

Claim Payment Example 1: In Network

New! View real-time claim history and claim/maximum deductible status. This Benefit Statement is required for access. Visit www.ameritasgroup.com, click on Plan Member.

AMERITAS LIFE INSURANCE CORP.
 GROUP CLAIM DEPARTMENT
 P.O. BOX 82520
 LINCOLN NE 68501-2520
 800-487-5553 (Toll-Free Number)
 800-487-5554

DATE: 02/12/2006
 PAGE: 1 OF 1

www.ameritasgroup.com

NO	Date of Service	Proc Code	Pay Code	Service Description	Benefit Type	Submitted Charges	Eligible Charges	Covered Amount	Remark Code				
28	01/25/06	D2750	D2752	CROWN	MAJOR	800.00	588.00	539.00	1B				
						Benefit Summary	Submitted Charges	Eligible Charges	Covered Amount	Minus Deduct	Remain Amount	Coin %	Benefit Amount
TOTAL MAJ						791.00	588.00	539.00			539.00	50%	269.50
						791.00	588.00	539.00	TOTAL PAYABLE				269.50
									PLAN PAYS				269.50
									PAYMENT WILL BE MADE TO YOUR DOCTOR				269.50
									BALANCE DUE TO YOUR DOCTOR UNLESS PREVIOUSLY PAID **THIS IS NOT A BILL**				269.50

REMARKS:

1B AN ALTERNATE ALLOWANCE OF NOBLE METAL HAS BEEN CONSIDERED IN ACCORDANCE WITH THE ALTERNATE PROCEDURE PROVISION OF THIS PLAN. REFER TO 'DENTAL EXPENSE BENEFITS'/DENTAL PROVISIONS' IN YOUR CERTIFICATE BOOKLET.

If benefit amounts released were reduced due to coinsurance percentages or deductibles, you may refer to the Schedule of Benefits in your certificate booklet for additional information.

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THANK-YOU FOR VISITING A PARTICIPATING PROVIDER. BENEFITS FOR THIS CLAIM HAVE BEEN PAID TO THE DENTIST IN ACCORDANCE WITH THE PARTICIPATING PROVIDER CONTRACT. PAYMENT IS BASED ON A DISCOUNTED FEE ARRANGEMENT. YOU ARE RESPONSIBLE FOR ANY DEDUCTIBLE, COINSURANCE, OR CHARGES FOR PROCEDURES NOT COVERED UNDER YOUR PLAN. PLEASE CONTACT THE DENTIST'S OFFICE IF YOU HAVE ANY QUESTIONS ABOUT YOUR BILL.

NOTICE OF PROTECTED HEALTH INFORMATION PRIVACY PRACTICES

Additional copies of our Notice of Protected Health Information Privacy Practices are available on our website at www.ameritasgroup.com or by contacting us at the address or telephone number listed above.

PATIENT DEDUCTIBLE AND MAXIMUM INFORMATION

YOUR REMAINING MAXIMUM FOR THE YEAR IS 2006 IS \$730.50
 YOUR REMAINING CARRY-OVER MAXIMUM ACCUMULATION IS \$250.00
 YOUR REMAINING MAXIMUM INCLUDING CARRY-OVER IS \$980.50

Claim Payment Example 2: Out of Network

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AMERITAS LIFE INSURANCE CORP.
 GROUP CLAIM DEPARTMENT
 P.O. BOX 82520
 LINCOLN NE 68501-2520
 800-487-5555 (Toll-Free Number)
 800-487-5556
 7 am-Midnight M-Th, 7am-6:30 (CT) Fri.

DATE: 02/12/2006
 RATE: 1 OF 1

www.ameritasgroup.com

NO	Date of Service	Proc Code	Pay Code	Service Description	Benefit Type	Submitted Charges	Covered Amount	Remark Code						
28	01/25/06	D2750	D2752	CROWN	MAJOR	800.00	790.00	1B						
						Benefit Summary	Submitted Charges	Eligible Charges	Covered Amount	Minus Deduct	Remain Amount	Coin %	Benefit Amount	
						TOTAL MAJ	1000.00	800.00	790.00		790.00	50%	395.00	
							1000.00	800.00	790.00	TOTAL PAYABLE			395.00	
												PLAN PAYS	395.00	
												PAYMENT WILL BE MADE TO YOUR DOCTOR	395.50	
												BALANCE DUE TO YOUR DOCTOR UNLESS PREVIOUSLY PAID	**THIS IS NOT A BILL**	395.50

REMARKS:

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If benefit amounts released were reduced due to coinsurance percentages or deductibles, you may refer to the Schedule of Benefits in your certificate booklet for additional information.

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PATIENT DEDUCTIBLE AND MAXIMUM INFORMATION

YOUR REMAINING MAXIMUM FOR THE YEAR IS 2006 IS \$604.50
 YOUR REMAINING CARRY-OVER MAXIMUM ACCUMULATION IS \$250.00
 YOUR REMAINING MAXIMUM INCLUDING CARRY-OVER IS \$854.50