

DENTAL PLANS

Employers Dental Trust offers three types of dental insurance plans. All plans offer both in- and out-of-network benefits and offer savings through the nationwide Ameritas PPO network.

TRADITIONAL PLAN (Passive PPO)

Under the Traditional Plan, if an employee visits a participating dentist, they will lower their out-of-pocket costs as the provider has agreed to charge reduced fees. There are more than 160,000 provider access points in the network. Employees can choose to see a dentist who is not within the network and will have their claims based upon the Usual and Customary (U&C) charge. The coinsurance on this plan is the same for both in- and out-of-network benefits which is 100/80% for Starter Plans (no Major services) and 100/80/50% for Full Plans.

ENHANCED PLAN (Steerage PPO)

The Enhanced Plan is similar to the Traditional Plan; however, the in-network coinsurance is higher, allowing greater savings on services performed by a participating provider. Our Starter Enhanced Plan has a coinsurance of 100/90% (no Major services) and our Full Plan has a coinsurance of 100/90/60% (Major services included). The out-of-network benefits also are based upon the Usual and Customary (U&C) charges with coinsurances of 100/80% for Starter Plans and 100/80/50% for Full Plans.

MAC PLAN

The Maximum Allowable Charge (MAC) is associated with an in-network PPO provider. MAC is a **discounted fee per covered procedure** that's based on an area's ZIP code. PPO providers agree to charge only these discounted fees. The plan member is responsible for any deductible and coinsurance. Out-of-network reimbursement (or maximum allowable benefit) also is limited to the network allowance, and out-of-network providers may balance bill patients for claim amounts exceeding the network allowance.