



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
Coinsurance					
Type 1—Preventive Services	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
Type 2—Basic Services	80%	50%	In-network: 80% Out-of-network: 60%	80%	80%
Type 3—Major Services	0%	50%	In-network: 50% Out-of-network: 50%	50%	50%
Annual Deductible (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
Calendar Year Maximum (per person)	\$750	\$750	\$1,000	\$1,000	\$1,500
Out-of-Network Allowance 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
Routine Exam (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
Cleaning (1 in 6 mos.)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
X-rays (according to schedule)	100%	100%	In-network: 100% Out-of-network: 80%	100%	100%
Endodontics	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
Periodontics	Not covered	50%	In-network: 50% Out-of-network: 50%	80%	80%
Anesthesia	Not covered	50%	In-network: 50% Out-of-network: 50%	50%	80%
Orthodontia	Not covered	Not covered	Not covered	Not covered	Covered 50% to \$1,000 lifetime max., subject to U&C. No waiting period.
Ameritas Dental Rewards®	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.

	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
Coinsurance		Coinsurance			Coinsurance							
Type 1—Preventive Services	100%	Type 1—Preventive Services	100%	100%	Type 1—Preventive Services	100%	100%	100%	100%	100%	100%	100%
Type 2—Basic Services	100%	Type 2—Basic Services	80%	80%	Type 2—Basic Services	80%	80%	80%	80%	80%	80%	80%
Type 3—Major Services	60%	Type 3—Major Services	50%	50%	Type 3—Major Services	0%	50%	50%	50%	50%	50%	50%
Annual Deductible (calendar year)	\$5 copay	Annual Deductible (calendar year)	\$50 Type 2 & 3, Waived Type 1, Family max \$150	\$50 Type 2 & 3, Waived Type 1, Family max \$150	Annual Deductible (calendar year)	\$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
Calendar Year Maximum (per person)	\$700	Calendar Year Maximum (per person)	\$1,250	\$1,250	Calendar Year Maximum (per person)	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Out-of-Network Allowance U&C = Usual & Customary	50/50/50	Out-of-Network Allowance U&C = Usual & Customary	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	Out-of-Network Allowance U&C = Usual & Customary	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
Diagnostic Services		Diagnostic Services			Diagnostic Services							
Routine Exam (1 in 6 mos.)	100%	Routine Exam (1 in 6 mos.)	100%	100%	Routine Exam (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%
X-rays (according to schedule)	100%	X-rays (according to schedule)	100%	100%	X-rays (according to schedule)	100%	100%	100%	100%	100%	100%	100%
Preventive Services		Preventive Services			Preventive Services							
Cleaning (1 in 6 mos.)	100%	Cleaning (1 in 6 mos.)	100%	100%	Cleaning (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%
Sealants (per tooth)	100%	Sealants (per tooth)	100%	100%	Sealants (per tooth)	100%	100%	100%	100%	100%	100%	100%
Flouride Application (with cleaning)	100%	Flouride Application (with cleaning)	100%	100%	Flouride Application (with cleaning)	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	Space Maintainers	100%	100%	Space Maintainers	100%	100%	100%	100%	100%	100%	100%
Basic Services		Basic Services			Basic Services							
Amalgam filling (2 surfaces)	100%	Amalgam filling (2 surfaces)	80%	80%	Amalgam filling (2 surfaces)	80%	80%	80%	80%	80%	80%	80%
Resin filling (2 surfaces, anterior)	100%	Resin filling (2 surfaces, anterior)	80%	80%	Resin filling (2 surfaces, anterior)	80%	80%	80%	80%	80%	80%	80%
Oral Surgery (extraction of exposed root or erupted tooth)	100%	Endodontics (root canal therapy)	80%	80%	Oral Surgery (extraction of exposed root or erupted tooth)	80%	80%	80%	80%	80%	80%	80%
		Periodontics (scaling and root planing)	80%	80%	Oral Surgery (removal of impacted tooth; partially bony)	80%	80%	80%	80%	80%	80%	80%
		Anesthesia	80%	80%	Endodontics (bicuspid root canal therapy)	80%	80%	80%	80%	80%	80%	80%
					Endodontics (molar root canal therapy)	80%	80%	80%	80%	80%	80%	80%
					Periodontics (scaling and root planing; per quadrant)	80%	80%	80%	80%	80%	80%	80%
					Periodontics (osseous surgery; per quadrant)	80%	80%	80%	80%	80%	80%	80%
					Anesthesia	80%	80%	80%	80%	80%	80%	80%
					Major Services							
					Complete Upper Denture	0%	50%	50%	50%	50%	50%	50%
					Partial Upper Denture	0%	50%	50%	50%	50%	50%	50%
					Crown (porcelain with noble metal)	0%	50%	50%	50%	50%	50%	50%
					Orthodontia	none	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max