

Ameritas Dental Plans

Benefit Comparison and Rates

Individuals and Family



BENEFIT SUMMARY				
	PPO Plan 1 - \$1,000		PPO Plan 2 - \$1,250	
Benefit	PPO	Out of Network	PPO	Out of Network
DEDUCTIBLE				
Individual	\$50	Combined with PPO	\$50	Combined with PPO
Family	3/Family	Combined with PPO	3/Family	Combined with PPO
Waived for Preventive	Not applicable	Not applicable	Not applicable	Not applicable
ELIGIBILITY				
Group Size Dental Services	Individual or Family	Individual or Family	Individual or Family	Individual or Family
Group Size Ortho	Not applicable	Not applicable	Not applicable	Not applicable
WAITING PERIODS				
Major	12 months ¹	12 months ¹	12 months ¹	12 months ¹
Waived for major if there was prior group coverage?	Yes	Yes	Yes	Yes
Ortho	Not applicable	Not applicable	Not applicable	Not applicable
DENTAL SERVICES				
Preventive Care	Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses.	Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses.	Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses.	Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses.
Basic Services				
Major Services (after 12-month waiting period) ¹				
Periodontal Surgery	See schedule	See schedule	See schedule	See schedule
Endodontic Surgery	See schedule	See schedule	See schedule	See schedule
ORTHO				
Co-pay	Not applicable	Not applicable	Not applicable	Not applicable
Orthodontics	Not covered	Not covered	Not covered	Not covered
Takeover	Not applicable	Not applicable	Not applicable	Not applicable
BENEFIT MAXIMUMS				
Annual Benefit Maximum	\$1,000	Combined with PPO	\$1,250	Combined with PPO
Lifetime - Ortho	Not applicable	Not applicable	Not applicable	Not applicable

¹ The waiting period for Type 3 Major Services is 12 months for new business. The 12 month Major Services waiting period can be waived for initial enrollment upon proof of 12 months of continuous prior dental coverage.

Voluntary Dental Plan Rates ²		Effective 1/1/17 through 12/31/17	
A \$5 administration fee applies to all individual and family plan monthly invoices			
	Member Only	Member + 1	Member + 2 or more
PPO Plan 1 - \$1,000	\$33.73	\$60.71	\$93.54
PPO Plan 2 - \$1,250	\$48.29	\$89.40	\$147.81

² Ameritas Voluntary Dental plans are available to groups headquartered in any of the following states: Arizona, California, Nevada and Utah. The groups' employees can live in any of the 50 states.

Certain industries are ineligible to purchase these plans: Associations and Trusts * (except #8661) 8600-8699; Beauty & Barber Shops 7231-7241; Dentist offices, Dentist Labs and Medical Labs 8021, 8071, 8072; Employment Agencies 7361-7363; International Affairs 9721; Misc. Business Services 7389; Misc. Services not elsewhere classified 8999; Partnerships No SIC; Private Households 8811; Religious Organizations (except Churches #8661) No SIC; Seasonal Employees (Christmas/Part-time help) No SIC; and Seasonal Employees (Agriculture) 0761-0783. * Management and the Administrative staff of associations and trusts are eligible.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

N o r t h R a n c h B e n e f i t s T r u s t

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