

# network savings

We want you to get the best deal possible. That’s why we contract with dentists in your area to provide excellent service at a reduced fee. Now you can get the cost savings you want with the quality care you deserve.

## PPO Dental Network

- Our Participating Provider Organization [PPO] gives you access to a nationwide network of credentialed providers.
- With our dental plans, you may always receive care from any provider you choose; however, your out-of-pocket costs will almost always be lower if you choose a provider from our PPO dental network.
- Our PPO network dentists agree to charge only a specific amount per procedure; they provide the same excellent service at a reduced fee, resulting in savings for you.

## Find A Provider Near You

Visit us at [ameritasgroup.com](http://ameritasgroup.com). Under “FIND A PROVIDER” select dental. You will then have the option to search by location or search for a specific dentist or practice.

example of type 3 procedure: crown [porcelain with semiprecious metal]  
network vs. out-of-network • \$50 deductible • 50% coinsurance

	In-Network	Out-Of-Network
Provider Charge	\$604	\$932
<b>Benefit</b>	<b>\$604</b>	<b>\$604</b>
Annual deductible	\$50	\$50
Benefit less deductible	\$554	\$554
Coinsurance	50%	50%
Ameritas pays	\$277	\$277
Member pays	\$327	\$655

### Member saves \$328 by visiting a network provider

Benefits can be the same whether the plan member visits a network or out-of-network provider. The difference is the remainder the member must pay after benefits are applied. With PPO, members almost always pay less—in this example, \$328 less.

Figures based on a Santa Ana, California, ZIP Code may not reflect fees charged in other areas. In-network based on the Maximum Allowable Charge (MAC), which is the most a contracted Ameritas PPO provider will charge an Ameritas plan member. Out-of-network is based on the Maximum Allowable Benefit (MAB) allowance paid toward a non-PPO dentist charge.



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