Ameritas Dental ID Card

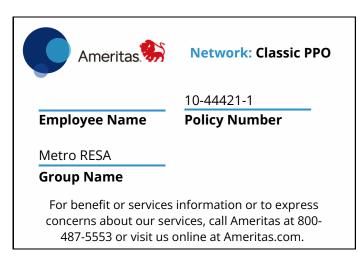
Metro RESA

Welcome

- In your secure member account, you can access:
 - Your Explanation of Benefits (Go Paperless! Sign-up online to receive your EOBs electronically.)
 - Your vision Benefit Summary
 - Pending and paid claims, status of plan maximums, and deductibles
 - Your ID card
 - Your Certificate of Coverage
- For answers to your dental benefit coverage questions, check out our Frequently Asked Questions online under the Resource Center first! Or call our customer relations team at 800-487-5553 Monday through Thursday from 7 a.m. to midnight and Friday from 7 a.m. to 6:30 p.m. Central Time
- To get the most current and complete Dental Network directory, visit Ameritas.com, select Find a
 Health Provider at the top of the page, then select Find a Network Dental Provider Online, in your
 search choose your network, visible on your card below, or call 800-487-5553
- You have freedom to select the provider of your choice; If you visit one of our network providers, you may reduce your out-of-pocket expenses, because our providers agree to discounted fees

Thank you

We are committed to providing you with high-quality, cost-effective dental benefits and we truly value your participation. We continually monitor member satisfaction through an internal quality improvement program. Member satisfaction is our number one priority, so if for any reason you have a concern about your current dental benefits, please contact us. There's a formal grievance and appeal process in place for your protection should you choose to use it.



You can select the dentist provider of your choice but to help reduce out of pocket cost, visit an innetwork provider.

- Present this card at your appointment.
- Visit us online at Ameritas.com for a current list of network providers and claim forms. Visit your secure member account to see your benefit and claim status information, and you can go paperless for your EOBs.
- Claim forms may also be obtained from your plan administrator, and we will also accept your provider's claim form or super bill.
- For coinsurance and deductibles see your Certificate

You or your provider may mail the completed claim form to Group Claims:

- P.O. Box 82520, Lincoln, NE 68501-2520.
- Fax it to 402-467-7336.
- For electronic submittal, please use Payer #47009.
- If visiting a network provider, your benefits will be paid directly to that provider