



## **Ameritas Voluntary Dental Plan Comparison and Rates**

Ameritas Voluntary Dental Plans						
	PPO Plan 1 - \$1000		PPO Plan 2 - \$1250			
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	1-99 enrolled	1-99 enrolled	1-99 enrolled	1-99 enrolled		
Group Size Ortho	Not applicable	Not applicable	Not applicable	Not applicable		
WAITING PERIODS						
Major	6 months	6 months	6 months	6 months		
Waived for major if there was prior group coverage?	No	No	No	No		
Ortho	Not applicable	Not applicable	Not applicable	Not applicable		
DENTAL SERVICES						
Preventive Care	\$8-\$57 copay/procedure (deductible waived)	Fixed Benefit Dental Plan.*	\$15-\$106 copay/procedure	Fixed Benefit Dental Plan.*		
Basic Services	\$66-\$505 copay/procedure after deductible	Fixed Benefit Dental Plan.*	\$46-\$505 copay/procedure after deductible	Fixed Benefit Dental Plan.*		
Major Services	\$71-\$494 copay/procedure after deductible	Fixed Benefit Dental Plan.*	\$71-\$494 copay/procedure after deductible	Fixed Benefit Dental Plan.*		
Periodontal Surgery	See copay schedule	See copay schedule	See copay schedule	See copay schedule		
Endodontic Surgery	See copay schedule	See copay schedule	See copay schedule	See copay 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	\$1000	Combined with PPO	\$1250	Combined with PPO		
Lifetime - Ortho	Not applicable	Not applicable	Not applicable	Not applicable		

<sup>\*</sup>Member is responsible for costs in excess of covered expenses.

Ameritas Voluntary Dental Plan Rates** Effective 7/1/14 through 12/31				
		Employee Only	Employee + 1	Employee + 2 or more
PPO Plan 1 - \$1000	\$1000	\$28.28	\$51.88	\$80.60
PPO Plan 2 - \$1250	\$1250	\$41.00	\$76.96	\$128.08

<sup>\*\*</sup>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.

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.

NRBT-Ameritas Dental Plan Comparison 4.27.15