



Ameritas

# Passive PPO 100%/80%/50%—\$2,000 with Ortho

**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** (per person) \$2,000

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

## 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%
Flouride Application (with cleaning)	100%
Space Maintainers	100%

## Basic Services

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

## Major Services

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

**Orthodontia** 50% to \$1,000 lifetime max

**Monthly Rates** Employee: \$50.04 Employee & Spouse: \$100.76 Employee & Children: \$117.56 Family: \$168.32

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.

