Contributions

Non-Contributory	100% employer paid
Contributory	Minimum 25% employer contribution to overall premium
Partial Contributory	Non-Contributory for employee, Contributory for dependent(s) OR 100% employee only participation
Voluntary	Employer pays less than 25%

### Participation Requirements

- All employees who work at least thirty (30) hours a week on a permanent full-time basis are eligible to participate. Dependent child(ren) coverage begins at age 3 and goes to age 19. Full-time dependent students covered to age 25.
- Non-Contributory Plans - All full-time employees and their spouses and dependent child(ren) must enroll in this plan even if they are covered elsewhere. No waivers/refusals.
- Contributory Plans - Employee Participation

Number of Eligible Employees	Minimum Participation
2-5	100%
6	100% minus one
7-9	100% minus two
10+	60%* of eligible employees
*50% allowed with signed spousal waivers	

- Employees covered by their spouses's group dental plan are not considered eligible for these contributory participation requirements.
- Dependent Participation / Contributory Plans:  
50% of eligible dependent units must be insured. Dependents covered under another Group dental plan are not are not considered as eligible for this plan.

**Final rates for all plans are based on number of enrolled employees.**

# DENTAL PLANS

Employers Dental Trust offers three types of dental insurance plans. All plans offer both in- and out-of-network benefits and offer savings through the nationwide Ameritas PPO network.

## TRADITIONAL PLAN (Passive PPO)

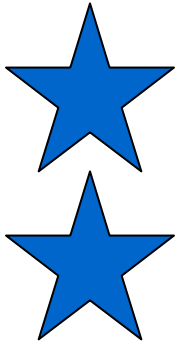
Under the Traditional Plan, if an employee visits a participating dentist, they will lower their out-of-pocket costs as the provider has agreed to charge reduced fees. There are more than 83,000 provider access points in the network. Employees can choose to see a dentist who is not within the network and will have their claims based upon the Usual and Customary (U&C) charge. The coinsurance on this plan is the same for both in- and out-of-network benefits which is 100/80% for Starter Plans (no Major services) and 100/80/50% for Full Plans.

## ENHANCED PLAN (Steerage PPO)

The Enhanced Plan is similar to the Traditional Plan; however, the in-network coinsurance is higher, allowing greater savings on services performed by a participating provider. Our Starter Enhanced Plan has a coinsurance of 100/90% (no Major services) and our Full Plan has a coinsurance of 100/90/60% (Major services included). The out-of-network benefits also are based upon the Usual and Customary (U&C) charges with coinsurances of 100/80% for Starter Plans and 100/80/50% for Full Plans.

## MAC PLAN

The Maximum Allowable Charge (MAC) is associated with an in-network PPO provider. MAC is a **discounted fee per covered procedure** that's based on an area's ZIP code. PPO providers agree to charge only these discounted fees. The plan member is responsible for any deductible and coinsurance. Out-of-network reimbursement (or maximum allowable benefit) also is limited to the network allowance, and out-of-network providers may balance bill patients for claim amounts exceeding the network allowance.



## Two Star Plan Summary

Deductible Waived	Calendar Year Deductible Choose \$25, \$50 or \$100 per person – 3 x Family		No Deductible
Type 1 Preventive	Type 2 Basic	Type 3 Major	Orthodontia Option
<b>Traditional/MAC Plan</b> 100%	<b>Traditional/MAC Plan</b> 80%	<b>Traditional/MAC Plan</b> 50%	<b>Traditional/MAC Plan</b> 50%
<b>Enhanced Plan</b> 100% In-network 100% Out-of-network	<b>Enhanced Plan</b> 90% In-network 80% Out-of-network	<b>Enhanced Plan</b> 60% In-network 50% Out-of-network	<b>Enhanced Plan</b> 50%
<ul style="list-style-type: none"> <li>• Periodic routine exam</li> <li>• Diagnostic services such as full-mouth series, bitewings, panoramic X-rays</li> <li>• Prophylaxis (cleaning)</li> <li>• Fluoride to age 19</li> <li>• Space maintainers</li> <li>• Sealants</li> </ul>	<ul style="list-style-type: none"> <li>• Exams other than routine</li> <li>• Periapical X-rays</li> <li>• Minor restorative services such as amalgam and composite fillings, recementation</li> <li>• Oral surgery biopsy</li> <li>• General anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative services such as inlays/onlays, crowns, posts</li> <li>• Prosthodontic services such as fixed and removable bridges, full and partial dentures, repairs</li> <li>• Endodontics</li> <li>• Periodontics</li> </ul>	<ul style="list-style-type: none"> <li>• Child-Only Ortho 5+ lives</li> <li>• Adult Ortho 10+ lives</li> </ul>
Calendar Year Maximum Choose \$750, \$1000, \$1500 or \$2000 (\$2000 max only available for groups of 10+) Out-of-network claim allowance is 80 <sup>th</sup> U&C for Traditional and Enhanced Plans. (90 <sup>th</sup> U&C is available.)			Lifetime Maximum \$1000 \$1500 available for Groups of 10+

