



Ameritas Dental Open Enrollment Now through 2/28 ~ Coverage is effective 3/1

! Now offering Orthodontia, Implants & Extra Cleanings !

URC= Usual, Reasonable & Customary

Member Benefits	Low Plan		Middle Plan		High Plan	
	In -Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Preventative Care	Costs are based on a Fee Schedule Available upon request		100%	80% URC	100%	100% URC
Basic Services			80%	60% URC	80%	80% URC
Major Services			50%	40% URC	50%	50% URC
Annual Max Benefit	\$1,500 Per Person	\$1,500 Per Person	\$1,000 Per Person	\$2,000 Per Person	\$1,500 Per Person	
Annual Deductible	\$50 Per Person	\$50 Per Person	\$50 Per Person	\$50 Per Person	\$50 Per Person	
Orthodontics Adult & Child	Currently Not Available on the Low Plan	Currently Not Available on the Middle Plan	Under Annual Max Benefit	\$1500 Ortho Lifetime Benefit Per Covered Person		
Implants		Included	Included	Under Annual Max Benefit		
4 Cleanings year	\$175 per eye	\$175 per eye	\$175 per eye	\$175 per eye	\$175 per eye	
Lasik	\$100 Per Person	\$100 Per Person	\$100 Per Person	\$100 Per Person	\$100 Per Person	
Vision Benefit						
	Monthly Premium		Monthly Premium		Monthly Premium	
Employee only	\$26		\$39		\$ 68	
EE + Spouse	\$46		\$75		\$120	
EE + Child(ren)	\$42		\$62		\$102	
EE + Family	\$72		\$105		\$172	

This is only a sample of benefits, refer to plan document for full details.

If you want to keep the same people on the same plan – do nothing!

Pre-tax premium deductions begin in February so get yours in early

Enrollment/changes after 2/28/20 permitted with a "qualifying event" **ONLY**, per IRS Law

Complete your enrollment at <https://www.cpspeo.com/benefits-enrollments/> then click on **Dental**.

In-Network PPO Providers can be found at <https://dentalnetwork.ameritas.com/>

If you have questions, contact the Benefits Department at CPS

602-230-8940 1-800-339-3548