



## Voluntary Dental Plans

Rates valid January through April 2024



	<b>PASSIVE PPO</b> 100%/80%/0%-\$750	<b>PASSIVE PPO</b> 100%/50%/50%-\$750	<b>ACTIVE PPO</b> 100%/80%/50%-\$1,000	<b>PASSIVE PPO</b> 100%/80%/50%-\$1,000	<b>PASSIVE PPO</b> 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)
<b>Monthly Rates</b>					
<b>Employee</b>	\$33.33	\$36.16	\$39.85	\$48.69	\$57.31
<b>Employee &amp; Spouse</b>	\$62.86	\$68.79	\$75.93	\$92.85	\$109.03
<b>Employee &amp; Children</b>	\$86.29	\$84.47	\$91.14	\$113.76	\$138.48
<b>Family</b>	\$115.82	\$117.14	\$127.26	\$157.92	\$190.20



## DENTAL INSURANCE

An important part of every employee benefits program is dental insurance that fits your budget and your employees' needs. That's why CBIA Health Connections offers employers both group and voluntary dental insurance through Ameritas. Either way, you're getting a great program with valuable plans that give employees access to the dental care they need.

### GROUP DENTAL PLANS

CBIA Health Connections offers a variety of affordable group dental insurance plans through Ameritas. These plans are exclusive to CBIA and offer a choice of plans with or without orthodontic coverage. CBIA's group dental plans only require 40% participation to take advantage of these affordable benefits.

### VOLUNTARY DENTAL PLANS

Our Ameritas voluntary dental plans offer cost-effective benefits that allow employees to choose whether to participate and cover the costs. CBIA's voluntary plans help employers keep benefit costs down while allowing employees to buy benefits at group rates with the convenience of payroll deductions. CBIA Health Connections offers plans with and without orthodontic coverage. Our voluntary dental plans have no participation requirements.

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 2021 through April 2024

	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>Coinsurance</b>		<b>Coinsurance</b>						
<b>Type 1—Preventive Services</b>	100%	<b>Type 1—Preventive Services</b>	100%	<b>Type 1—Preventive Services</b>	100%	100%	100%	100%	100%	100%
<b>Type 2—Basic Services</b>	100%	<b>Type 2—Basic Services</b>	80%	<b>Type 2—Basic Services</b>	80%	80%	80%	80%	80%	80%
<b>Type 3—Major Services</b>	60%	<b>Type 3—Major Services</b>	50%	<b>Type 3—Major Services</b>	50%	0%	50%	50%	50%	50%
<b>Annual Deductible</b> (calendar year)	\$5 copay	<b>Annual Deductible</b> (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	\$50 Type 2 & 3, Waived Type 1, Family max \$150
<b>Calendar Year Maximum</b> (per person)	\$700	<b>Calendar Year Maximum</b> (per person)	\$1,250	\$1,250	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000
<b>Out-of-Network Allowance</b> U&C = Usual & Customary	50/50/50	<b>Out-of-Network Allowance</b> 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	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>Diagnostic Services</b>								
<b>Routine Exam</b> (1 in 6 mos.)	100%	<b>Routine Exam</b> (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%
<b>X-rays</b> (according to schedule)	100%	<b>X-rays</b> (according to schedule)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Preventive Services</b>		<b>Preventive Services</b>								
<b>Cleaning</b> (1 in 6 mos.)	100%	<b>Cleaning</b> (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Sealants</b> (per tooth)	100%	<b>Sealants</b> (per tooth)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Flouride Application</b> (with cleaning)	100%	<b>Flouride Application</b> (with cleaning)	100%	100%	100%	100%	100%	100%	100%	100%
<b>Space Maintainers</b>	100%	<b>Space Maintainers</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic Services</b>		<b>Basic Services</b>								
<b>Amalgam filling</b> (2 surfaces)	100%	<b>Amalgam filling</b> (2 surfaces)	80%	80%	80%	80%	80%	80%	80%	80%
<b>Resin filling</b> (2 surfaces, anterior)	100%	<b>Resin filling</b> (2 surfaces, anterior)	80%	80%	80%	80%	80%	80%	80%	80%
<b>Oral Surgery</b> (extraction of exposed root or erupted tooth)	100%	<b>Endodontics</b> (root canal therapy)	80%	80%	80%	80%	80%	80%	80%	80%
		<b>Periodontics</b> (scaling and root planing)	80%	80%	80%	80%	80%	80%	80%	80%
		<b>Anesthesia</b>	80%	80%	80%	80%	80%	80%	80%	80%
<b>Major Services</b>		<b>Major Services</b>								
<b>Complete Upper Denture</b>	60%	<b>Complete Upper Denture</b>	50%	50%	50%	50%	50%	50%	50%	50%
<b>Partial Upper Denture</b>	60%	<b>Partial Upper Denture</b>	50%	50%	50%	50%	50%	50%	50%	50%
<b>Crown</b> (porcelain with noble metal)	60%	<b>Crown</b> (porcelain with noble metal)	50%	50%	50%	50%	50%	50%	50%	50%
<b>Anesthesia</b>	60%	<b>Oral Surgery</b>	50%	50%	50%	50%	50%	50%	50%	50%
<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	<b>Orthodontia</b>	None	50% to \$1,000 lifetime max	none	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max	50% to \$1,000 lifetime max
<b>Monthly Rates</b>		<b>Monthly Rates</b>								
<b>Employee</b>	\$18.41	<b>Employee</b>	\$27.52	\$27.52	\$31.68	\$34.62	\$34.62	\$40.67	\$40.67	\$46.38
<b>Employee &amp; Spouse</b>	\$37.16	<b>Employee &amp; Spouse</b>	\$55.64	\$55.64	\$63.35	\$69.93	\$69.93	\$82.03	\$82.03	\$93.37
<b>Employee &amp; Children</b>	\$40.60	<b>Employee &amp; Children</b>	\$59.99	\$65.66	\$77.64	\$80.74	\$86.30	\$91.51	\$97.03	\$108.94
<b>Family</b>	\$59.35	<b>Family</b>	\$88.11	\$93.74	\$109.36	\$116.05	\$121.60	\$132.87	\$138.39	\$155.96