



Ameritas

Active PPO 100%/100%/60%-\$700

Group Dental

2-50 Employees

Rates Valid May 2024
through December 2024

	in-network	out-of-network
Coinsurance		
Type 1—Preventive Services	100%	50%
Type 2—Basic Services	100%	50%
Type 3—Major Services	60%	50%
Annual Deductible (calendar year)		
	\$5 copay	\$25 copay
Calendar Year Maximum (per person)		
	\$700	\$500
Diagnostic Services		
Routine Exam (1 in 6 mos.)	100%	50%
X-rays (according to schedule)	100%	50%
Preventive Services		
Cleaning (1 in 6 mos.)	100%	50%
Sealants (per tooth)	100%	50%
Flouride Application (with cleaning)	100%	50%
Space Maintainers	100%	50%
Basic Services		
Amalgam filling (2 surfaces)	100%	50%
Resin filling (2 surfaces, anterior)	100%	50%
Oral Surgery (extraction of exposed root or erupted tooth)	100%	50%
Major Services		
Complete Upper Denture	60%	50%
Partial Upper Denture	60%	50%
Crown (porcelain with noble metal)	60%	50%
Anesthesia	60%	50%
Oral Surgery (removal of impacted tooth; partially bony)	60%	50%
Endodontics (root canal therapy)	60%	50%
Periodontics (osseous surgery; per quadrant)	60%	50%
Orthodontia		
	None	None

Monthly Rates Employee: \$19.84 Employee & Spouse: \$40.08 Employee & Children: \$43.80 Family: \$64.04

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.

CBIA Service Corp.

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