

Voluntary Dental Benefits - Ameritas

Network: Ameritas Dental

PPO Dental Benefits		
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services		
<ul style="list-style-type: none"> Routine Exams, Bitewing X-Rays, Full Mouth X-Rays, Prophylaxis/Cleaning, 	0%	0% of U&C*
Basic Services		
<ul style="list-style-type: none"> Fillings 	20%	20% of U&C*
Major Services		
<ul style="list-style-type: none"> Crowns, Onlays, Endodontics, Periodontics, Implants, Complex Extractions, Anesthesia 	50%	50% of U&C*
Calendar Year Maximum Benefit:		
		\$2,000
Orthodontia Benefit (Child up to age 19)		
<ul style="list-style-type: none"> Orthodontia Services 		50%
<ul style="list-style-type: none"> Orthodontia Lifetime Maximum 		\$1,000

*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

Inspection and early detection of dental conditions are key elements to having a healthy smile!

