



SUPPLEMENTAL DENTAL BENEFITS THROUGH AMERITAS INCLUDED WITH THE CAPE/BLUE SHIELD LITE OR CLASSIC MEDICAL PLAN

**(NOT THROUGH BLUE SHIELD - DOES NOT REPLACE ANY OF LA COUNTY'S DENTAL PLANS –
PAYS IN ADDITION TO ALL OTHER DENTAL PLANS)**

EFFECTIVE DATE: 1/1/2025

Dental Plan Benefits	
Type 1 – including: <ul style="list-style-type: none"> Routine Exam (1 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (1 per benefit period) Fluoride for Children 18 and under (1 per benefit period) 	25%
Type 2 – including: <ul style="list-style-type: none"> Fillings – Silver OR White Root Canal (nonsurgical) Periodontal Cleaning and Scaling (nonsurgical) Simple Extractions 	25%
Type 3 – including: <ul style="list-style-type: none"> Implants 	60%
Dental Deductible	\$0/Calendar Year
Annual Maximum (per person)	\$1,500 Per Calendar Year
Waiting Period	None

Orthodontia Plan Benefit - Adult and Child(ren) Coverage Including Invisalign

Plan Benefit	50%
Lifetime Maximum (per person)	\$2,500
Waiting Period	None

Eye Care Reimbursement Plan (In addition to full VSP vision plan)

Vision Maximum	\$100
-----------------------	-------

Dental Network Information

To find a provider, go to chooseape.com and click on Providers at the top of the home page, then click on Ameritas. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact your Dedicated Customer Service Team at 800-487-3092 for assistance **BE SURE TO GIVE PROVIDERS THE INFORMATION ON YOUR SEPARATE AMERITAS ID CARD, NOT BLUE SHIELD'S.**

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.