



Ameritas

Passive PPO 100%/80%/50%-\$1,250 with Ortho*

Group Dental

51+ Employees

Rates valid as of May 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
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Calendar Year Maximum (per person; excludes payments for Preventive Services)	\$1,250
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Out-of-Network Allowance U&C = Usual & Customary	U&C does not apply; claims are paid at the network fee level
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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%
Fluoride Application (with cleaning)	100%
Space Maintainers	100%

Basic Services

Amalgam filling (2 surfaces)	80%
Resin filling (2 surfaces, anterior)	80%
Endodontics (root canal therapy)	80%
Periodontics (scaling and root planing)	80%
Anesthesia	80%

Major Services

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

Orthodontia*	50% to \$1,000 lifetime max
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Monthly Rates	Employee: \$28.07	Employee & Spouse: \$56.75	Employee & Children: \$66.97	Family: \$95.61
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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.

*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.

CBIA Service Corp.

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