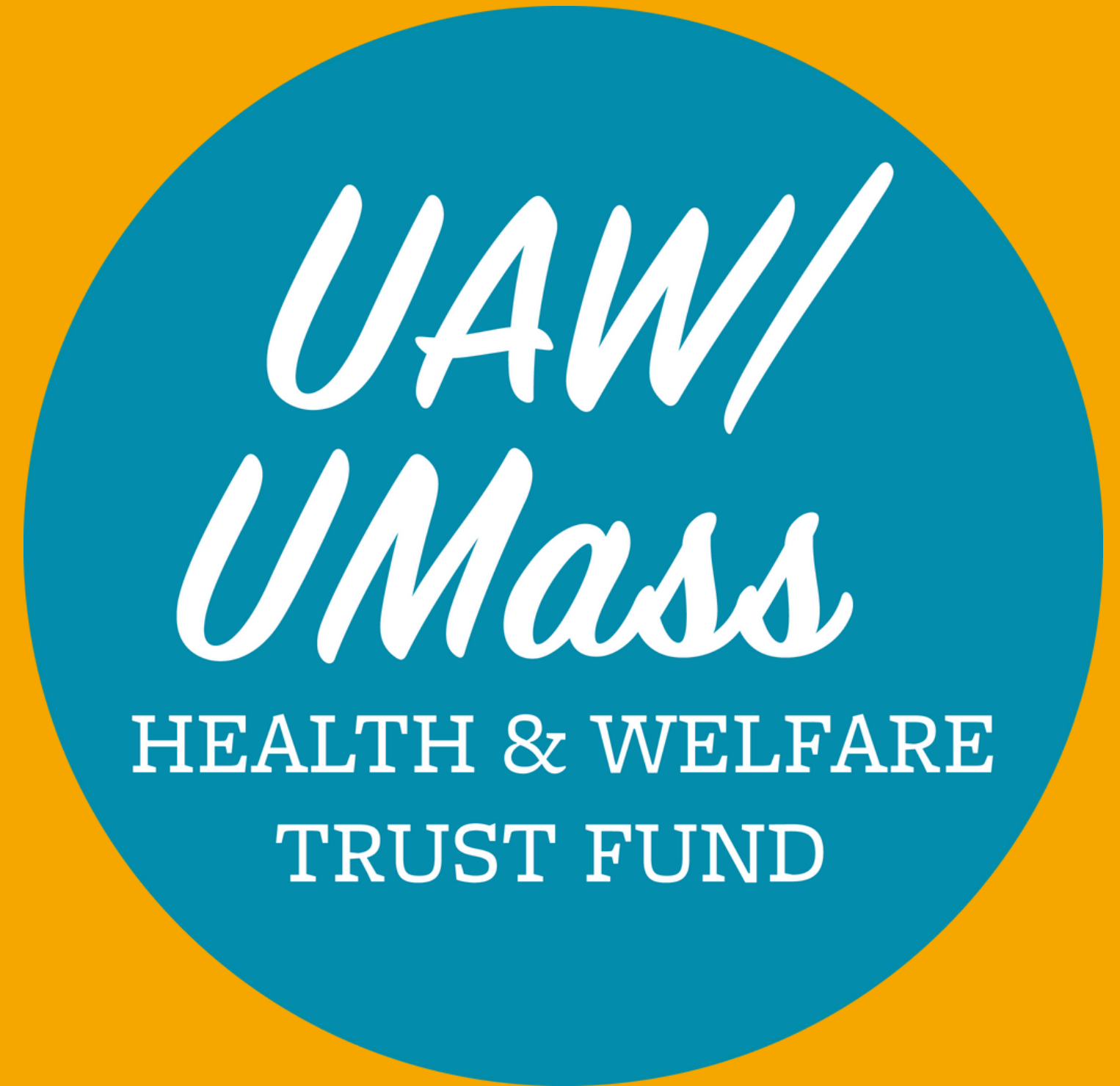


Benefits Fair 2021-22

# Your Ameritas Dental Plan



For Grad Employees  
& Postdocs



# You have a robust dental plan.

Let's talk about using it!

1

**Apply, Confirm &  
Register for ID**

2

**Pick a  
Dentist**

3

**Schedule an  
Appointment**

# Apply at [hwtrust.geouaw.org](http://hwtrust.geouaw.org)

## BENEFITS PORTAL

*You're looking for benefits—let's get started!*

### Current Graduate Employees

*If you are a graduate employee, use this section to log in, apply for benefits, and submit wellness center, childcare, or PPE receipts.*

[Review options for graduate students](#)

### Current Postdoc Employees

*If you are a postdoc employee, use this section to log in, apply for benefits, and submit childcare or PPE receipts.*

[Review options for postdocs](#)

- send yourself the secure application link by email or text
- pay attention to the question: are you applying for yourself or a family
- fill out the app, opting in or out of each benefit and don't forget to esign your form!

