



Voluntary Dental Plans

Rates valid as of May 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	\$33.96	\$36.88	\$40.64	\$49.64	\$58.44
Employee & Spouse	\$64.08	\$70.16	\$77.44	\$94.68	\$111.20
Employee & Children	\$88.00	\$86.12	\$92.96	\$116.00	\$141.24
Family	\$118.12	\$119.48	\$129.80	\$161.04	\$194.00



DENTAL INSURANCE

An important part of every employee benefits program is dental insurance that fits your budget and your employees' needs. That's why CBIA Health Connections offers employers both group and voluntary dental insurance through Ameritas. Either way, you're getting a great program with valuable plans that give employees access to the dental care they need.

GROUP DENTAL PLANS

CBIA Health Connections offers a variety of affordable group dental insurance plans through Ameritas. These plans are exclusive to CBIA and offer a choice of plans with or without orthodontic coverage. CBIA's group dental plans only require 40% participation to take advantage of these affordable benefits.

VOLUNTARY DENTAL PLANS

Our Ameritas voluntary dental plans offer cost-effective benefits that allow employees to choose whether to participate and cover the costs. CBIA's voluntary plans help employers keep benefit costs down while allowing employees to buy benefits at group rates with the convenience of payroll deductions. CBIA Health Connections offers plans with and without orthodontic coverage. Our voluntary dental plans have no participation requirements.

This document is a benefit highlight. It is not a certificate of insurance. See the carrier policy/certificate for a detailed description of benefits and terms, including a complete list of covered procedures and exclusions and limitations. Underwritten by Ameritas Life Insurance Corp. Ameritas, the bison symbol and "fulfilling life" are service marks or registered service marks of Ameritas Mutual Holding Company and are used with permission. Call the number on your ID card if you have questions about your benefits.

Group Dental Plans

2-50 Employees
Rates valid as of May 2024

	ACTIVE PPO 100%/100%/60%-\$700	PASSIVE PPO 100%/80%/50%-\$1,250	PASSIVE PPO 100%/80%/50%-\$1,250 with Ortho	PASSIVE PPO 100%/80%/0%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,000	PASSIVE PPO 100%/80%/50%-\$1,000 with Ortho	PASSIVE PPO 100%/80%/50%-\$1,500	PASSIVE PPO 100%/80%/50%-\$1,500 with Ortho	PASSIVE PPO 100%/80%/50%-\$1,500 with Ortho	PASSIVE PPO 100%/80%/50%-\$2,000	PASSIVE PPO 100%/80%/50%-\$2,000 with Ortho	
Coinsurance		Coinsurance		Coinsurance								
Type 1—Preventive Services	100%	Type 1—Preventive Services	100%	Type 1—Preventive Services	100%	100%	100%	100%	100%	100%	100%	
Type 2—Basic Services	100%	Type 2—Basic Services	80%	Type 2—Basic Services	80%	80%	80%	80%	80%	80%	80%	
Type 3—Major Services	60%	Type 3—Major Services	50%	Type 3—Major Services	50%	0%	50%	50%	50%	50%	50%	
Annual Deductible (calendar year)	\$5 copay	Annual Deductible (calendar year)	\$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	\$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	\$50 Type 2 & 3, Waived Type 1, Family max \$150	
Calendar Year Maximum (per person)	\$700	Calendar Year Maximum (per person)	\$1,250	\$1,250	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000	
Out-of-Network Allowance U&C = Usual & Customary	50/50/50	Out-of-Network Allowance U&C = Usual & Customary	U&C does not apply; claims are paid at the network fee level	U&C does not apply; claims are paid at the network fee level	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	80th percentile of U&C	
Diagnostic Services		Diagnostic Services										
Routine Exam (1 in 6 mos.)	100%	Routine Exam (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
X-rays (according to schedule)	100%	X-rays (according to schedule)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Preventive Services		Preventive Services										
Cleaning (1 in 6 mos.)	100%	Cleaning (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Sealants (per tooth)	100%	Sealants (per tooth)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Flouride Application (with cleaning)	100%	Flouride Application (with cleaning)	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Space Maintainers	100%	Space Maintainers	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Basic Services		Basic Services										
Amalgam filling (2 surfaces)	100%	Amalgam filling (2 surfaces)	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Resin filling (2 surfaces, anterior)	100%	Resin filling (2 surfaces, anterior)	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Oral Surgery (extraction of exposed root or erupted tooth)	100%	Endodontics (root canal therapy)	80%	80%	80%	80%	80%	80%	80%	80%	80%	
		Periodontics (scaling and root planing)	80%	80%	80%	80%	80%	80%	80%	80%	80%	
		Anesthesia	80%	80%	80%	80%	80%	80%	80%	80%	80%	
Major Services		Major Services										
Complete Upper Denture	60%	Complete Upper Denture	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Partial Upper Denture	60%	Partial Upper Denture	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Crown (porcelain with noble metal)	60%	Crown (porcelain with noble metal)	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Anesthesia	60%	Oral Surgery	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Oral Surgery (removal of impacted tooth; partially bony)	60%											
Endodontics (root canal therapy)	60%											
Periodontics (osseous surgery; per quadrant)	60%											
Orthodontia	None	Orthodontia	None	50% to \$1,000 lifetime max	50%	50%	50%	50%	50%	50%	50%	
Monthly Rates		Monthly Rates										
Employee	\$19.84	Employee	\$29.68	\$29.68	\$34.16	\$37.36	\$37.36	\$43.88	\$43.88	\$50.04	\$50.04	
Employee & Spouse	\$40.08	Employee & Spouse	\$60.04	\$60.04	\$68.36	\$75.48	\$75.48	\$88.52	\$88.52	\$100.76	\$100.76	
Employee & Children	\$43.80	Employee & Children	\$64.72	\$70.84	\$83.80	\$87.12	\$93.12	\$98.76	\$104.72	\$111.40	\$117.56	
Family	\$64.04	Family	\$95.08	\$101.16	\$118.00	\$125.24	\$131.24	\$143.40	\$149.36	\$162.08	\$168.32	
					Orthodontia	none	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max	none	50% to \$1,000 lifetime max
					Monthly Rates							
					Employee	\$34.16	\$37.36	\$37.36	\$43.88	\$43.88	\$50.04	\$50.04
					Employee & Spouse	\$68.36	\$75.48	\$75.48	\$88.52	\$88.52	\$100.76	\$100.76
					Employee & Children	\$83.80	\$87.12	\$93.12	\$98.76	\$104.72	\$111.40	\$117.56
					Family	\$118.00	\$125.24	\$131.24	\$143.40	\$149.36	\$162.08	\$168.32