For more information, contact:

Agent Name

(123) 456-7890

Agent@email.com

MAGNUM DENTAL

# Individual & Family Dental Insurance

New York

Choose Your Own Dentist | Two Cleanings Per Year | Up to $1,200 Annual Benefit

Ameritas. fulfilling life.
Ameritas Life Insurance Corp. of New York

Plan Underwritten by
Ameritas Life Insurance Corp. of New York,
445 Hamilton Ave., Suite 403 A, White Plains, NY 10601

# Magnum PPO 750

The Magnum PPO 750 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Magnum Dental allows you to select your own Ameritas Dental Network provider and a plan that best fits the needs for you and your family. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Health Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Plan includes a $50 deductible per person for Preventive, Basic and Major services combined, with a maximum of three deductibles per family.

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays (MAB/maximum allowable benefit) and the dentist's actual charge.

| MAX BENEFIT | YEAR 1 | YEAR 2 | YEAR 3 |
|---|---|---|---|
| | $750 | $750 | $750 |
| **PREVENTIVE SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 100% | 100% | 100% |
| Out-of-network | 90% | 90% | 90% |
| **BASIC SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 50% | 50% | 50% |
| Out-of-network | 50% | 50% | 50% |
| **MAJOR SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 0% | 50% | 50% |
| Out-of-network | 0% | 50% | 50% |

### Preventive | Type One

| Two exams per benefit year
| Two cleanings per benefit year
| One series of bitewing X-rays per benefit year
| One topical fluoride per benefit year age 15 and under

### Basic | Type Two

| 6 month waiting period
| Basic fillings
| Space maintainers
| Sealants age 15 and under
| One diagnostic X-ray, full or panoramic in any 5 year period

### Major | Type Three

| 12 month waiting period
| Simple extractions
| Oral surgery
| Endodontic treatment
| Periodontic services
| Restoration services; inlays, onlays and crowns
| Prosthetic services; bridges and dentures

# Magnum PPO 1000

The Magnum PPO 1000 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Magnum Dental allows you to select your own Ameritas Dental Network provider and a plan that best fits the needs for you and your family. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Health Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Plan includes a $50 deductible per person for Preventive, Basic and Major services combined, with a maximum of three deductibles per family.

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays (MAB/maximum allowable benefit) and the dentist's actual charge.

| MAX BENEFIT | YEAR 1 | YEAR 2 | YEAR 3 |
|---|---|---|---|
| | $1000 | $1000 | $1000 |
| **PREVENTIVE SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 100% | 100% | 100% |
| Out-of-network | 90% | 90% | 90% |
| **BASIC SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 70% | 70% | 70% |
| Out-of-network | 60% | 60% | 60% |
| **MAJOR SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 0% | 50% | 50% |
| Out-of-network | 0% | 50% | 50% |

### Preventive | Type One

| Two exams per benefit year
| Two cleanings per benefit year
| One series of bitewing X-rays per benefit year
| One topical fluoride per benefit year age 15 and under

### Basic | Type Two

| 6 month waiting period
| Basic fillings
| Space maintainers
| Sealants age 15 and under
| One diagnostic X-ray, full or panoramic in any 5 year period

### Major | Type Three

| 12 month waiting period
| Simple extractions
| Oral surgery
| Endodontic treatment
| Periodontic services
| Restoration services; inlays, onlays and crowns
| Prosthetic services; bridges and dentures

# Magnum PPO 1200

The Magnum PPO 1200 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Magnum Dental allows you to select your own Ameritas Dental Network provider and a plan that best fits the needs for you and your family. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Health Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Plan includes a $50 deductible per person for Preventive, Basic and Major services combined, with a maximum of three deductibles per family.

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays (MAB/maximum allowable benefit) and the dentist's actual charge.

| MAX BENEFIT | YEAR 1 | YEAR 2 | YEAR 3 |
|---|---|---|---|
| | $1200 | $1200 | $1200 |
| **PREVENTIVE SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 100% | 100% | 100% |
| Out-of-network | 90% | 90% | 90% |
| **BASIC SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 80% | 80% | 80% |
| Out-of-network | 70% | 70% | 70% |
| **MAJOR SERVICE** | YEAR 1 | YEAR 2 | YEAR 3 |
| In-network | 0% | 50% | 50% |
| Out-of-network | 0% | 50% | 50% |

### Preventive | Type One

| Two exams per benefit year
| Two cleanings per benefit year
| One series of bitewing X-rays per benefit year
| One topical fluoride per benefit year age 15 and under

### Basic | Type Two

| 6 month waiting period
| Basic fillings
| Space maintainers
| Sealants age 15 and under
| One diagnostic X-ray, full or panoramic in any 5 year period
| Simple extractions

### Major | Type Three

| 12 month waiting period
| Oral surgery
| Endodontic treatment
| Periodontic services
| Restoration services; inlays, onlays and crowns
| Prosthetic services; bridges and dentures

