Employee Dental Benefits

Auburn University

Make the most of your benefits and receive quality care when you visit an Ameritas Dental Network provider. Here's what you can expect.

Save more with the Ameritas Dental Network. Network dentists charge 25–50% less than their regular rates.

Find a provider. Use the QR code or visit ameritas.com – Find a Health Provider to find a dentist in the U.S. or Mexico, or see if your current dentist is in the Ameritas Classic & Plus Network.

No paperwork or upfront payment. Network providers submit claims for you. Ameritas can send claim payments directly to any provider, so you don't have to pay upfront.

Save more with Ameritas. Ameritas offers savings programs to help members with hearing, prescription and eyewear expenses. These non-insurance programs are available at no additional cost to the plan premium.

After coverage begins

Create your member account at ameritas.com and:

- Save or download ID cards to your digital wallet
- View plan details
- Find average regional procedure costs
- Track claims
- Find helpful resources
- Access prescription, hearing and eyewear savings

Go to Sign In and select Member Sign In under Dental, Vision & Hearing. Click Register, choose your account type, validate your identity, and follow the prompt to create your account.

Download the Ameritas Benefits App for quick access to many of the same features. Log in with the same email and password you use for your member account.

Before you visit the dentist

For more costly procedures, ask your dentist's office to request a pretreatment estimate from Ameritas. Watch for an email from Ameritas showing how your plan will cover a proposed service and your estimated out-of-pocket cost.

Here to help

Claims, benefits and provider network questions:
group@ameritas.com | 800-487-5553 | NY: 800-659-5556

Member account: **888-808-5080**

Scan the QR code to watch a benefits overview video.

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Dental plan benefits	Basic Plan	Enhanced Plan
Maximum benefit The total amount the plan will pay per person per calendar year	No maximum	$1,500
Deductible The amount you pay before benefits apply per person per calendar year	$0 Type 1 No Type 2 & 3 No family maximum	$0 Type 1 $25 Type 2 & 3 $75 family maximum
You pay the deductible and any amount not covered by the plan.		
Allowed amount The maximum dollar amount the plan will pay for a specific covered procedure is determined by:	Discounted network fees	Discounted network fees
	Percentage of allowed amount plan pays after deductible:	
Preventive (Type 1) Exams, cleanings, X-rays, fluoride and sealants for children, space maintainers	100%	100%
Basic (Type 2) Fillings, extractions, root canals, denture repair, anesthesia	No coverage	80%
Major (Type 3) Onlays, crowns, crown repair, dentures, bridges	No coverage	80%
Waiting period	None	None

Plan features

Preventive Plus (Enhanced Plan) Plan payments for covered Preventive (Type 1) dental procedures are not applied to your annual maximum benefit.