## Waiting Periods for Virgin Coverage

	<35 enrolled	>35+ enrolled
<b>Type 1 &amp; 2 (Preventive &amp; Basic)</b>	None	None
<b>Type 3 (Major)</b>	12 months	None
<b>Orthodontia</b>	24 months	None

## Waiting Periods for Takeover Plans

- To qualify as a takeover, a group must have had prior coverage with the same dental carrier for 12 full months including coverage for Major services.
- To qualify for orthodontia takeover, a group must have had prior coverage with the same carrier with orthodontia for 24 months.
- A group that qualifies for takeover will have no waiting periods for current and future employees however all future employees must enroll within 31 days of eligibility or Late Entrant Rules will apply.

## Evidence of Prior Coverage

- Certificate with Schedule of Benefits and list of waiting (or elimination) periods, or a Dental HMO plan summary and fee schedule.
- The most current prior carrier's bill. Prior insurance must be continuous with no gap in coverage.
- Documentation showing the effective date of the prior plan, i.e., copy of original Master Application, or dated Insurance Certificate.

## Three Star Plan Summary



<b>Deductible Waived</b>	<b>Calendar Year Deductible</b> Choose \$25, \$50 or \$100 per person – 3 x Family		<b>No Deductible</b>
<b>Type 1 Preventive</b>	<b>Type 2 Basic</b>	<b>Type 3 Major</b>	<b>Orthodontia Option</b>
<b>Traditional/MAC Plan</b> 100%	<b>Traditional/MAC Plan</b> 80%	<b>Traditional/MAC Plan</b> 50%	<b>Traditional/MAC Plan</b> 50%
<b>Enhanced Plan</b> 100% In-network 100% Out-of-network	<b>Enhanced Plan</b> 90% In-network 80% Out-of-network	<b>Enhanced Plan</b> 60% In-network 50% Out-of-network	<b>Enhanced Plan</b> 50%
<ul style="list-style-type: none"> <li>• Periodic routine exam</li> <li>• Diagnostic services such as full-mouth series, bitewings, panoramic X-rays</li> <li>• Prophylaxis (cleaning)</li> <li>• Fluoride to age 19</li> <li>• Space maintainers</li> <li>• Sealants</li> </ul>	<ul style="list-style-type: none"> <li>• Exams other than routine</li> <li>• Periapical X-rays</li> <li>• Minor restorative services such as amalgam and composite fillings, recementation</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontic repairs</li> <li>• Oral surgery biopsy</li> <li>• General anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative services such as inlays/onlays, crowns, posts</li> <li>• Prosthodontic services such as fixed and removable bridges, full and partial dentures</li> </ul>	<ul style="list-style-type: none"> <li>• Child-Only Ortho 5+ lives</li> <li>• Adult Ortho 10+ lives</li> </ul>
Calendar Year Maximum Choose \$750, \$1000, \$1500 or \$2000 (\$2000 max only available for groups of 10+) Out-of-network claim allowance is 80 <sup>th</sup> U&C for Traditional and Enhanced Plans. (90 <sup>th</sup> U&C is available.)			Lifetime Maximum \$1000 \$1500 available for Groups of 10+

## Waiting Period for Virgin Coverage

	<35 enrolled	>35+ enrolled
<b>Type 1 &amp; 2</b> <b>(Preventive &amp; Basic)</b>	<b>None</b>	<b>None</b>
<b>Type 3 (Major)</b>	<b>12 months</b>	<b>None</b>
<b>Orthodontia</b>	<b>24 months</b>	<b>None</b>

## Waiting Periods for Takeover Plans

- To qualify as a takeover, a group must have had prior coverage with the same dental carrier for 12 full months including coverage for Major services.
- To qualify for orthodontia takeover, a group must have had prior coverage with the same carrier with orthodontia for 24 months.
- A group that qualifies for takeover will have no waiting periods for current and future employees however all future employees must enroll within 31 days of eligibility or Late Entrant Rules will apply.

## Evidence of Prior Coverage

- Certificate with Schedule of Benefits and list of waiting (or elimination) periods, or a Dental HMO plan summary and fee schedule.
- The most current prior carrier's bill. Prior insurance must be continuous with no gap in coverage.
- Documentation showing the effective date of the prior plan, i.e., copy of original Master Application, or dated Insurance Certificate.

## Voluntary Plan Requirements

Number of Eligible Employees	Minimum Participation
10-49	10 enrolled employees
50+	20% of eligible employees

**Final rates for all plans are based on number of enrolled employees.**

## Late Entrant

A late entrant is any person who becomes insured more than 31 days after he/ she is eligible. Once a late entrant becomes insured, the plan will pay for covered:

Type 1 (Preventive)	Immediately
Type 2 (Basic)	After 6 months
Type 3 (Major)	After 12 months
Orthodontia	After 24 months

For groups situated in New York,  
the orthodontia waiting period is 12 months.

