Buckeye Elementary School District #33

Dental Plan Overview



Plan details

		Plan 1 In-network / Out-of-network	Plan 2 In-network / Out-of-network
H	Preventive, Type 1	100	100%
R	Basic, Type 2	80-90-100%	80-90-100%
R	Major, Type 3	50%	50%
	Annual Maximum Per person per year	\$2,500	\$1,000
5	Deductible on first Basic or Major procedure	\$50 / \$150 family	\$50 / \$150 family

Covered services



Preventive

Type 1

- o Exams (2 per 12 months)
- X-rays (2 per 12 months)
- Cleaning (2 per 12 months)



Basic

Type 2

- \circ Extractions
- Fillings (amalgam, composite)
- Root canals (endodontics)
- Gum disease treatment (periodontics)

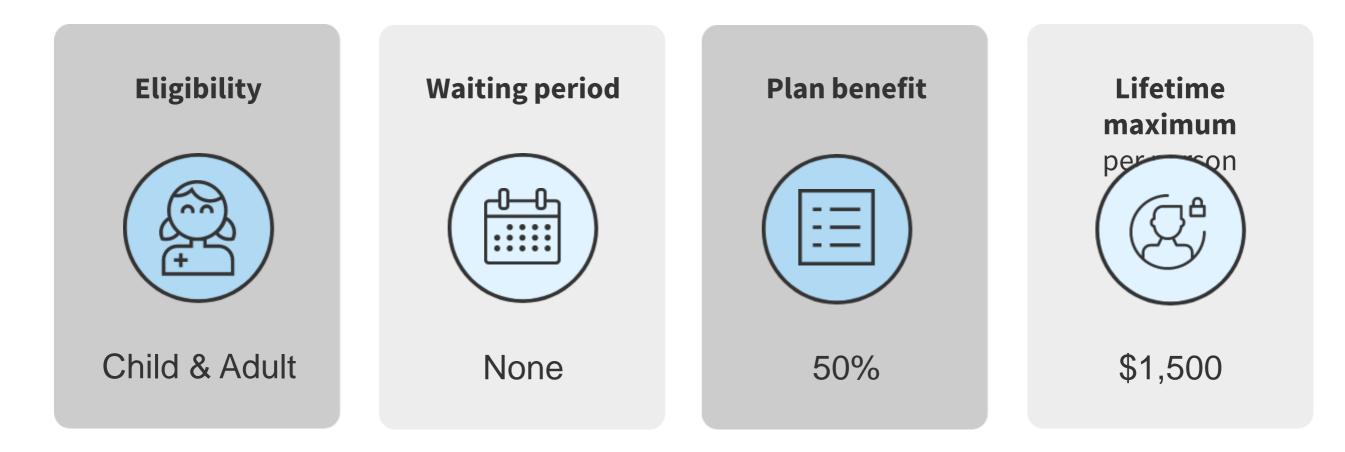


Major

Type 3

- Crowns (1 in 10 years per tooth)
- Bridges and dentures
 - (prosthodontics, 1 in 10 years)
- o Implants

Orthodontia



Thank you

Please check your highlight sheet for details.

Vision benefit site: https://explore.ameritas.com/demo/

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2023 Ameritas Mutual Holding Company.

