

# PrimeStar® Dental Plans

Individual dental insurance – base

## Plan features

- No waiting periods
- Preventive Plus included
- Year 1+ increased maximum and benefits
- Child orthodontia (Boost)
- Hearing benefits (Complete)

## Find a dentist at [ameritas.com](http://ameritas.com)

Policyholders can choose any dentist, and the out-of-pocket savings are best when visiting a network provider. Go to Find a Health Provider and select a Classic (PPO) network provider.

Effective date 4-24

	PrimeStar Lite <sup>1</sup>		PrimeStar Boost		PrimeStar Complete	
<b>Help me choose</b>	Greatest value for individuals who want to maintain good oral health		Balanced family plan that includes orthodontia		Robust plan with generous dental maximum and hearing benefits	
<b>Plan details</b>	Day one	After year one	Day one	After year one	Day one	After year one
<b>Dental maximum benefit</b> Per person per benefit year	<b>\$750</b>	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$2,000</b>	<b>\$2,500</b>	<b>\$3,000</b>
<b>Deductible</b> Per person	<b>\$0</b> Type 1 <b>\$50</b> Types 2 & 3		<b>\$0</b> Type 1 <b>\$50</b> Types 2 & 3		<b>\$0</b> Type 1 <b>\$50</b> Types 2 & 3	
<b>Preventive (Type 1)</b> <i>Preventive Plus included</i>	<b>100%</b> in-network <b>70%</b> out-of-network		<b>100%</b> in-network <b>80%</b> out-of-network		<b>100%</b> in-network <b>90%</b> out-of-network	
Applies to:	Exams, cleanings		Exams, cleanings, bitewing X-rays, fluoride (age 15 and under), sealants (age 15 and under), space maintainers (age 13 and under)		Exams, cleanings, bitewing X-rays	
<b>Basic (Type 2)</b>	<b>50%</b> in-network <b>25%</b> out-of-network	<b>80%</b> in-network <b>40%</b> out-of-network	<b>65%</b> in-network <b>45%</b> out-of-network	<b>80%</b> in-network <b>60%</b> out-of-network	<b>80%</b> in-network <b>70%</b> out-of-network	<b>90%</b> in-network <b>80%</b> out-of-network
Applies to:	Bitewing X-rays, fluoride (age 15 and under), fillings, sealants (age 15 and under), space maintainers (age 13 and under)		Fillings, simple extractions		Fillings, simple extractions	
<b>Major (Type 3)</b>	<b>10%</b> in-network <b>5%</b> out-of-network	<b>20%</b> in-network <b>10%</b> out-of-network	<b>20%</b> in-network <b>10%</b> out-of-network	<b>50%</b> in-network <b>30%</b> out-of-network	<b>20%</b> in-network <b>15%</b> out-of-network	<b>50%</b> in-network <b>40%</b> out-of-network
Applies to:	Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures		Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening		Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	
<b>Child orthodontia</b> Under age 19 Lifetime maximum per person	No benefit		<b>15%</b>	<b>50%</b>	No benefit	
			<b>\$1,000</b>			
<b>Annual hearing<sup>2</sup> exam benefit</b>	No benefit		No benefit		<b>\$75</b>	
<b>Hearing<sup>2</sup> aid benefit per ear</b>	No benefit		No benefit		<b>\$200</b> day 1 <b>\$300</b> after year 1 <b>\$400</b> after year 2	

Plans available in: AL, AZ, CA, CO, DC, DE, HI, IA, ID, IN, KY, MD, ME, MI, MN, ND, NE, NH, NV, OR, SC, SD, TN, UT, VT, WV, PA (except Forest and Potter counties), WY (except excluded WY ZIP Codes).

<sup>1</sup> PrimeStar Lite not available in Maryland.

<sup>2</sup> Hearing benefit not available in New Hampshire.

# PrimeStar® Dental Plans

Individual dental insurance – base

## Plan feature descriptions

### Preventive Plus

Preventive (Type 1) procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Basic and Major procedures.

### Increasing maximums

Insurance covers a maximum amount per person per benefit period for Basic and Major services combined. And, the annual maximum benefit increases after year one.

### Teeth whitening (Boost)

Professional teeth bleaching, also known as whitening, is a popular cosmetic procedure. This plan provides Type 3 coverage toward bleaching procedures recognized by the American Dental Association (ADA) and performed by a dentist. Professional teeth bleaching can last from five to seven years with proper care.

### Child orthodontia benefit (Boost)

The orthodontia benefit is a lifetime benefit for dependent children up to age 19. Plan payments are pro-rated by monthly periods over the length of the program. Orthodontic services can help straighten teeth, close gaps, correct bite problems, and correct teeth and jaw alignment.

### Hearing benefit<sup>2</sup>

Benefits are available for hearing exams and hearing aids. The plan pays 50% of the hearing aid cost up to the maximum benefit per ear. The hearing aid maximum benefit is separate from the dental maximum benefit.

Five years after using the hearing aid coverage, the policyholder is re-eligible for the benefit at the top level. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct. All benefits assume no break in coverage.

## Network information

The Ameritas Dental Network is one of the largest in the nation, making it easier for members across the country to see the dentist of their choice. The network offers access to providers in the U.S. and Mexico.

- 98% of providers stay with Ameritas year after year.
- Network dentists charge 25-50% less than their regular rates, providing out-of-pocket savings to policyholders.

myplan.ameritas.com | 888-336-7601

## Mobile app access

With the **Ameritas Benefits** mobile app, policyholders can easily search for providers, view dental benefits, processed claims, and ID cards, once benefits are active. Access also includes vision benefit information.



## Plan information

### MAC/MAB claim allowance

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If a policyholder selects a network provider, they may have lower out-of-pocket costs. If they visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest network contracted fee in the ZIP Code area. Policyholders pay the difference between what the plan pays and the dentists actual charge.

### Credit for prior coverage (CPC)

Policyholders replacing a fully insured dental plan may receive CPC. If qualified, the highest level of coverage for Preventive, Basic and Major dental services will apply on day one. There will be no changes day one to the annual maximum or benefit coverage levels for orthodontia or hearing benefits, including any waiting periods for these additional benefits. Restrictions apply. Not available in all states.

### Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Policyholders are automatically opted in to receive same-day access to their policy and ID card electronically in the member portal, or they can opt out and receive them by mail within 10 days.

This document is a plan highlight only. The actual policy will include the full legal description of the benefits. Certain plans and plan options may not be available in all areas.



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