# Confirm--we'll email you a confirmation!

## Confirmation of 2021-22 Eligibility & Enrollment

Hi there!

**This email confirms you are eligible for benefits through the Health & Welfare Trust Fund.** If you applied for dental & vision benefits, please reference the information below to access your benefits. Your enrollment may not yet be visible in the Ameritas/EyeMed systems--do not be alarmed as this email confirms your information has been sent to the relevant insurance companies. These plans are completely separate from your student health insurance plan. You can learn more about the differences between the Trust Fund benefits and your student health plan [here](#).

If you applied for the wellness reimbursement, we will begin distributing reimbursements soon in the order receipts were received--reimbursement can take 4-6 weeks.

Please let us know if you have any questions.

### 1) HOW TO USE YOUR COVERAGE

- **AMERITAS DENTAL PLAN**

- **Plan Name:** Ameritas Classic PPO & Plus
  - [Plan Description](#)

# Register at ameritas.com



## existing users

User ID



Password



Password Assistance

Sign In

## first-time users

If this is the first time you've visited our site, you can create a new account now. It's fast and easy!

Register Now



# Pick a Dentist!



 Create PDF  Start Over



## Provider Search

Enter your location, then select a network to search for providers near you.

Learn more about how we [build our network](#).

Chicago, IL 60607, USA



Classic (PPO) & Plus



# What you can expect when you go to the dentist:



1

Your dentist will start with an exam, xrays & a cleaning which are covered at 100%.

2

You may need something in addition to preventative & diagnostic procedures.

3

**In that case, request a pre-treatment estimate!**



# The pretreatment estimate...

## Estimate detail

Your orthodontic lifetime maximum is \$1,000.00; at this time, you have \$1,000.00 available.

| Service code, units, description           | Your dentist<br>will submit | Negotiated<br>fee | Allowed<br>amount |     | Your plan<br>allows |
|--|-----------------------------|-------------------|-------------------|-----|---------------------|
| 08050, 08, Interceptive ortho -<br>primary | \$350.00                    | \$350.00          | \$350.00          | 50% | \$175.00            |
| <b>Totals</b>                              | <b>\$350.00</b>             | <b>\$350.00</b>   | <b>\$350.00</b>   |     | <b>\$175.00</b>     |



# Example EOB

| No. | Date of Service | Proc Code | Pay Code | Service Description | Benefit Type | Submitted Charges |  | Covered Amount | Remark Code |
|-----|-----------------|-----------|----------|---------------------|--------------|-------------------|--|----------------|-------------|
|     | 10/28/20        | D0120     |          | EVAL-PERIODIC       | PREV         | 50.00             |  | 50.00          |             |
|     | 10/28/20        | D1120     |          | CLEAN - CHILD       | PREV         | 85.00             |  | 85.00          |             |

| Benefit Summary | Submitted Charges |  | Covered Amount | Minus Deduct | Remain Amount | %    | Benefit Amount |
|-----------------|-------------------|--|----------------|--------------|---------------|------|----------------|
| Total PREV      | 135.00            |  | 135.00         | 0.00         | 135.00        | 100% | 135.00         |

|                               |        |        |                       |         |
|-------------------------------|--------|--------|-----------------------|---------|
|                               | 135.00 | 135.00 | <b>TOTAL PAYABLE</b>  | 135.00  |
| <b>OTHER COVERAGE PAYMENT</b> | 108.00 |        | <b>BENEFIT CREDIT</b> | -108.00 |

**PLAN PAYS** 27.00

|  |  |       |
|--|--|-------|
|  | <b>PAYMENT WILL BE MADE TO YOUR DOCTOR</b> | 27.00 |
| <b>BALANCE DUE TO YOUR DOCTOR UNLESS PREVIOUSLY PAID</b> | <b>** THIS IS NOT A BILL **</b>            | .00   |

Once you have services at the dentist, you'll receive an Estimation of Benefits (EOB).

# Terms on the EOB

1

**Submitted charges:** what your dentist submitted for your care

2

**Covered amount:** amount the insurance will pay on your behalf

3

**Minus deductible:** you pay the first \$75 only if you go out of network

4

**Plan Pays:**  
Amount Insurance will pay (typically to the dentist) on your behalf

Some common  
scenarios:

