Dental Plan Summary

	DENTAL BASIC	
	In- Network	**Out-Of-Network**
Calendar Year Deductible	$50 Individual/$150 family	$75 Individual/$225 Family
Maximum (per person) All type services below apply	$750 per calendar year (see Dental Rewards*)	
Type 1 – Preventive *	100%	100%
Type 2 - Basic	80%	50%
Type 3 - Major	50%	50%
Orthodontia	Not covered	

	DENTAL PLUS	
	In- Network	**Out-Of-Network**
Calendar Year Deductible	$50 Individual/$150 family	$75 Individual/$225 Family
Maximum (per person) All type services below apply	$1,500 per calendar year (see Dental Rewards*)	
Type 1 – Preventive *	100%	100%
Type 2 - Basic	80%	80%
Type 3 - Major	80%	50%
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	$2,000	

Orthodontia provisions: **Orthodontic benefits are available for eligible dependent children up to the age of 19.**
Orthodontic treatment that is started before coverage is effective under this plan is not covered. The Orthodontia Lifetime Maximum is separate from the Calendar Year Maximum. Dental Rewards accumulation amounts cannot be used towards the Orthodontia Lifetime Maximum. Members must remain enrolled in the Plus plan throughout Ortho treatment to receive the full available benefit.

*Benefits received for Preventive services **WILL** apply towards the Annual Maximum.

Both plan options include Dental Rewards. With this feature, members are able to carry over $250 of their unused Calendar Year Maximum if they have had at least one covered procedure during the year and the total paid claims have not exceeded $500.

*Dental Rewards® - Plan Enhancement

Dental Rewards is a plan feature that allows covered members to carryover part of their unused Annual Maximum. To qualify for the Dental Rewards, the member must submit at least one covered dental expense claim during the calendar year and the total of all paid claims for the member cannot exceed $500 for the calendar year. If a member does not submit a claim for a covered dental procedure, no carryover will be allowed for that year and any amount accumulated will be lost.

The Dental Rewards benefit is tracked at the individual member level. If a member meets the criteria, Dental Rewards carryover amounts will be applied to their account as follows:

Annual Carryover Amount	$250	Dental Rewards amount is added to the following year's maximum.
Annual PPO Bonus	$100	Additional bonus is earned if the member sees a PPO provider.
Maximum Carryover	$1000	Maximum total accumulation for Dental Rewards and PPO Bonus combined. A member can accumulate up to this carryover amount.

Dental Rewards accumulations cannot be applied to Orthodontia benefits. The Dental Rewards carryover can be applied to eligible Preventive, Basic and Major services.

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

DENTAL BASIC PLAN AND DENTAL PLUS PLAN

Type 1 - Preventive	Type 2 - Basic	Type 3 - Major
• Routine Exam (3 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (3 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 16 and under) • Space Maintainers	• Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia	• Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Provider Choice

Ameritas has a PPO network of dentists that have agreed to accept negotiated fees for services, which often help you save and make your dental benefits go farther.
Out-of-network claims are subject to the usual and customary charges for the dentist's zip code area.

To find a participating provider, visit ameritasgroup.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice.

Maternity Benefit

Because we want to keep expectant mothers as healthy as possible, our maternity dental benefit provides an additional comprehensive evaluation and cleaning during pregnancy.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Ameritas Information

We're Here to Help
This plan was designed specifically for the employees of **City of Charlotte**. At Ameritas , we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you Monday through Thursday, 6:00 am to 11:00 pm (Eastern Time) and 6:00 am to 5:30 pm on Friday. For plan information, access our automated voice response system (800-487-5553) or obtain your personal claims information through the Secure Member Account portal available online (ameritas.com). Additionally, dental benefit details, wellness information and more is available through our online benefit center for **City of Charlotte**. The web address is ameritas.com/group/olbc/coc.