

DENTAL – EMPLOYER SPONSORED OR VOLUNTARY

Carrier	Ameritas ⁴							
Plan Type	PPO							
Plan Name	Silver		Gold		Platinum		Platinum Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	\$1,100	\$1,100	\$1,600	\$1,600	\$2,100	\$2,100	\$3,000	\$2,100
Annual Deductible	\$50	\$50	\$50	\$50	\$50	\$100	\$25 (Lifetime)	\$25 (Lifetime)
Diagnostic & Preventive Care	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	80%	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%-90%-100% ¹	80%	75%	75%	80%-90%-100% ^{1,5}	80%
Major Services	50%	50%	50%	50%	75%	75%	80%	50%
Endodontics & Periodontics	50%	50%	80%-90%-100% ¹	80%	75%	75%	80% ⁵	50%
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
Orthodontic Care ³ (optional)								
Coinurance	50%	50%	50%	0%	50%	50%	50%	50%
Annual Maximum	None	None	None	None	None	None	None	None
Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000
Waiting Periods								
Basic	None	None	None	None	None	None	None	None
Major	None	None	None	None	None	None	None	None
Ortho	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Orthodontic Takeover Credit	ER Sponsored Only: At initial group enrollment employer sponsored groups with 5+ eligible employees and prior continuous uninterrupted orthodontic coverage of 12 months, will waive orthodontic waiting period.							
UCR		Average Prevailing Fee ²		80% of U & C		80% of U & C		80% of U & C
Annual Carry Over								
Carry Over Amount	\$250		\$250		\$400		\$400	
PPO Bonus	\$100		\$100		\$200		\$200	
Benefit Threshold	\$500		\$500		\$750		\$750	
Maximum Carry Over Amount	\$1,000		\$1,000		\$1,200		\$1,200	
Maximum Carry Over Provision	Dental Rewards® by Ameritas - Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than their Benefit Threshold listed above, they can increase their next year's coverage by \$250 on Silver and Gold Plans or \$400 on Platinum and Platinum Plus plans. Plus they can earn an additional \$100 on Silver or Gold or \$200 on Platinum or Platinum Plus if they visited a network provider. For more information on Dental Rewards please visit www.ameritas.com . (Dental Rewards is a registered service mark of Ameritas Life Insurance Corp. and is used with permission.)							

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

- Benefit increase by visiting your provider each year (See EOC for details).
- With the Average Prevailing Fee, the plan allowance for each covered procedure is established according to the median dentist charges in the ZIP Code area where services are provided. Reimbursement allowances automatically adjust if there's an increase or decrease in the overall charges in the area.
- Child only.
- Includes Maternity Benefit which provides an additional comprehensive evaluation and cleaning during pregnancy (See EOC for details).
- Non-Surgical Endodontics & Periodontics is covered at the same cost share as Basic Services.