

PrimeStar[®] Value

Individual dental insurance



• No enrollment fees

• Ameritas dental network savings

Plan information

The Ameritas Dental Network is one of the five largest in the nation, making it easier for policyholders across the country to see the dentist of their choice.

- 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
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

Network not available in MT or RI

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 contracted fee in the ZIP Code area. They pay the difference between what the plan pays and the dentist's actual charge.

MAC/U&C claim allowance

If a policyholder visits an out-of-network dentist, covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges. This means we expect 8 out of 10 charges from dental providers to be within the amount insurance pays for a covered procedure. Policyholders pay the difference between what the plan pays and the dentist's actual charge. If they visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

Indemnity (U&C) claim allowance

Covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges.

Preventive Plus

Type 1 Preventive procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Type 2 and 3 procedures.

Plan Details	Day one	After year one
Maximum benefit Per person per benefit year	\$750	
Preventive Plus	Included	
Deductible Per person per benefit year	\$0 Type 1 \$50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings	90%	100%
Basic (Type 2) Bitewing X-rays, fluoride (up to age 16), sealants, space maintainers, fillings	50%	80%
Major (Type 3)* Panoramic X-rays, simple extractions, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures	0%	15%

* 12 month waiting period on Major procedures

In Florida, Preventive Plus is not available, and there is a 6 month wait for Major procedure coverage.

In New Jersey, Major procedures are covered at 25% after year one.

Product availability

Use the following to find dental rates by area. Visit myplan.ameritas.com to receive a final quote. Find your area by locating the first 3 digits of your ZIP Code.

State	ZIP Code	Area
Alabama	All	1
Alaska	All	6
Arizona	851, 855-856, 859, 865	2
	All Others	3
Arkansas	All	1
California	920, 934, 938-939, 942-947, 954-955	6
	922-925, 936-937, 952-953	4
	932-933, 959-961	5
	All Others	7
Colorado	800-806, 808-809	4
	All Others	3
D.C.	All	6
Delaware	199	3
	All Others	5
Florida	330-334	5
	341-342	4
	All Others	3
Georgia	300-303, 308-309	3
	All Others	2
Hawaii	All	5
Idaho	832-834	2
	All Others	3
Indiana	All	2
Iowa	500-503, 511, 515, 520, 522-524, 527-528	3
	All Others	2
Kansas	660-662, 666, 670-672	2
	All Others	1
Kentucky	All	1
Louisiana	700-701, 704	2
	All Others	1
Maine	039-041	5
	042	4
	All Others	3
Massachusetts	All	6
Michigan	480-483	4
	All Others	3

State	ZIP Code	Area
Minnesota	553-554	5
	All Others	4
Mississippi	All	1
Missouri	630-633, 640-641	3
	650-652, 656-658	2
	All Others	1
Montana	590-591, 598	4
	All Others	3
Nebraska	680-681, 685	2
	687	3
	All Others	1
Nevada	All	3
New Jersey	All	1
North Carolina	275-277, 280-282	4
	283-289	2
	All Others	3
North Dakota	580-581, 585	3
	All Others	2
Oklahoma	730-731	3
	740-741	2
	All Others	1
Oregon	All	5
Pennsylvania	150-154, 156, 160, 170-171, 175-176, 180-181	2
	183, 189-194	4
	All Others	1
Rhode Island	All	4
South Carolina	All	2
South Dakota	All	2
Tennessee	370-372	3
	373-374, 377-381	2
	All Others	1
Texas	750-754, 762, 770, 773-775, 786-787	3
	All Others	2
Utah	All	2
West Virginia	254, 267	3
	All Others	1
Wisconsin	All	4
Wyoming	All	2

Product rates

Find the dental rate using your state, area, plan type & coverage:

