

DENTAL - EMPLOYER SPONSORED or VOLUNTARY

Carrier	Ameritas ⁴					
Plan Type	PPO					
Plan Name	Silver		Gold		Platinum	
	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
Annual Deductible	\$50	\$50	\$50	\$50	\$50	\$100
Diagnostic & Preventive Care Preventive Basic Services Major Services Endodontics & Periodontics Restorative	Ded. Waived 100% 80% 50% 50% See EOC	Ded. Applies 80% 80% 50% 50% See EOC	Ded. Waived 100% 80%-90%-100% ¹ 50% 80%-90%-100% ¹ See EOC	Ded. Applies 100% 80% 50% 80% See EOC	Ded. Waived 100% 75% 75% 75% See EOC	Ded. Waived 100% 75% 75% 75% See EOC
Orthodontic Care (optional) Coinsurance Annual Maximum Lifetime Maximum	50% ³ None \$1,000 ³	50%³ None \$1,000³	50%³ None \$1,000³	50%³ None \$1,000³	50%³ None \$1,000³	50% ³ None \$1,000 ³
Waiting Periods Basic Major Ortho	None None 12 Months	None None 12 Months	None None 12 Months	None None 12 Months	None None 12 Months	None None 12 Months
Orthodontic Takeover Credit	ER Sponsored Only: At initial group enrollment employer sponsored groups with 10+ 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
Annual Carry Over Carry Over Amount PPO Bonus Benefit Threshold Maximum Carry Over Amount	\$250 \$100 \$500 \$1,000		\$250 \$100 \$500 \$1,000		\$400 \$200 \$750 \$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. Plus they can earn an additional \$100 on Silver or Gold or \$200 on Platinum 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.)					

 $\hbox{\it Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.}$

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¹ Benefit increase by visiting your provider each year (See EOC for details).

² 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.

³ Child only

⁴ Includes Maternity Benefit which provides an additional comprehensive evaluation and cleaning during pregnancy (See EOC for details).