

Nevada AMERITAS **FIRST** DENTAL PLANS
Group Plan Comparison

Employer Sponsored or Voluntary Plans ^{1,2,5}

For Groups of 2 – 199 eligible lives

01/01/23-12/31/2024

PLAN NAME	1100 Plan		1600 Plan		1600 Incentive Plan		2100 Plan	
	In or Out of Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Maximums (per person)	\$1,100		\$1,600		\$1,600		\$2,100	
Office Visit Copay Per Visit & Calendar Year Deductible	\$10 / visit (Type 1) \$50 CY Individual Deductible (Type 2 & 3) No Family Maximum Deductible		\$20 / visit (Type 1, 2 & 3) No Individual or Family CY Deductible	\$25 / visit (Type 1, 2 & 3) No Individual or Family CY Deductible	\$50 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$100 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$50 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum	\$100 CY Ind Ded (Type 2 & 3) 3 Family Member CY Maximum
Preventive Services – Type 1								
Exams – 2 per calendar year Cleanings – 2 per calendar year Bitewing x-rays – 2 per calendar year Emergency Palliative Treatment Fluoride application - 1 per calendar year up to age 16 Sealants to age 16	100%	80%	100%	80%	100%	80%	100%	90%
Waiting Period	None		None		None		None	
Basic Services – Type 2 ⁽⁶⁾					see note 6			
Basic Oral Surgery (simple non-surgical extractions) Fillings, Space Maintainers to age 14 Endodontics & Periodontics (Nonsurgical) 2100 plan only Nonsurgical and Surgical in Basic) X-Rays (Complete series/Panoramic; Periapical; Occlusal)	80%	60%	80%	60%	80% 90% 100%	60%	90%	70%
Waiting Period	None		None		None		None	
Major Services – Type 3 ^(2,5)								
Bridges, Dentures, Crowns, Inlays, Onlays Night guards for Bruxism (Basic Service on 2100 Plan only) Complex Oral Surgery Endodontics & Periodontics (Surgical) 2100 Plan in Basic Implants (2100 Plan only)	50%	40%	50%	40%	50%	40%	60%	50%
Waiting Period (1, 2,5)	No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵		No wait Type 3 with Proof of Prior coverage ⁵	
Claim Reimbursement	PPO Fee Schedule		PPO Fee Schedule		PPO Fee	Avg UCR	PPO Fee	Avg UCR
Optional Orthodontic Services (Child Only to age 19) ⁴								
Coinsurance	Not Covered		50%		50%		50%	
Calendar Year Maximum	N/A		N/A		N/A		N/A	
Lifetime Maximum	N/A		\$1000		\$1000		\$2000	
Waiting Period ^{2,5}	N/A		None ^{2,5}		None ^{2,5}		None ^{2,5}	

Notes:

- 1) Rate Options:
Voluntary - Min 2 enrolled PPO lives
Employer Sponsored – Straight PPO: 50% Minimum Contribution and 50% Participation or Minimum 2 enrolled, whichever is greater
Employer Sponsored – Dual Choice: 50% Minimum Contribution for PPO or DHMO and 75% combined (PPO & DHMO) participation with minimum 2 PPO enrolled
- 2) Virgin and Non-takeover groups: option to use 1.15 rate factor (+15%) to waive waiting periods on Major and Ortho for existing and new hires.
- 3) Groups of 10 or more enrolled PPO lives may offer (2) different dental plans as long as they include Ortho Coverage.
- 4) Ortho available when 3 or more employees with children enroll for benefit.
- 5) Dental Plans have 12 month wait for Major and Ortho coverage. Waived with proof of 12 month prior PPO, DHMO or EPO benefits.
- 6) 1600 Incentive Plan: Basic benefits can increase yearly up to 100% by submitting one covered dental claim each year.

Ameritas **First** Vision Plan Options minimum 2 enrolled (Employer picks one plan.) Simple Add-Ons LASIK and Hearing options offered on 10+ groups only.

DISCLAIMER: Complete Underwriting Guidelines and Requirements are attached to the rate sheets.
Refer to the Summary of Benefits and Certificate of Coverage for full plan coverage details, exclusions and limitations.
Ameritas **First** Plans - Rates & Benefits good through 12/31/2024