# Plan Rates

## Rates for: New York

| Magnum PPO 750 | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Applicant | $22.47 | $24.87 | $27.26 | $29.96 | $32.96 | $36.25 |
| Applicant + 1 | $44.94 | $49.73 | $54.53 | $59.92 | $65.91 | $72.50 |
| Applicant + Family | $71.90 | $79.57 | $87.24 | $95.87 | $105.46 | $116.00 |

| Magnum PPO 1000 | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Applicant | $26.15 | $28.93 | $31.72 | $34.86 | $38.35 | $42.18 |
| Applicant + 1 | $52.29 | $57.87 | $63.45 | $69.72 | $76.69 | $84.36 |
| Applicant + Family | $83.66 | $92.59 | $101.51 | $111.55 | $122.71 | $134.98 |

| Magnum PPO 1200 | AREA 1 | AREA 2 | AREA 3 | AREA 4 | AREA 5 | AREA 6 |
|---|---|---|---|---|---|---|
| Applicant | $29.72 | $32.88 | $36.05 | $39.62 | $43.58 | $47.94 |
| Applicant + 1 | $59.43 | $65.77 | $72.11 | $79.24 | $87.16 | $95.88 |
| Applicant + Family | $95.09 | $105.23 | $115.37 | $126.78 | $139.46 | $153.40 |

**Area Definitions for:**

**New York**

| | |
|---|---|
| 127-129, 131, 136, 140<br>142, 144-145, 147 | 1 |
| 100, 104, 117-118<br>122, 146 | 3 |
| 105-107, 110-112<br>114, 125, 148 | 4 |
| 101-102, 108<br>115-116, 130 | 5 |
| 109, 113 | 6 |
| All Others | 2 |

## General Information

**ELIGIBILITY |** Who is eligible to purchase the plan? The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.
**DEDUCTIBLE AMOUNT |** The deductible is shown in the coverage schedule. The deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.
**PREDETERMINATION OF BENEFITS |** It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.
**TERMINATION OF COVERAGE |** Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be eligible for coverage; the last day of the month in which your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.
**EFFECTIVE DATE |** When you enroll online your coverage can start as soon as the next day. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation. Please note your enrollment may take 4 business days to be processed and accessible through any network providers.
**ELIGIBLE EXPENSES |** Expenses must be incurred while the policy is in force and the person is covered by the policy. To become an eligible expense, the dental services must be performed by: a licensed provider performing dental services within the scope of their license; or a licensed dental hygienist acting under the supervision and direction of a dentist.
**EXPENSES INCURRED |** An eligible expense is considered incurred on the following dates: for full and partial dentures - on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - on 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 the surgery is performed; for all other services - on the date the service is performed.
**ALTERNATE BENEFIT |** If we determine that a less expensive procedure, service, treatment plan/course of treatment that is customarily used to treat the dental problem and recognized by the dental profession to be appropriate according to broadly accepted standards of dental practice, then the maximum we will allow will be the charge for the less expensive treatment.

## Limitations & Exclusions

### Dental

A. Convalescent and Custodial Care. We do not Cover services related to rest cures, custodial care or transportation. "Custodial care"; means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

B. Cosmetic Services, except as specifically listed in the Table of Dental Procedures. We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

C. Elimination Period. We do not cover Dental Expenses in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. There will be no longer than a 12 month wait for benefits.

D. Experimental or Investigational Treatment. We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

E. Felony Participation. We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

F. Government Facility. We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

G. Medical Services. We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

H. Medically Necessary. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

I. Medicare or Other Governmental Program. We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

J. Military Service. We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

K. Pre-Existing Conditions. For a period of 12 months from the enrollment date, we do not Cover any conditions for which medical advice was given, treatment was recommended by or received from a Physician within six (6) months before the effective date of Your coverage. The 12-month exclusionary period may be shortened by crediting the time You were covered under creditable coverage. We will credit the time You were covered under another dental plan, if You were enrolled in the prior coverage within 63 days before enrolling in this Policy. We will not treat genetic information as a pre-existing condition in the absence of a diagnosis of the condition related to such information. There will be no longer than a 12 month wait for benefits.

L. Services Not Listed. We do not Cover services that are not listed in this Policy as being Covered. M. Services Provided by a Family Member. We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.

N. Services Separately Billed by Hospital Employees. We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

O. Services with No Charge. We do not Cover services for which no charge is normally made.

P. War. We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

Q. Workers' Compensation. We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

***Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your dental insurance.**

# Frequently Asked Questions

## for Members of Magnum Dental

**Where can I locate my member identification (ID) number?**
The number will be located on the front of your ID card.

**Who should I contact with questions?**
| For dental questions contact Ameritas at 866-619-6095.

**How should a dental claim be submitted?**
| You or your provider should submit an ADA dental claim form or an itemized billing statement which provides the following information:

- | Member's name, address and member ID number
- | Date of service
- | Current ADA procedure code(s)
- | Procedure fee(s)
- | Provider name, address and tax ID number

The claims mailing address is located on the back of your ID card.

**Can I see the dentist I have now?**
| Yes, you are always free to visit the dentist of your choice.
| Visit **ameritas.com** and select **Find a Health Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

**What can you tell me about Ameritas, the insurance company underwriting this plan?**
| Ameritas Life Insurance Corp. offers a wide range of insurance and financial products and services to individuals, families and businesses. Ameritas has been offering dental insurance since 1959 and vision insurance since 1984. Claims service associates have earned BenchmarkPortal's Center of Excellence award since 2006.

**NOTICE: Underwritten by Ameritas Life Insurance Corp. of New York | 445 Hamilton Ave Suite 403 A, White Plains, NY 10601 This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by Ameritas Life Insurance Corp. of New York (Ameritas of New York). Dental and vision products (9000 NY Rev. 08-23 for Group and 9000 NY Rev. 10-22 for Individual) are issued by Ameritas of New York. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2026 Ameritas Mutual Holding Company.**

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