



Dental Plan Options

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Plans exclusively offered through:



EMPLOYEE
BENEFIT
SYSTEMS, INC.



- Dentures
- Crowns
- Bridges
- Implants

Plan Highlights:

- Day one coverage
- No waiting periods on Preventive/Basic/
Major claims
- Preventive claims are not deducted from the
annual max
- No enrollment or admin. fees
- Rates based on ZIP Code, not by
age and gender

Plan details	TLC Elite Dental		TLC Core Dental		TLC Basic Dental	
	Day one	After year one	Day one	After year one	Day one	After year one
Maximum benefit¹ Per person per benefit year	In-network: \$1,500 Out-of-network: \$750	In-network: \$4,000 Out-of-network: \$1,500	In-network: \$1,000 Out-of-network: \$500	In-network: \$2,000 Out-of-network: \$1,000	In-network: \$1,000 Out-of-network: \$500	
Deductible Per person per benefit year	\$50 ²		\$50 ²		\$50 ²	
Preventive (Type 1) Applies to:	100%		100%		100%	
	Exams, Cleanings, Bitewing X-Rays		Exams, Cleanings, Bitewing X-Rays		Exams, Cleanings	
Basic (Type 2) Applies to:	70%	90%	60%	80%	50%	80%
	Fillings, Simple Extractions, Panoramic X-Rays		Fillings, Simple Extractions, Panoramic X-Rays		Bitewing X-Rays, Panoramic X-Rays, Fillings	
Major (Type 3) Applies to:	25%	50%	25%	50%	25%	25%
	Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures		Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures		Simple Extractions, Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures, Teeth Whitening	
Implants (Type 4)	25%	40%	25%	35%	Not available	
	Maximum: \$750	Maximum: \$1,500	Maximum: \$500	Maximum: \$1,000		

States: AL, AZ, CA, CO, DC, DE, HI, IA, IN, KS, KY, ME, MI, MN, NC, ND, NE, NH, NV, OK, OR, SC, SD, TN, UT, VT, WV, WI, WY

Proposed states for 2026 - ID, MD, OH, PA. If you are currently residing in one of these states, please contact us at 1-800-719-3751 to learn more about your available plan options.

¹Maximum benefit applies to Basic, Major, and Implants combined.

²\$50 deductible per person for Basic, Major, and Implant services combined, with a maximum of three deductibles per family.

Coinsurance amounts are the same for both in- and out-of-network. Plan availability varies by state and benefits may vary. Contact (833) 443-1942 for more information.

How to Enroll:

Our easy enrollment was built with you in mind.

Here are the 4 easy steps to getting enrolled:

- 1. Visit:**
- 2. Choose your preferred plan**
- 3. Enter your personal information**
- 4. Submit payment**

Questions?

Minimum info needed:

- ZIP Code
- Do you need dental coverage?
- Do you need vision coverage?
- How many need coverage?



The Ameritas **CLASSIC** Dental (PPO) Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates, which can lower your out-of-pocket costs. This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

U&C claim allowance

If a policyholder visits an out-of-network dentist, covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges. This means we expect 8 out of 10 charges from dental providers to be within the amount insurance pays for a covered procedure. Policyholders pay the difference between what the plan pays and the dentist's actual charge. If they visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

Dental Limitations and Exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- For any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- To replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- For initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- For any procedure begun before the insured person was covered under the policy.
- For any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to:
 - Alter vertical dimension;
 - Restore or maintain occlusion; or
 - Splint or replace tooth structure lost as a result of abrasion or attrition.
- For any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- For which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- For charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Marketed By:



Underwritten By:



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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