



Voluntary Dental Plans

For effective dates May 2024 and beyond



	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* <small>*Dependent children only.</small>	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
For effective dates May 2024 and beyond

	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%-\$2,000	PASSIVE PPO 100%/80%/50%-\$2,000 with Ortho*
Coinsurance										
Type 1—Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Type 2—Basic Services	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Type 3—Major Services	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Annual Deductible (calendar year)	\$5 copay	\$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	\$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	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										
Routine Exam (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X-rays (according to schedule)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Preventive Services										
Cleaning (1 in 6 mos.)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants (per tooth)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Flouride Application (with cleaning)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services										
Amalgam filling (2 surfaces)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Resin filling (2 surfaces, anterior)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery (extraction of exposed root or erupted tooth)	100%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery (removal of impacted tooth; partially bony)		80%	80%	80%	80%	80%	80%	80%	80%	80%
Endodontics (bicuspid root canal therapy)		80%	80%	80%	80%	80%	80%	80%	80%	80%
Endodontics (molar root canal therapy)		80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics (scaling and root planing; per quadrant)		80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics (osseous surgery; per quadrant)		80%	80%	80%	80%	80%	80%	80%	80%	80%
Anesthesia		80%	80%	80%	80%	80%	80%	80%	80%	80%
Major Services										
Complete Upper Denture	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Partial Upper Denture	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Crown (porcelain with noble metal)	60%	50%	50%	0%	50%	50%	50%	50%	50%	50%
Anesthesia	60%									
Oral Surgery (removal of impacted tooth; partially bony)	60%									
Endodontics (root canal therapy)	60%									
Periodontics (osseous surgery; per quadrant)	60%									
Orthodontia*	None	None	50% to \$1,000 lifetime max	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	\$19.84	\$29.68	\$29.68	\$34.16	\$37.36	\$37.36	\$43.88	\$43.88	\$50.04	\$50.04
Employee & Spouse	\$40.08	\$60.04	\$60.04	\$68.36	\$75.48	\$75.48	\$88.52	\$88.52	\$100.76	\$100.76
Employee & Children	\$43.80	\$64.72	\$70.84	\$83.80	\$87.12	\$93.12	\$98.76	\$104.72	\$111.40	\$117.56
Family	\$64.04	\$95.08	\$101.16	\$118.00	\$125.24	\$131.24	\$143.40	\$149.36	\$162.08	\$168.32

*Orthodontic coverage is available for dependent children only. Covered Expenses will not include and benefits will not be payable for expenses incurred on or after the Insured's 19th birthday.