



## Voluntary Dental Plans



	PASSIVE PPO 100%/80%/0%-\$750	PASSIVE PPO 100%/50%/50%-\$750	ACTIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,500 with Ortho
<b>Coinsurance</b>					
<b>Type 1—Preventive Services</b>	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Type 2—Basic Services</b>	80%	50%	In-network: 80% Out-of-network: 60%	80%	80%
<b>Type 3—Major Services</b>	0%	50%	In-network: 50% Out-of-network: 50%	50%	50%
<b>Annual Deductible</b> (calendar year)	\$50 Type 2 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150	\$50 Type 2 & 3 Waived Type 1 Family max \$150
<b>Calendar Year Maximum</b> (per person)	\$750	\$750	\$1,000	\$1,000	\$1,500
<b>Out-of-Network Allowance</b> U&C = Usual & Customary	90th U&C	90th U&C	In-network: Contracted fee Out-of-network: 90th U&C	90th U&C	90th U&C
<b>Routine Exam</b> (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Cleaning</b> (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>X-rays</b> (according to schedule)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
<b>Endodontics</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
<b>Periodontics</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
<b>Anesthesia</b>	Not covered	50%	In-network: 50% Out-of-network: 50%	50%	80%
<b>Orthodontia</b>	Not covered	Not covered	Not covered	Not covered	Covered 50% to \$1,000 lifetime max., subject to U&C. No waiting period.
<b>Ameritas Dental Rewards®</b>	Not included	Not included	Not included	Included. See description on CBIA's website (cbia.com)	Included. See description on CBIA's website (cbia.com)



# DENTAL INSURANCE

## GROUP DENTAL PLANS

CBIA Health Connections offers a variety of affordable group dental insurance plans through Ameritas. We offer a choice of plans with or without orthodontic coverage.

## VOLUNTARY DENTAL PLANS

Our Ameritas voluntary dental plans offer cost-effective benefits that allow employees to choose whether to participate and cover the costs through payroll deductions.

This document is a benefit highlight. It is not a certificate of insurance. See the carrier policy/certificate for a detailed description of benefits and terms, including a complete list of covered procedures and exclusions and limitations. Underwritten by Ameritas Life Insurance Corp. Ameritas, the bison symbol and "fulfilling life" are service marks or registered service marks of Ameritas Mutual Holding Company and are used with permission. Call the number on your ID card if you have questions about your benefits.

# Group Dental Plans

51+ Employees  
Rates valid April through December 2021

	ACTIVE PPO 100%/100%/60%-\$700	PASSIVE PPO 100%/80%/50%-\$1,250	PASSIVE PPO 100%/80%/50%-\$1,250 with Ortho	PASSIVE PPO 100%/80%/0%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,000 with Ortho	PASSIVE PPO 100%/80%/50%-\$1,500	PASSIVE PPO 100%/80%/50%-\$1,500 with Ortho	PASSIVE PPO 100%/80%/50%-\$2,000	PASSIVE PPO 100%/80%/50%-\$2,000 with Ortho
<b>Coinsurance</b>										
<b>Type 1—Preventive Services</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Type 2—Basic Services</b>	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Type 3—Major Services</b>	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
<b>Annual Deductible</b> (calendar year)	\$5 copay	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150
<b>Calendar Year Maximum</b> (per person)	\$700	\$1,250	\$1,250	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
<b>Out-of-Network Allowance</b> U&C = Usual & Customary	50/50/50	U&C does not apply; claims are paid at the network fee level	U&C does not apply; claims are paid at the network fee level	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C
<b>Diagnostic Services</b>										
<b>Routine Exam</b> (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>X-rays</b> (according to schedule)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Preventive Services</b>										
<b>Cleaning</b> (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Sealants</b> (per tooth)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Flouride Application</b> (with cleaning)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Space Maintainers</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic Services</b>										
<b>Amalgam filling</b> (2 surfaces)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Resin filling</b> (2 surfaces, anterior)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Oral Surgery</b> (extraction of exposed root or erupted tooth)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Oral Surgery</b> (removal of impacted tooth; partially bony)		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Endodontics</b> (bicuspid root canal therapy)		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Endodontics</b> (molar root canal therapy)		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Periodontics</b> (scaling and root planing; per quadrant)		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Periodontics</b> (osseous surgery; per quadrant)		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Anesthesia</b>		80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Major Services</b>										
<b>Complete Upper Denture</b>	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
<b>Partial Upper Denture</b>	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
<b>Crown</b> (porcelain with noble metal)	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
<b>Anesthesia</b>	60%									
<b>Oral Surgery</b> (removal of impacted tooth; partially bony)	60%									
<b>Endodontics</b> (root canal therapy)	60%									
<b>Periodontics</b> (osseous surgery; per quadrant)	60%									
<b>Orthodontia</b>	None	None	50% to \$1,000 lifetime max	none	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max