



COINSURANCE	BASE PLAN	BUY-UP PLAN
Type 1:	100%	100%
Type 2:	80%	80%
Type 3:	50%	50%
DEDUCTIBLE	\$75 per cal yr - Waived Type 1 (No Family Maximum)	
MAXIMUM PER PERSON	\$1,000 per cal yr	\$2,000 per cal yr
PPO	www.ameritasgroup.com/resources/419.asp	
ALLOWANCE	Type 1, 2, & 3 : 80th % of Usual and Customary	
DENTAL REWARDS	Dental Rewards is a program that if benefits used are less than \$500 for the year then a \$250 carryover will be awarded to your annual benefits maximum	
WAITING PERIOD	3 months - Type 2 procedures & 6 months - Type 3 procedures (All Plan Members)	
ORTHODONTIA SUMMARY	Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.	
Coinsurance:	50%	
Coverage for Adults:	No	
Lifetime Max:	\$1,000 per person	
Waiting Period:	12 Months (All Plan Members)	
TYPE 1: PROCEDURE (FREQUENCY)	Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 & under (1 per benefit period)	Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 & under (1 per benefit period)
TYPE 2: PROCEDURE (FREQUENCY)	Sealants (age 13 and under) Restorative Amalgams Restorative Composites Denture Repair Simple Extractions	Sealants (age 13 and under) Restorative Amalgams Restorative Composites Denture Repair Simple Extractions
TYPE 3: PROCEDURE (FREQUENCY)	Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (1 in 10 years) (fixed bridge; removable complete/partial dentures) Complete Extractions Anesthesia	Space Maintainers Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Prosthodontics (1 in 10 years) (fixed bridge; removable complete/partial dentures) Complete Extractions Anesthesia
MONTHLY RATE WITH ORTHODONTIA		
AREA 1	AR, AL, IN, KY, LA, MO, MS, MT, ND, NC, NE, NM, OH, OK, SC, TN, UT, WV Not Approved in: NY, NH	
Member	\$31.72	\$36.16
Member + 1 Dependent	\$60.32	\$67.88
Member + 2 or More	\$95.72	\$105.56
AREA 2	AZ, CO, DC, DE, GA, ID, IL, KS, MD, ME, MI, MN, NV, OR, PA, RI, TX, VA, WI, WY Not Approved in: NY, NH	
Member	\$38.80	\$45.76
Member + 1 Dependent	\$76.08	\$88.72
Member + 2 or More	\$125.24	\$143.80
AREA 3	AK, CA, CT, FL, HI, MA, NJ, WA, VT Not Approved in: NY, NH	
Member	\$47.52	\$58.12
Member + 1 Dependent	\$92.52	\$111.56
Member + 2 or More	\$150.28	\$177.56

Rates are guaranteed for 12 months following the effective association launch date and include Orthodontia if part of plan design.
 Rates include ID cards mailed to members home address.
 PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program
 Contact your benefits administrator for details regarding these states.