



Ameritas

Passive PPO 100%/80%/0%— \$750

**Voluntary
Dental**

Rates valid January through April 2024

Coinsurance

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|--|---|
| Type 1—Preventive Services | 100% |
| Type 2—Basic Services | 80% |
| Type 3—Major Services | 0% |
| Annual Deductible (calendar year) | \$50 Type 2, Waived Type 1, Family max. \$150 |
| Calendar Year Maximum (per person) | \$750 |
| Out-of-Network Allowance U&C = Usual & Customary | 90th U&C |
| Routine Exam and Cleaning (1 in 6 mos.) | 100% |
| X-rays (according to schedule) | 100% |
| Endodontics | Not covered |
| Periodontics | Not covered |
| Anesthesia | Not covered |
| Orthodontia | Not covered |

Sample Procedure Listing

Type 1

- Routine Exam (1 in 6 months)
- Bitewing X-rays (1 in 12 months)
- Full Mouth/Panoramic X-rays (1 in 5 years)
- Periapical X-rays
- Cleaning (1 in 6 months)
- Fluoride for Children 13 and under (1 in 12 months)

Type 2

- Sealants (age 13 and under)
- Space Maintainers
- Restorative Amalgams
- Restorative Composites
- Periodontics (nonsurgical)
- Denture Repair
- Simple Extractions

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|----------------------|-------------------|----------------------------|------------------------------|------------------|
| Monthly Rates | Employee: \$33.33 | Employee & Spouse: \$62.86 | Employee & Children: \$86.29 | Family: \$115.82 |
|----------------------|-------------------|----------------------------|------------------------------|------------------|

Dental Network Information

To find a provider, visit ameritas.com and select the Providers tab, then Find a Provider, Dental. Enter your criteria to search by location or for a specific dentist or practice. Note: You may receive care from any provider; however, your out-of-pocket costs may be lower if you choose a provider from the Ameritas dental network.

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