

# DENTAL COVERAGE MONTHLY RATES



**Designed  
by Veterinarians  
for Veterinarians**

Valuable Benefits.  
Remarkable Service.

**STANDARD PLAN**

COVERAGE	ALL AREAS <small>excluding NY</small>
Applicant Only	\$11.72
Applicant + 1	\$22.20
Applicant + 2 or more	\$37.52

**CLASSIC PLAN**

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$23.76	\$28.24	\$33.00	\$35.72	\$36.80
Applicant + 1	\$46.00	\$54.08	\$63.00	\$67.60	\$74.24
Applicant + 2 or more	\$85.32	\$97.48	\$112.56	\$117.24	\$134.16

**PREMIER PLAN**

COVERAGE	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
Applicant Only	\$32.24	\$37.04	\$42.24	\$47.52	\$47.32
Applicant + 1	\$61.76	\$70.40	\$80.16	\$89.32	\$94.84
Applicant + 2 or more	\$109.72	\$122.24	\$138.44	\$150.28	\$165.96

The rate for each applicant is the rate established for his or her Area, which is determined by the employer's situs state (i.e., the state in which the employer is legally considered to be located).

- Area 1 is defined as AL, AR, KY, MO, MS, SC, SD, TN and WV
- Area 2 is defined as AZ, FL, GA, IA, ID, IN, KS, MI, MN, MT, NC, ND, NE, NM, NV, OH, OK, PA, TX, UT, VT, WI and WY
- Area 3 is defined as CO, IL, MD, OR, RI and VA
- Area 4 is defined as AK, CT, DC, DE, HI, MA, and NJ
- Area 5 is defined as CA and WA

Benefit exclusions and limitations apply to this dental benefit plan, which is underwritten by Ameritas Life Insurance Corp. Please consult your certificate of coverage for details. Any use of the material herein available, contrary to these terms or in violation of state or federal law is strictly prohibited. All rights reserved.

## DENTAL MAXIMUM COVERED EXPENSE SAMPLE

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The following is a sample list of some dental procedures payable under the Standard and Classic Plans. \* An actual and complete list of procedures can be obtained by contacting the AVMA GHLIT Trust office at 1.800.621.6360.

### STANDARD PLAN

TYPE 1 SERVICES		MAXIMUM COVERED EXPENSE
Proc. No.	Sample Description of Service	ALL RATE AREAS
D0120	Periodic Oral Evaluation <i>(twice in a Benefit Period)</i>	\$16
D1110	Prophylaxis-age 14 and over <i>(twice in a Benefit Period)</i>	\$40
D1120	Prophylaxis-age 14 and under <i>(twice in a Benefit Period)</i>	\$27
D1203	Topical Fluoride <i>(Coverage for fluoride treatment is limited to persons age 18 and under and to one treatment in a Benefit Period)</i>	\$15
D0210	Entire denture series consisting of at least 14 films, including bitewings if necessary	\$48
D0272	Bitewings-two films <i>(twice in a Benefit Period)</i>	\$18
D2140	Amalgam restoration – one surface, permanent	\$42
D7140	Extraction – single tooth	\$48
D7240	Surgical removal of tooth <i>(completely bony)</i>	\$100
D9220	Anesthesia, general, when administered by the dentist in the dentist's office <i>(not available without a cutting procedure)</i>	\$140

### CLASSIC PLAN

TYPE 2 SERVICES		MAXIMUM COVERED EXPENSE				
Proc. No.	Sample Description of Service	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
D0210	Entire denture series consisting of at least 14 films, including bitewings if necessary	\$54	\$60	\$64	\$66	\$71
D0272	Bitewings - two films <i>(twice in a Benefit Period)</i>	\$15	\$17	\$18	\$19	\$20
D1351	Sealant - per tooth <i>(coverage is limited to treatment of the occlusal surface of permanent molar teeth once during a 3 year period for persons age 16 and under)</i>	\$20	\$22	\$23	\$24	\$26
D2140	Amalgam restoration – one surface, permanent	\$46	\$51	\$54	\$56	\$60
D7140	Extraction – single tooth	\$51	\$57	\$60	\$63	\$67
D7240	Surgical removal of tooth <i>(completely bony)</i>	\$192	\$213	\$225	\$233	\$250
D5510	Denture repair – Repair broken case	\$58	\$65	\$68	\$71	\$76
D9220	Anesthesia, general, when administered by the dentist in the dentist's office <i>(not available without a cutting procedure)</i>	\$147	\$163	\$173	\$179	\$192
TYPE 3 SERVICES		AREA 1	AREA 2	AREA 3	AREA 4	AREA 5
D5211	Maxillary partial denture – resin base	\$225	\$253	\$268	\$301	\$283
D3310	Endodontics – root canal, anterior	\$176	\$197	\$209	\$235	\$221
D4341	Periodontal scaling and root planing - four or more - teeth per quadrant	\$59	\$66	\$70	\$79	\$74
D2792	Crown – full cast noble metal	\$254	\$285	\$302	\$340	\$319
D2980	Crown repair	\$49	\$55	\$58	\$65	\$61
D6242	Pontics – porcelain fused to noble metal	\$261	\$293	\$310	\$350	\$328

\* Reimbursement is subject to a calendar year deductible and an annual maximum.