

INDIAN RIVER CENTRAL SCHOOL DISTRICT

SELF-FUNDED DENTAL BENEFITS

DENTAL SERVICES	AMERITAS		
	Low Plan	Medium Plan	High Plan
Preventative	100%	100%	100%
Basic	100%	100%	100%
Major	100%	80%	80%
Ortho	60%	60%	60%
Child Age Limits	19 / 25	19 / 25	19 / 25
Individual Deductible	\$0	\$0	\$0
Family Deductible	\$0	\$0	\$0
Deductible Class	N/A	N/A	N/A
Annual Benefit Maximum	\$1,000	\$1,500	\$2,000
Orthodontia Benefit Maximum (Adult and Children)	\$2,200	\$2,200	\$2,200
Claim Payment Basis	Discount Fee Schedule / MCE Fee Schedule	Discount Fee Schedule / 90th UCR	Discount Fee Schedule / 90th UCR
In-Network Balance Billing	Not Allowed	Not Allowed	Not Allowed
Standard Waiting Periods	None	None	None
Dental Rewards	Included	Included	Included
Network	Ameritas	Ameritas	Ameritas
10 MONTH RATES for the 2019-2020 PLAN YEAR			
Employee	\$24.04	\$30.31	\$47.00
Employee & 1 Dependent	\$55.74	\$68.38	\$101.93
Family	\$87.36	\$106.36	\$156.64

2019/2020 YEARLY RATES		
Low Plan	Medium Plan	High Plan
\$240.38	\$303.14	\$469.97
\$557.40	\$683.78	\$1,019.26
\$873.60	\$1,063.59	\$1,566.38