

DENTAL Plan Provisions	High Plan	Low Plan
Carrier	Ameritas	Ameritas
Out of Network Allowance	Maximum Allowable Fee	Maximum Allowable Fee
Calendar Year Deductible (Individual /Family)	\$50/\$150 <i>(Applies to Basic & Major)</i>	\$50/\$150 <i>(Applies to Basic & Major)</i>
Calendar Year Maximum (Per Person)	\$1,500	\$1,500
Type A - Preventive		
Oral Exams	100%	100%
Cleanings	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-rays	100%	100%
Fluoride Treatment	100%	100%
Space Maintainers	100%	100%
Sealants	100%	100%
Type B - Basic	deductible applies	deductible applies
Amalgam Fillings	90%	80%
Composite Fillings	90%	80%
Simple Extractions	90%	80%
General Anesthesia	90%	80%
Type C - Major	deductible applies	deductible applies
Inlays	60%	50%
Onlays	60%	50%
Complex Extractions	60%	50%
Crowns	60%	50%
Prosthetics (bridges, dentures)	60%	50%
Endodontics	60%	50%
Periodontics	60%	50%
Denture Repair	60%	50%
Implant Services	60%	50%
Orthodontia -Child(ren) Only		
Diagnostic Procedures & Treatment	50%	Not Covered
Lifetime Maximum Benefit (Per Person)	\$1,000	Not Covered
Rates	High Plan	Low Plan
Employee Only	\$27.10	\$19.36
Employee + 1 Dependent	\$59.40	\$38.34
Employee + Family	\$85.62	\$60.48