

Rates valid January through April 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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