



Voluntary Dental Plans

Rates valid January through December 2024



	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)
Monthly Rates					
Employee	\$33.33	\$36.16	\$39.85	\$48.69	\$57.31
Employee & Spouse	\$62.86	\$68.79	\$75.93	\$92.85	\$109.03
Employee & Children	\$86.29	\$84.47	\$91.14	\$113.76	\$138.48
Family	\$115.82	\$117.14	\$127.26	\$157.92	\$190.20

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CBIA Service Corp.

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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.

	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
Coinurance		Coinurance			Coinurance							
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%
		Complete Upper Denture	50%	50%	Periodontics (scaling and root planing; per quadrant)	80%	80%	80%	80%	80%	80%	80%
		Partial Upper Denture	50%	50%	Periodontics (osseous surgery; per quadrant)	80%	80%	80%	80%	80%	80%	80%
		Crown (porcelain with noble metal)	50%	50%	Anesthesia	80%	80%	80%	80%	80%	80%	80%
		Oral Surgery	50%	50%								
					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	Orthodontia	None	50% to \$1,000 lifetime max	Orthodontia	none	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max
Monthly Rates		Monthly Rates			Monthly Rates							
Employee	\$19.48	Employee	\$29.12	\$29.12	Employee	\$33.52	\$36.64	\$36.64	\$43.04	\$43.04	\$49.08	\$49.08
Employee & Spouse	\$39.32	Employee & Spouse	\$58.88	\$58.88	Employee & Spouse	\$67.04	\$74.00	\$74.00	\$86.80	\$86.80	\$98.80	\$98.80
Employee & Children	\$42.96	Employee & Children	\$63.48	\$69.48	Employee & Children	\$82.16	\$85.44	\$91.32	\$96.84	\$102.68	\$109.24	\$115.28
Family	\$62.80	Family	\$93.24	\$99.20	Family	\$115.72	\$122.80	\$128.68	\$140.60	\$146.44	\$158.92	\$165.04