PrimeStar℠ Advantage Network

Individual Dental Insurance

Research shows that good dental health is essential to your overall health. Protecting your smile starts with regular visits to the dentist, and a good dental plan.

- No waiting periods
- No enrollment fees
- Ameritas dental network savings

Dental Network Plan Options

PrimeStar Advantage brings you the Ameritas dental network with features like:

- Discounted fees, typically 30% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with over 400,000 access points and over 100,000 unique providers

Advantage Network plans are designed for those who will visit an Ameritas dental network provider. If you visit an in-network provider, your out-of-pocket costs will almost always be less because of the contracted fees (MAC/maximum allowable charge). If you visit an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge (MAB/maximum allowable benefit), which may result in higher out-of-pocket costs.

Visit **star.ameritas.com/findadentist** to find a network provider near you.

Network not available in the PA counties of Forest and Potter.

Plan Details

	In-Network Benefit*	Out-of-Network Benefit*
Preventive (type 1) • exams/cleanings (two per year) • bitewing x-rays • fluoride treatment (under age 16) • sealants (under age 16)	100% day one	80% day one
Additional Services (type 2 and 3) • fillings • oral surgery • surgical endodontics • simple extractions • periodontal procedures • crowns • bridges • dentures • x-rays	15% day one 50% after year one	10% day one 30% after year one
Calendar Year Deductible Per person for additional (type 2 & 3) services combined, with a maximum of three deductibles per family	$50	
Calendar Year Maximum Benefit Per person for preventive, basic and major services combined	$1,000	

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Additional Information

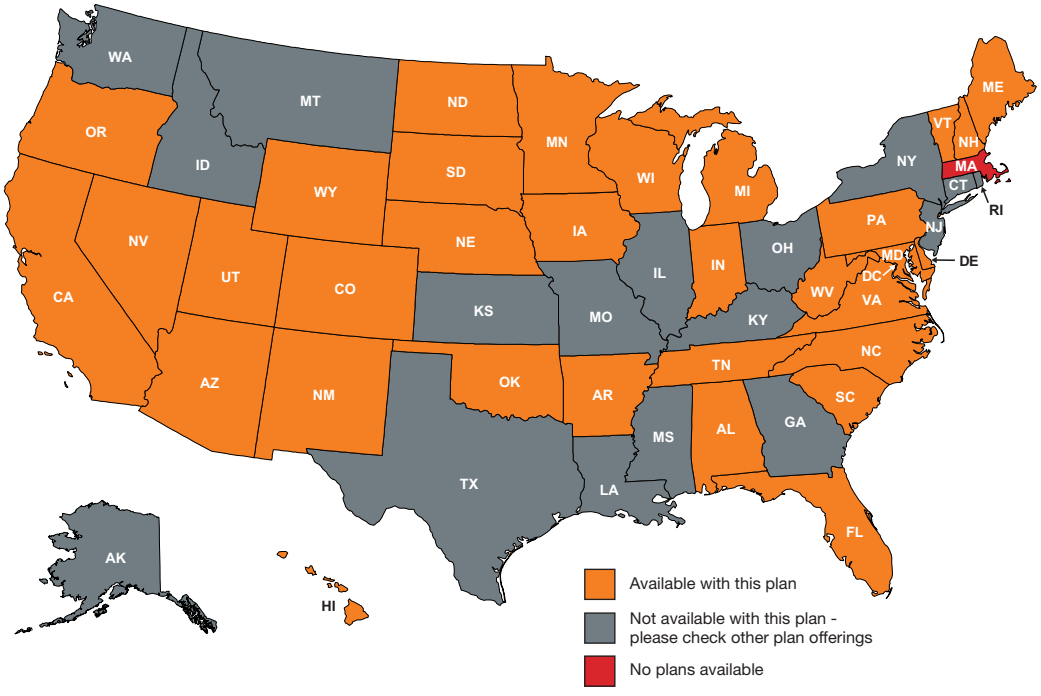
Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow with any effective date except the 29th, 30th or 31st of the month. Once enrolled, you will receive your full policy and ID cards within 10 days.

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

What is not covered?

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 orthodontic treatment.
- 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 and 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.



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PrimeStar Advantage Network

Use the following to find your dental rates by area and network coverage. Enroll at star.ameritas.com.

Find your area by locating the first 3 digits of your zip code

State	Zip	Area
Alabama	All	1
Arizona	851, 855-856, 859, 865	2
	All Others	3
Arkansas	All	1
California	922-925, 932-933, 936-937, 952-953	5
	934, 938-939, 942, 955, 959-961	6
	All Others	7
Colorado	800-806, 808-809	5
	All Others	3
Delaware	199	3
	All Others	5
D. C.	All	7
Florida	330-334	5
	341-342	4
	All Others	3
Hawaii	All	5
Indiana	460-464	3
	All Others	2
Iowa	500-503	3
	511, 515, 520, 522-524, 527-528	2
	All Others	1
Maine	039-041	5
	042	4
	All	3
Maryland	208-209	6
	213, 215-216, 218	4
	All Others	5
Michigan	480-483	5
	484-485, 488-492	4
	All Others	3
Minnesota	550-554	4
	All Others	3
Nebraska	680-681, 685	2
	687	3
	All Others	1

State	Zip	Area
Nevada	894-897	5
	All Others	4
New Hampshire	030-031, 038	6
	All Others	5
New Mexico	All	2
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	4
Pennsylvania	150-154, 156, 160, 170-171, 175-176, 180-181	3
	183, 189-194	5
	All Others	2
South Carolina	All	2
South Dakota	All	2
Tennessee	370-372	3
	373-374, 377-381	2
	All Others	1
Utah	All	2
Vermont	All	4
Virginia	201, 220-225	5
	226, 228-229, 240-241	3
	230-238	4
	All Others	2
West Virginia	254, 267	5
	All Others	1
Wisconsin	538-539, 542, 545-548	3
	All Others	4
Wyoming	All	2

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

Advantage Network Rates

Area	Applicant	Applicant + 1	Applicant + Family
Nevada			
4	$24.80	$49.59	$79.35
5	$27.28	$54.55	$87.29

Area	Applicant	Applicant + 1	Applicant + Family
All Other States			
1	$21.45	$42.90	$68.64
2	$23.74	$47.48	$75.96
3	$26.03	$52.05	$83.28
4	$28.60	$57.20	$91.52
5	$31.46	$62.92	$100.67
6	$34.61	$69.21	$110.74
7	$38.04	$76.08	$121.72

This plan is not available in AK, CT, GA, ID, IL, KS, KY, LA, MA, MT, MS, MO, NJ, NY, OH, RI, TX, WA.
The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.

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