

Franchise Dental Options Effective on March 1, 2020

	Option 1		Option 2		Option 3
Plan Name	Ameritas MAC PPO Dental		Ameritas UCR PPO Dental		Ameritas UCR Passive PPO Dental
Waiting Period for Services	No Waiting Periods for all Covered Services		No Waiting Periods for all Covered Services		No Waiting Periods for all Covered Services
Deductible	\$50 Single/\$150 Family		\$50 Single/\$150 Family	\$75 Single/\$225 Family	\$50 Single/\$150 Family
Calendar Yr Maximum Benefit	\$2000 Per Family Member		\$1500 Per Family Member	\$1500 Per Family Member	\$2500 Per Family Member
Type 1 Benefits*	In Network	Out of Network	In Network	Out of Network	In and Out of Network
Preventive Care	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived
Cleanings(2 Times a Yr)	Covered 100%	Covered 100% of Allowed Amount	Covered 100%	Covered 100%	Covered 100% (4 per Yr)
X-Rays (2 times a Yr)	Covered 100%	Covered 100% of Allowed Amount	Covered 100%	Covered 100%	Covered 100%
Sealants(Age 16 & Under)	Covered 100%	Covered 100% of Allowed Amount	Covered 100%	Covered 100%	Covered 100%
Type 2 Benefits	Subject to Deductible	Subject to Deductible	Subject to Deductible	Subject to Deductible	Subject to Deductible
Restorations(Silver & White)	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Endodontics	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Periodontics	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Oral Surgery	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Complex Oral Surgery	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Anesthesia	80% of Allowed Amount	80% of Allowed Amount	80% of Allowed Amount	70% Usual & Customary Charge	80% Yr 1, 90% Yr 2, 100% Yr 3 Usual & Customary Charge
Type 3 Benefits	Subject to Deductible	Subject to Deductible	Subject to Deductible	Subject to Deductible	Subject to Deductible
Onlays	50% of Allowed Amount	50% of Allowed Amount	50% of Allowed Amount	40% Usual & Customary Charge	60% Usual & Customary Charge
Crowns	50% of Allowed Amount	50% of Allowed Amount	50% of Allowed Amount	40% Usual & Customary Charge	60% Usual & Customary Charge
Crown Repair	50% of Allowed Amount	50% of Allowed Amount	50% of Allowed Amount	40% Usual & Customary Charge	60% Usual & Customary Charge
Bridges	50% of Allowed Amount	50% of Allowed Amount	50% of Allowed Amount	40% Usual & Customary Charge	60% Usual & Customary Charge
Dentures	50% of Allowed Amount	50% of Allowed Amount	50% of Allowed Amount	40% Usual & Customary Charge	60% Usual & Customary Charge
Type 4 Orthodontic Benefits	Not Subject to Deductible		Not Subject to Deductible		Not Subject to Deductible
Adults & Children Coverage	50% of Allowed Amount	50% Usual & Customary Charge	50% Usual & Customary Charge		50% Usual & Customary Charge
Lifetime Benefit	\$1,500	\$1,500	\$1,000		\$2,000
Waiting Period	None	None	None		None
March 1, 2020 Monthly Rates	2 Yr Rate Guarantee		2 Yr Rate Guarantee		2 Yr Rate Guarantee
Employee	\$36.95		\$43.78		\$55.52
Employee + 1 Dependent	\$72.63		\$85.56		\$108.50
Employee + 2 Dependents	\$132.37		\$154.59		\$194.40
	Plan Pays the same Allowed Amount to In Network and Out of Network Providers		Plan Pays Allowed Amount to In Network and The Plan Pays Usual Customary and Reasonable at Out of Network Providers		Plan Pays Allowed Amount to In Network and The Plan Pays Usual Customary and Reasonable at Out of Network Providers

Note: Please refer to the complete outline of benefits to make sure how benefits are paid.