



Ameritas

# Passive PPO 100%/80%/50%-\$1,000

**Group Dental**

2-50 Employees

Rates Valid May 2024  
through December 2024

## Coinsurance

|                            |      |
|----------------------------|------|
| Type 1—Preventive Services | 100% |
| Type 2—Basic Services      | 80%  |
| Type 3—Major Services      | 50%  |

|  |  |
|--|--|
| <b>Annual Deductible</b> (calendar year) | \$50 Type 2 & 3, Waived Type 1, Family max \$150 |
|--|--|

|   |         |
|---|---------|
| <b>Calendar Year Maximum</b> (per person) | \$1,000 |
|---|---------|

|   |                                    |
|---|------------------------------------|
| <b>Out-of-Network Allowance</b> U&C = Usual & Customary | 80 <sup>th</sup> percentile of U&C |
|---|------------------------------------|

## Diagnostic Services

|                                       |      |
|---------------------------------------|------|
| <b>Routine Exam</b> (1 in 6 mos.)     | 100% |
| <b>X-rays</b> (according to schedule) | 100% |

## Preventive Services

|   |      |
|---|------|
| <b>Cleaning</b> (1 in 6 mos.)               | 100% |
| <b>Sealants</b> (per tooth)                 | 100% |
| <b>Flouride Application</b> (with cleaning) | 100% |
| <b>Space Maintainers</b>                    | 100% |

## Basic Services

|   |     |
|---|-----|
| <b>Amalgam filling</b> (2 surfaces)                               | 80% |
| <b>Resin filling</b> (2 surfaces, anterior)                       | 80% |
| <b>Oral Surgery</b> (extraction of exposed root or erupted tooth) | 80% |
| <b>Oral Surgery</b> (removal of impacted tooth; partially bony)   | 80% |
| <b>Endodontics</b> (bicuspid root canal therapy)                  | 80% |
| <b>Endodontics</b> (molar root canal therapy)                     | 80% |
| <b>Periodontics</b> (scaling and root planing; per quadrant)      | 80% |
| <b>Periodontics</b> (osseous surgery; per quadrant)               | 80% |
| <b>Anesthesia</b>   | 80% |

## Major Services

|   |     |
|---|-----|
| <b>Complete Upper Denture</b>             | 50% |
| <b>Partial Upper Denture</b>              | 50% |
| <b>Crown</b> (porcelain with noble metal) | 50% |

|                    |      |
|--------------------|------|
| <b>Orthodontia</b> | None |
|--------------------|------|

|                      |                   |                            |                              |                  |
|----------------------|-------------------|----------------------------|------------------------------|------------------|
| <b>Monthly Rates</b> | Employee: \$37.36 | Employee & Spouse: \$75.48 | Employee & Children: \$87.12 | Family: \$125.24 |
|----------------------|-------------------|----------------------------|------------------------------|------------------|

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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