Dental



Dental PPO

Provides the option to use any dentists of your choice; however, using a participating provider from the Ameritas Network can reduce out-of-pocket costs for services.

| Plan Benefits | Ameritas PPO | |
|---|---------------------------------|---------------------------------|
| | In-Network | Out-of-Network |
| General Plan Information | | |
| Annual Deductible | | |
| – Individual | \$50 | \$75 |
| – Family | \$150 | \$225 |
| Waived for Preventive | Yes | No |
| Annual Plan Maximum | \$2,000 | \$1,000 |
| Diagnostic and Preventive Services | | |
| Diagnostic and Preventive | 100% | 80% |
| Oral Exams | 100% | 80% |
| Bitewing X-rays | 100% | 80% |
| Full Mouth X-rays | 100% | 80% |
| Cleaning and Scaling | 100% | 80% |
| Prophylaxis Treatments | 100% | 80% |
| Fluoride Treatments | 100% | 80% |
| Space Maintainers | 100% | 80% |
| Sealants | 100% | 80% |
| Basic Services | | |
| Basic | 80% | 80% |
| Oral Surgery (Extractions and Other Surgical Procedures) | 80% | 80% |
| Endodontic Treatment | 80% | 80% |
| Periodontic Treatment | 80% | 80% |
| Major Services | | |
| Major | 50% | 50% |
| Crowns, Jackets and Cast Restorations | 50% | 50% |
| Prosthodontic Benefits (Fixed Bridges, Partial/Complete Dentures) | 50% | 50% |
| • Implants | 50% | 50% |
| Orthodontia | | |
| Child Only | 50% \$1,000 Lifetime Maximum | 50% \$1,000 Lifetime Maximum |

This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

 The member can use up to \$1,000 Non PPO - \$2,000 PPO toward any covered dental expense.

The member can use up to \$100 towards any covered eye care expense. Total benefits paid between the two coverages will not exceed \$2,000.

For more information on Ameritas Dental please visit <u>ameritas.com</u>. To look up a dental provider please visit <u>ameritas.com</u>, Find A Provider, then Dental. Your provider network is Ameritas Classic.

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.