

Ameritas

Passive PPO 100%/80%/50%-\$1,500 with Ortho

Group Dental
51+ Employees
Rates Valid April 2021
through December 2022

Coinsurance	
Type 1—Preventive Services	100%
Type 2—Basic Services	80%
Type 3—Major Services	50%
Annual Deductible (calendar year)	\$50 Type 2 & 3, Waived Type 1, Family max \$150
Calendar Year Maximum (per person)	\$1,500
Out-of-Network Allowance U&C = Usual & Customary	80 th percentile of U&C
Diagnostic Services	
Routine Exam (1 in 6 mos.)	100%
X-rays (according to schedule)	100%
Preventive Services	
Cleaning (1 in 6 mos.)	100%
Sealants (per tooth)	100%
Flouride Application (with cleaning)	100%
Space Maintainers	100%
Basic Services	
Amalgam filling (2 surfaces)	80%
Resin filling (2 surfaces, anterior)	80%
Oral Surgery (extraction of exposed root or erupted tooth)	80%
Oral Surgery (removal of impacted tooth; partially bony)	80%
Endodontics (bicuspid root canal therapy)	80%
Endodontics (molar root canal therapy)	80%
Periodontics (scaling and root planing; per quadrant)	80%
Periodontics (osseous surgery; per quadrant)	80%
Anesthesia	80%
Major Services	
Complete Upper Denture	50%
Partial Upper Denture	50%
Crown (porcelain with noble metal)	50%
Orthodontia	50% to \$1,000 lifetime max

This document is intended only to highlight the benefits offered. It is not a certificate of insurance and does not include exclusions and limitations. For a detailed description of benefits and terms, including a complete list of covered procedures and exclusions and limitations, refer to the carrier documents that will be provided to the member upon enrollment. Underwritten by Ameritas Life Insurance Corp. Call the number on your ID card if you have questions about your benefits.

Employee & Children: \$97.03

Employee & Spouse: \$82.03

CBIA Service Corp.

Monthly Rates

Employee: \$40.67

Family: \$138.39