

Employee Renewal Enrollment Worksheet - Dental

LoBue Laser and Eye Medical Cent
 Quote #: **B04021_2025.002**
 Employer Zip Code: 92562

Effective Date: **5/1/2025**

All DHMO Dental benefits are covered In-Network only.

DeltaCare® USA	HMO Bronze	HMO Silver	HMO Gold
Exams and Diagnostics			
Annual Maximum	None	None	None
Annual Deductible	None	None	None
Initial Oral Exam	100%	100%	100%
Periodic Oral Exam	100%	100%	100%
Teeth Cleaning	100%	100%	100%
Bite Wing X-Ray	100%	100%	100%
Restorative			
Cavities-Amalgam, 1 Surface	100%	\$5	100%
Cavities-Amalgam, 2 Surfaces	100%	\$10	100%
Crowns			
Porcelain-Base Metal (posterior)	\$410	\$195	\$140
Full Cast Noble Metal	\$465	\$200	\$150
Periodontics			
Gingivectomy-Per Tooth	\$50	\$80	\$80
Periodontal Scaling and Root Planing (quadrant)	\$40	\$30	\$20
Endodontics			
Single Root Canal	\$110	\$85	\$55
Bi-Root Canal	\$195	\$150	\$120
Molar Root Canal	\$245	\$280	\$250
Waiting Periods			
	None	None	None
Oral Surgery			
Removal of Uncomplicated Single Tooth	\$45	\$5	100%
Removal of Impacted Tooth - Partially Bony	\$65	\$75	\$70
Removal of Impacted Tooth - Completely Bony	\$80	\$95	\$90
Orthodontics			
Children (maximum age 18)	\$2,100	\$1,700	\$1,700
Adult	\$2,250	\$1,900	\$1,900
Prosthodontics			
Complete Upper or Lower Denture	\$510	\$215	\$145
Partial Upper or Lower Denture	\$535	\$180	\$120

Page 1 Dental DHMO Plans

Page 2 Dental DPPO Plans

Payroll Deductions shown are using 26 pay-periods

Note: Copays listed are for services performed by general dentists. Please consult the EOC for specialist copays.

The following premiums illustrate the cost to you **after** your employer has made their contribution. All family members must enroll with the same Participating Plan.

Your Employer has agreed to contribute: **50%** of Specific Plan Ameritas PPO **Silver** for Employee **None** for Dependent

Carrier - Plan	Plan Type	These are your costs per pay period based on (26) paychecks per year			
		Employee Only	Additional Cost for Spouse	Additional Cost for Child(ren)	Additional Cost for Family
DeltaCare® USA					
Bronze	HMO	\$ 0.00	\$ 4.17	\$ 4.24	\$ 8.66
Silver	HMO	\$ 1.09	\$ 6.42	\$ 6.53	\$ 13.33
Gold	HMO	\$ 2.16	\$ 7.19	\$ 7.31	\$ 14.94

We assume no liability for rate or benefit discrepancies. Co-insurances listed are the Plan Responsibility and co-payments listed are Member responsibility.

Employee Renewal Enrollment Worksheet - Dental

Choicebuilder Group, Inc. Margaret Crocker
 10000 West 10th Ave Medical Center Residence 20 Code 92594
 Suite 900 Denver, CO 80231-0002 E-File 303-750-0000
 Effective Date 03/25/25 Creation Date 03/12/25

Ameritas	PPO Silver	PPO Gold	PPO Platinum	PPO Platinum Plus
<u>In-Network</u>				
Annual Maximum	\$1,100	\$1,600	\$2,100	\$3,000
Annual Deductible	\$50	\$50	\$50	\$25 (Lifetime)
Preventive Care	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	100%	100%	100%
Basic	80%	80% ^①	75%	80% ^①
Major	50%	50%	75%	80%
Endo & Periodontics	50%	80% ^②	75%	80% ^③
Restorative	See EOC	See EOC	See EOC	See EOC
Waiting Period Basic	None	None	None	None
Waiting Period Major	None	None	None	None
Orthodontia Adult	Not Available	Not Available	Not Available	Not Available
Orthodontia Children (maximum age 18)	Not Available	Not Available	Not Available	Not Available
Waiting Period Ortho	12 Months	12 Months	12 Months	12 Months
<u>Out-of-Network</u>				
Annual Maximum	\$1,100	\$1,600	\$2,100	\$2,100
Annual Deductible	\$50	\$50	\$100	\$25 (Lifetime)
Preventive Care	Ded. Applies	Ded. Applies	Ded. Waived	Ded. Waived
Preventive	80%	100%	100%	100%
Basic	80%	80%	75%	80%
Major	50%	50%	75%	50%
Endo & Periodontics	50%	80%	75%	50%
Restorative	See EOC	See EOC	See EOC	See EOC
Waiting Period Basic	None	None	None	None
Waiting Period Major	None	None	None	None
Orthodontia Adult	Not Available	Not Available	Not Available	Not Available
Orthodontia Children (maximum age 18)	Not Available	Not Available	Not Available	Not Available
Waiting Period Ortho	12 Months	12 Months	12 Months	12 Months
<u>Dental Rewards</u>				
Carry Over Amount	\$250	\$250	\$400	\$400
PPO Bonus	\$100	\$100	\$200	\$200
Benefit Threshold	\$500	\$500	\$750	\$750
Maximum Carry Over Amount	\$1,000	\$1,000	\$1,200	\$1,200

- ① Benefits increase by visiting your provider each year (see EOC for details).
- ② **Benefits increase by visiting your provider each year (see EOC for details).**
- ③ Non-Surgical Endodontics & Periodontics is covered at the same cost share as Basic Services.

The following premiums illustrate the cost to you <i>after</i> your employer has made their contribution. All family members must enroll with the same Participating Plan.	Your Employer has agreed to contribute: 50% of Specific Plan Ameritas PPO Silver for Employee None for Dependent
---	---

Carrier - Plan	Plan Type	These are your costs per pay period based on (26) paychecks per year			
Ameritas		<u>Employee Only</u>	<u>Additional Cost for Spouse</u>	<u>Additional Cost for Child(ren)</u>	<u>Additional Cost for Family</u>
Silver	PPO	\$ 7.82	\$ 15.58	\$ 18.64	\$ 34.27
Gold	PPO	\$ 14.70	\$ 22.46	\$ 26.93	\$ 49.44
Platinum	PPO	\$ 19.46	\$ 27.22	\$ 33.63	\$ 60.67
Platinum Plus	PPO	\$ 22.16	\$ 29.99	\$ 37.04	\$ 66.79

We assume no liability for rate or benefit discrepancies. Co-insurances listed are the Plan Responsibility and co-payments listed are Member responsibility.