**Scenario #1: You see a dentist that is in-network for a exam,  
xrays and cleaning**

Dentist Charges \$159

No deductible - \$0

No charge to you at dental office

Benefit paid to dentist at 100% = \$159

Member responsibility = \$0

## **Scenario #2: You see a dentist that is out-of-network for a filling**

Dentist Charges \$225

Deductible - \$75

Your Benefit is now based on bill of \$150

Covered Amount for filling may be \$120

Benefit paid to dentist at 80% of \$120 = \$96

Member responsibility = \$132

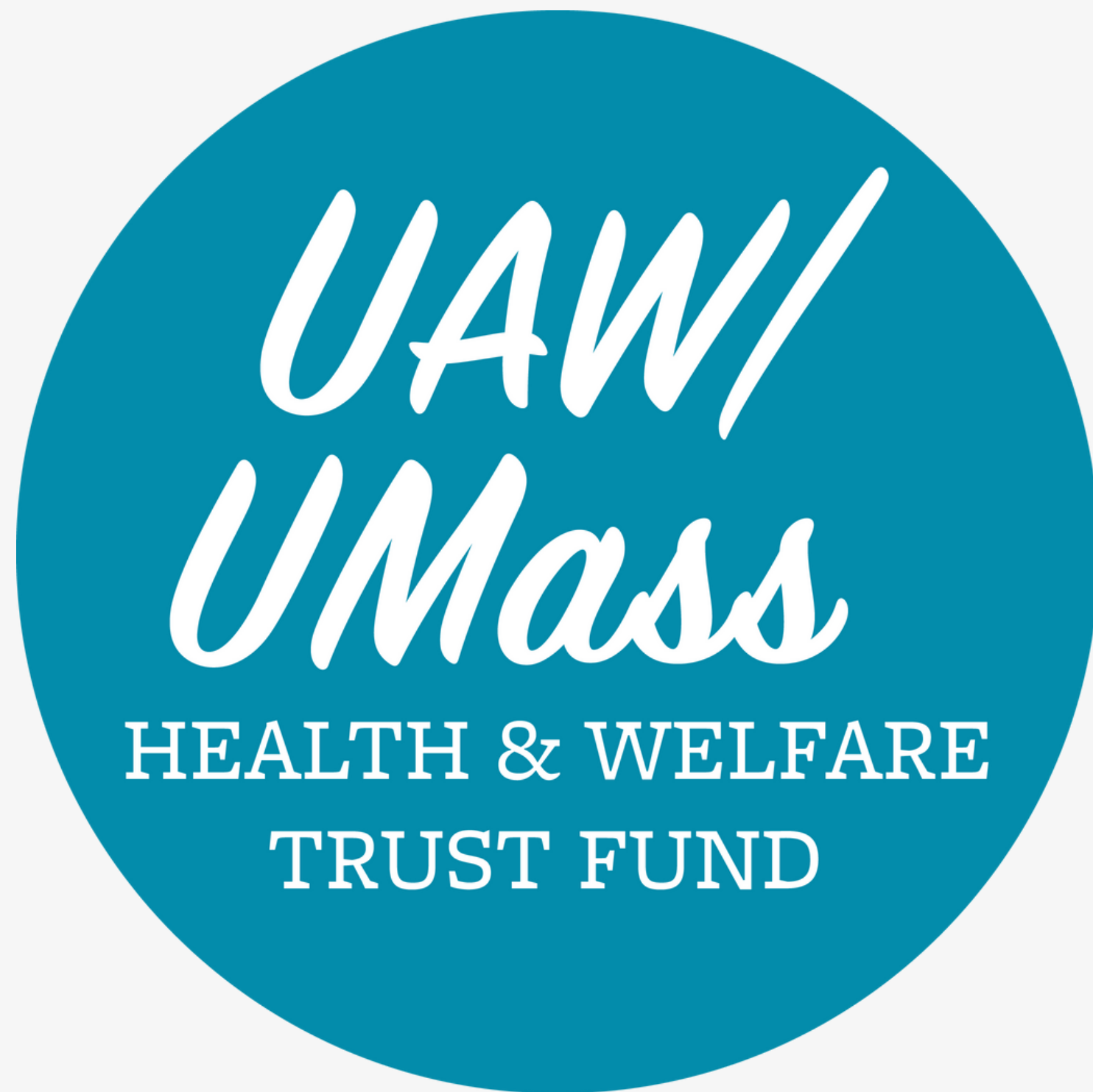


# The Best Advice

Stay In Network

Ask for a Pretreatment Estimate

Register on [ameritas.com](https://ameritas.com) to access claims, ID card  
and more



Health Plan (Wellfleet/Cigna).

**Group Number:** ST0941SH

**Claim Administrator:** Wellfleet Group

[www.wellfleetstudent.com](http://www.wellfleetstudent.com)

**Customer Service:** (877) 657-5030

**Network:** Cigna PPO

**Find a provider:**

<https://hcpdirectory.cigna.com/>

Dental Plan (Ameritas).

**Group #:** 010-53791

**Member ID:** your SSN

**Customer Service:** (800) 487-5553

**Network:** Classic PPO & Plus

**Find a provider:**

[www.ameritas.com/employee-benefits/find-a-provider/](http://www.ameritas.com/employee-benefits/find-a-provider/)