



Ameritas

Passive PPO 100%/80%/50%-\$2,000 with Ortho*

Group Dental

2-50 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

Calendar Year Maximum (per person) \$2,000

Out-of-Network Allowance U&C = Usual & Customary 80th percentile of U&C

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% |
| Flouride Application (with cleaning) | 100% |
| Space Maintainers | 100% |

Basic Services

| | |
|------------------------------------------------------------|-----|
| Amalgam filling (2 surfaces) | 80% |
| Resin filling (2 surfaces, anterior) | 80% |
| Oral Surgery (extraction of exposed root or erupted tooth) | 80% |
| Oral Surgery (removal of impacted tooth; partially bony) | 80% |
| Endodontics (bicuspid root canal therapy) | 80% |
| Endodontics (molar root canal therapy) | 80% |
| Periodontics (scaling and root planing; per quadrant) | 80% |
| Periodontics (osseous surgery; per quadrant) | 80% |
| Anesthesia | 80% |

Major Services

| | |
|------------------------------------|-----|
| Complete Upper Denture | 50% |
| Partial Upper Denture | 50% |
| Crown (porcelain with noble metal) | 50% |

Orthodontia* 50% to \$1,000 lifetime max

Monthly Rates Employee: \$50.04 Employee & Spouse: \$100.76 Employee & Children: \$117.56 Family: \$168.32

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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