

Employee Dental Benefits

Conroe ISD

Your dental benefits help you save money whether you visit and in or out-of-network provider.

Here's what Ameritas members can expect.



Exceptional network. The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Scan the QR code or visit ameritas.com - Find a Health Provider to find a new dentist or see if your current provider is in the **Ameritas Classic and Plus network**.

Since 98% of providers stay with Ameritas year after year, it's less likely you'll have to switch dentists to keep seeing a network provider.

If your dentist is not in the network already, just go to ameritas.com, search for "nominate a provider" and complete the online form.

Flexibility. See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

Avoid paperwork. When visiting a network provider, there are no claim forms to submit. Out-of-network dentists may also submit claims as a courtesy. Ameritas can send claim payments directly to in- or out-of-network providers, so you only have to pay your portion. We do not require you to pay the entire amount upfront and wait to be reimbursed.

Here to help

For plan information any time, visit ameritas.com and sign in to your secure member account. Or download the **Ameritas Benefits app**, available for iOS and Android. Log in with the same user ID and password you use for your secure member account.

If you have questions about your plan benefits, contact the Ameritas customer connections team.
group@ameritas.com | 800-487-5553

You spend less when visiting a network provider.

Member Cost In network	Exam, X-rays, and cleaning (Type 1)	Filling (Type 2)	Crown (Type 3)
Without insurance	\$252	\$223	\$1,469
Low Plan	\$0	\$36	\$396
Middle Plan	\$0	\$18	\$330
High Plan	\$0	\$18	\$330

Member Cost Out-of-network	Exam, X-rays, and cleaning (Type 1)	Filling (Type 2)	Crown (Type 3)
Without insurance	\$270	\$234	\$1,569
Low Plan	\$142	\$169	\$1,305
Middle Plan	\$142	\$151	\$1,239
High Plan	\$0	\$45	\$785

This is an example of average savings for Ameritas members in ZIP code region 773xx. It does not include deductibles. The cost without insurance has been estimated. Actual charges may vary.

You can use the **dental cost estimator** located in your member account to compare your estimated in and out-of-network procedure charges.



Save more with Ameritas. Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards through your secure account at ameritas.com.



This is not a certificate of insurance or guarantee of coverage and does not include exclusions and limitations. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 07-23 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. The bison and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2025 Ameritas Mutual Holding Company.

Dental Plan Benefits	Low Plan	Middle Plan	High Plan
	In and out-of-network	In and out-of-network	In and out-of-network
Maximum benefit. The total amount insurance will pay per person per benefit year.	\$800	\$1,500	\$2,000
Deductible. The amount you pay before benefits apply, per person, per calendar year.	\$0 Type 1 \$100 Type 2 & 3 \$300 family maximum	\$0 Type 1 \$50 Type 2 & 3 \$150 family maximum	\$0 Type 1 \$50 Type 2 & 3 \$150 family maximum
Out-of-network claim allowance. The highest plan payment allowed for services.	Discounted Fee	Discounted Fee	U&C
Preventive (Type 1)	100% Exams, X-rays, cleanings, space maintainers, fluoride and sealants for children	100% Exams, X-rays, cleanings, space maintainers, fluoride and sealants for children	100% Exams, X-rays, cleanings, space maintainers, fluoride and sealants for children
Basic (Type 2)	60% Fillings, extractions, root canals, gum disease treatment	80% Fillings, extractions, root canals, gum disease treatment	80% Fillings, extractions, root canals, gum disease treatment
Major (Type 3)	40% Onlays, crowns, crown repair, bridges, dentures, denture repair, anesthesia	50% Onlays, crowns, crown repair, bridges, dentures, denture repair, anesthesia	50% Onlays, crowns, crown repair, bridges, dentures, denture repair, anesthesia
Child orthodontia Lifetime maximum per person	No coverage	50% \$1,500	50% \$2,000

Child Orthodontia. Dependent child orthodontia benefits end when patient is age 19, even if a treatment program is underway. Plan payments begin automatically to the party assigned on the claim form, and are made in equal quarterly installments not to exceed two years.

In-network Maximum Allowable Charge (MAC) claim allowance. Ameritas network dentists have agreed to charge a contracted fee, which is 25-50% less than their regular rates. After the deductible, the plan pays a percentage of the claim based on the procedure type. You pay the remainder.

(Low and Middle Plans) Out-of-network Discounted Fee claim allowance. Out-of-network providers decide how much they charge per procedure. Insurance will pay up to the lowest contracted network provider fee in your ZIP Code area. You pay the difference between what the plan pays and the dentist's actual charge.

(High Plan) Usual and Customary (U&C) claim allowance. Out-of-network providers decide how much they charge per procedure. Ameritas determines what we expect 9 out of 10 out-of-network dentists charge for that service. That is your (90th U&C) claim allowance. The plan pays a percentage of that allowed amount based on the procedure type. You pay the difference between what the plan pays and the dentist's actual charge.

Dental Plan Benefits	Low Plan	Middle Plan	High Plan
Employee	\$30.64	\$47.56	\$73.96
Employee + spouse	\$62.44	\$87.32	\$136.04
Employee + children	\$54.84	\$82.04	\$128.08
Family	\$92.44	\$117.56	\$183.48