



Ameritas

Active PPO 100%/80%/50%-\$1,000

**Voluntary
Dental**

Rates valid January through April 2024

	In-Network	Out-of-Network
Coinsurance		
Type 1—Preventive Services	100%	80%
Type 2—Basic Services	80%	60%
Type 3—Major Services	50%	50%
Annual Deductible (calendar year)	\$50 Type 2 & 3, Waived Type 1, Family max. \$150	\$50 Type 2 & 3, Waived Type 1, Family max. \$150
Calendar Year Maximum (per person)	\$1,000	\$1,000
Out-of-Network Allowance U&C = Usual & Customary	Contracted Fee	90th U&C
Routine Exam and Cleaning (1 in 6 mos.)	100%	80%
X-rays (according to schedule)	100%	80%
Endodontics	50%	50%
Periodontics	50%	50%
Anesthesia	50%	50%
Orthodontia	Not covered	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)
- Restorative Amalgams
- Restorative Composites
- Denture Repair
- Simple Extractions

Type 3

- Space Maintainers
- Onlays
- Crowns (1 in 10 years per tooth)
- Crown Repair
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Complex Extractions
- Anesthesia

Monthly Rates	Employee: \$39.85	Employee & Spouse: \$75.93	Employee & Children: \$91.14	Family: \$127.26
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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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