Area:		1	2	3	4	5	6	7
MAC	Policyholder	\$17.34	\$19.19	\$21.04	\$23.12	\$25.43	\$27.98	\$30.75
	Policyholder plus one dependent	\$34.68	\$38.38	\$42.08	\$46.24	\$50.86	\$55.95	\$61.50
	Policyholder plus two or more dependents	\$55.49	\$61.40	\$67.32	\$73.98	\$81.38	\$89.52	\$98.39
PPO (U&C)	Policyholder	\$24.69	\$27.32	\$29.96	\$32.92	\$36.21	\$39.83	\$43.78
	Policyholder plus one dependent	\$49.38	\$54.65	\$59.91	\$65.84	\$72.42	\$79.67	\$87.57
	Policyholder plus two or more dependents	\$79.01	\$87.43	\$95.86	\$105.34	\$115.87	\$127.46	\$140.10
Indemnity	Policyholder	\$25.99	\$28.76	\$31.53	\$34.65			
	Policyholder plus one dependent	\$51.98	\$57.52	\$63.06	\$69.30			
	Policyholder plus two or more dependents	\$83.16	\$92.03	\$100.90	\$110.88			

Kentucky

Area:		1
MAC	Policyholder	\$16.47
	Policyholder plus one dependent	\$32.95
	Policyholder plus two or more dependents	\$52.71

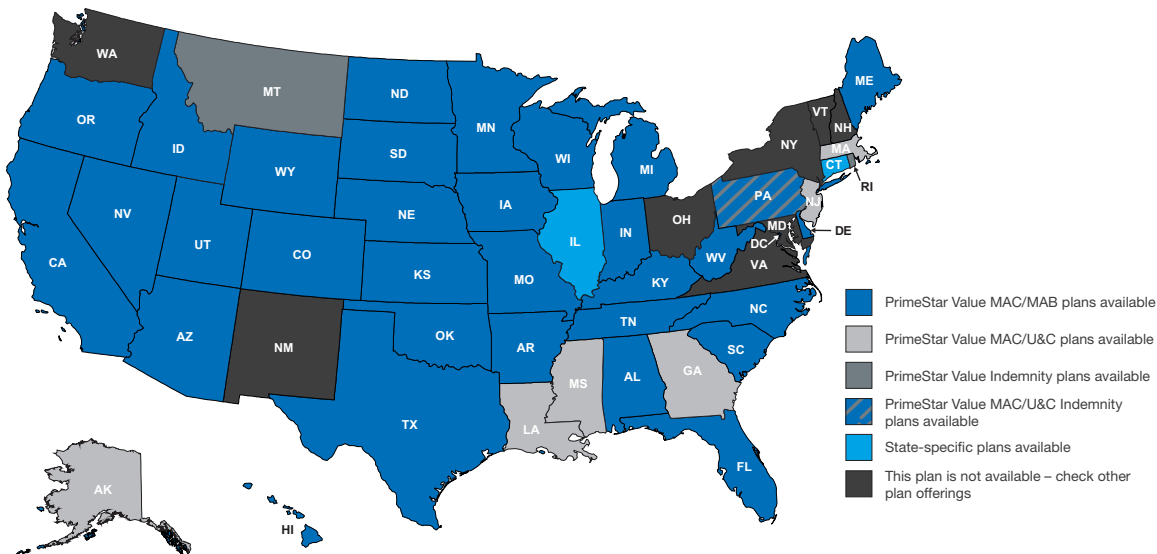
New Jersey

Area:		1
PPO (U&C)	Policyholder	\$25.97
	Policyholder plus one dependent	\$51.95
	Policyholder plus two or more dependents	\$83.12

Florida

Area:		3	4	5
MAC	Policyholder	\$19.13	\$21.02	\$23.12
	Policyholder plus one dependent	\$38.27	\$42.05	\$46.26
	Policyholder plus two or more dependents	\$61.22	\$67.28	\$74.01

The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.



In PA, the MAC/MAB plan is not available in the counties of Forest and Potter. The Indemnity plan is ONLY available in the counties of Forest and Potter.

Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Once enrolled, policyholders will receive their full policy and ID cards 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.

Dental limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion; or
 - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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