



Ameritas

Passive PPO 100%/80%/0%-\$750

Voluntary
Dental

Coinsurance

Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	0%
Annual Deductible (calendar year)	\$50 Type 2, Waived Type 1, Family max. \$150
Calendar Year Maximum (per person)	\$750
Out-of-Network Allowance U&C = Usual & Customary	90th U&C
Routine Exam and Cleaning (1 in 6 mos.)	100%
X-rays (according to schedule)	100%
Endodontics	Not covered
Periodontics	Not covered
Anesthesia	Not covered
Orthodontia	Not covered

Sample Procedure Listing

Type 1

- Routine Exam (1 in 6 months)
- Bitewing X-rays (1 in 12 months)
- Full Mouth/Panoramic X-rays (1 in 5 years)
- Periapical X-rays
- Cleaning (1 in 6 months)
- Fluoride for Children 13 and under (1 in 12 months)

Type 2

- Sealants (age 13 and under)
- Space Maintainers
- Restorative Amalgams
- Restorative Composites
- Periodontics (nonsurgical)
- Denture Repair
- Simple Extractions

Dental Network Information

To find a provider, visit ameritas.com and select the Providers tab, then Find a Provider, Dental. Enter your criteria to search by location or for a specific dentist or practice. Note: You may receive care from any provider; however, your out-of-pocket costs may be lower if you choose a provider from the Ameritas dental network.

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