



Ameritas

Passive PPO 100%/80%/50%-\$1,250

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%

Annual Deductible (calendar year) \$50 Type 2 & 3, Waived Type 1, Family max \$150

Calendar Year Maximum \$1,250
(per person; excludes payments for Preventive Services)

Out-of-Network Allowance U&C = Usual & Customary U&C does not apply; claims are paid at the network fee level

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%
Fluoride Application (with cleaning)	100%
Space Maintainers	100%

Basic Services

Amalgam filling (2 surfaces)	80%
Resin filling (2 surfaces, anterior)	80%
Endodontics (root canal therapy)	80%
Periodontics (scaling and root planing)	80%
Anesthesia	80%

Major Services

Complete Upper Denture	50%
Partial Upper Denture	50%
Crown (porcelain with noble metal)	50%
Oral Surgery	50%

Orthodontia None

Monthly Rates Employee: \$29.68 Employee & Spouse: \$60.04 Employee & Children: \$64.72 Family: \$95.08

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.

Connecticut Business & Industry Association | 350 Church Street, Hartford, CT 06103-1126 | 860.244.1900 | cbia.com/insurance

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