These waiting periods will be waived if eligible employees or dependents (who initially waived coverage because they had coverage elsewhere) now enroll because their other coverage has terminated. Proof of prior coverage with the enrollment form is required.

## Covered Expenses

1. Covered Expenses refers to expenses incurred by you, your spouse or dependents when visiting a licensed dentist under the plan.
2. Covered dental services are to be provided by a dentist or under his/her direct supervision.
3. Expenses for dental services must be incurred while the insurance is in force.
4. Dates that various charges are incurred:  
For a crown, bridge or cast restoration, charges are incurred on the date the tooth is prepared. For other prosthetic devices, the charge is incurred on the date the master impression is made. For root canals, the charge is incurred on the date the pulp chamber is opened. And, for all other services, the charge is incurred on the date the services are performed.
5. Replacement of a prosthetic device to replace teeth lost before coverage began is not covered. However, we will pay for a device to replace those teeth if it replaces natural teeth lost or extracted after coverage begins.

## Exclusions & Limitations

These services are not covered:

1. Oral hygiene, plaque control, diet instruction
2. Precision attachments
3. Treatment which:
  - does not meet accepted standards of dental practice
  - is experimental in nature
  - is due to an on-the-job-related injury, or a condition for which benefits are payable by Worker's Compensation or similar laws
4. Orthodontia treatment, unless the Schedule of Covered Dental Services lists orthodontia benefits.
5. Appliances or prosthetic devices used to:
  - change vertical dimension
  - restore or maintain occlusion, except to the extent that this benefit section covers orthodontia benefits
  - splint or stabilize teeth for periodontic reasons
  - replace tooth structure lost as a result of abrasion or attrition, or treat disturbances of the temporomandibular joint
6. Cosmetic services including but not limited to:
  - characterizing and personalizing prosthetic devices, or making facings on prosthetic devices for any tooth posterior to the second bicuspid
7. Replacement of an appliance or prosthetic device unless:
  - it is at least 5 years old and unusable, or is damaged through injury and is beyond repair.
8. Replacement crowns within 5 years of initial placement
9. Replacement of a lost, stolen or missing appliance or prosthetic device
10. Spare appliances or devices
11. Services or devices for which no charge is made, including but not limited to:
  - the covered person's employer, labor union or similar group, in its dental or medical department or clinic
  - a facility owned or run by any government body, or
  - any public program, except Medicaid, paid for or sponsored by any government body
12. For surgery, periodontic or endodontic treatment, we will not pay separately for:
  - X-rays
  - the treatment plan
  - local anesthetics, or
  - routine follow-up care
13. Diagnostic casts
14. Implants
15. Radical resection of mandible with bone graft

### **IMPORTANT NOTE:**

This sales guide outlines standard benefit and plan provisions. All plans will comply with state-mandated benefits or plan provisions as applicable.

This sales guide is a summary only and subject to the terms, conditions and limitations of the Ameritas Group Policy under which the individual Certificates of Insurance are issued.

# Dental Terminology

## *Crowns*

A tooth shade restoration usually covers the whole exposed (coronal) portion of a tooth. Crowns are made by a laboratory from impressions taken by a dentist. Crowns are frequently used in bridgework or to restore badly damaged teeth. Like fillings, crowns are available in many types - plastic, acrylic, gold, and porcelain in addition to stainless steel.

## *Endodontics*

Treatment of the dental pulp including root canal therapy.

## *Extractions*

Simple extractions and surgical extractions of the natural teeth.

## *Fillings*

Dental restoration inserted in the teeth. Most common fillings are:

1. Amalgam - used primarily in posterior teeth.
2. Composite Resin - tooth shade restoration used in anterior teeth.

## *General Anesthesia*

When medically necessary and administered in connection with oral surgery.

## *Periodontics*

Treatment of diseases of gums and supporting structure of the teeth.

## *Prophylaxis*

Professional cleaning and scaling of teeth. Benefits paid for one service performed 2 times in 12 months.

## *Prosthodontics*

Installation of full and partial dentures (including 6-month post installation care) and fixed bridge-work.

## *Sealants*

Mechanically and/or chemically prepared enamel surface sealed to prevent decay.

## *Space Maintainers*

An appliance used on a child after early loss of a first tooth. It prevents teeth from drifting while maintaining sufficient space for permanent tooth to emerge.

## *Topical Fluoride*

Treatments during which a solution of sodium fluoride is applied to the teeth to help prevent tooth decay.

## *X-Rays*

Intra-oral Radiographs

- Posterior-antero and lateral skull and facial bone - Survey Film
- Panoramic-maxillary and mandibular - Single Film



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