

DENTAL PLAN



- Coverage for Employees, Spouses, and Children up to age 26.
- Orthodontia for children and adults.
- To find network providers, visit www.Ameritas.com

Coinsurance	
Preventive - Type 1	100% - NEW!
Basic - Type 2	80%
Major - Type 3	50%
Orthodontics	50%

Monthly Rates	
Employee	\$32.08
Family	\$88.32

Dental Benefits Summary	
Calendar Year Deductible	\$50/person \$150/family Waived for Type 1
Out of Network Coverage	90th percentile UCR
Waiting period	None
Calendar Year Plan Maximum	\$1,000 per person per year
Orthodontia (Lifetime)	\$1,500 per person

Benefit Overview	
Type 1: Preventive - 100% - NEW!	
Routine Exam (2 per benefit period)	Periapical X-Rays
Cleaning (2 per benefit period)	Sealanta (children under age 17)
Fluoride (children under age 19)	Full Mouth X-rays (1 in 3 years)
Bitewing X-rays (2 per benefit period)	Space Maintainers
Type 2: Basic - 80%	
Restorative Amalgams	Restorative Composites
Endodontics	Periodontics
Denture Repair	Anesthesia
Simple and Complex Extractions	
Type 3: Major - 50%	
Onlays	Prosthodontics (Fixed Bridge, removable complete/partial dentures) (1 in 5 years)
Crown Repair	
Crowns (1 in 5 years per tooth)	

Dental Rewards	
Annual Carryover Amount	\$250 - Dental Rewards amount is added to the following year's maximum. (Maximum accumulation is \$1,000)
Benefit Threshold	Dental benefits received for the year cannot exceed \$500.

**The above is an overview for illustration purposes. Please see policy for full details.*