PrimeStar[™] Advantage

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 plans are designed for those who value the freedom to visit any dentist, but will enjoy additional savings with an Ameritas dental network provider. While all PrimeStar plans allow you to choose any dentist, Advantage offers you richer benefits out-of-network than our Network plan. If you use a nonnetwork dentist, covered benefits are paid at the 80th percentile of usual and customary charges. You pay the difference between what the plan pays and the dentist's actual charge. If you use an in-network provider, your out-of-pocket costs will be based on the contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

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

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

Plan Details

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

In New Jersey, major is covered at 25% day one.



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.

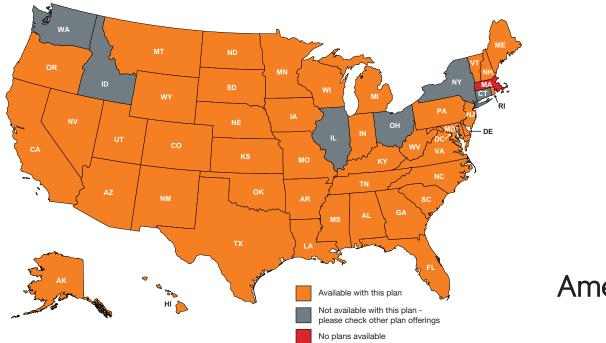
This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

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
- 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.





This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products 9000 Rev. 03-16, (may vary by state) and individual dental and vision products Indiv. 9000 Rev. 07-16, (may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding











PrimeStar Advantage

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

Alabama All 1 Alaska All 7 Arizona 851,855-856,859, 865 All Others 3 Arkansas All 1 Alaska All 1 Arizona 851,855-856,859, 865 All Others 3 Arkansas All 1 Suga-925, 932-933, 936-937,952-953 California 800-806,808-809 All Others 3 Delaware 199 All Others 5 D. C. All 7 All Others 3 Georgia 300-303,308-309 All Others 2 Hawaii All 5 Indiana 460-464 All Others 2 All Others 3 All Others 3 All Others 3 All Others 4 All Others 5 Louisiana 1 Maine 042 All Others 1	Ctoto	7in	Aroo
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State	Zip	Area
	680-681, 685	2
Nebraska	687	3
Webrusku	All Others	1
Nevada	894-897	5
INEVAUA	All Others	4
New Hampshire	030-031, 038	6
	All Others	5
	080, 085-086	6
New Jersey	081-084	5
	All Others	7
New Mexico	All	2
	275-277, 280-282	4
North Carolina	283-289	2
	All Others	3
North Dakota	580-581, 585	3
NOI LII Dakota	All Others	2
Ohio	430-432, 440-442	3
Offic	All Others	2
	730-731	3
Oklahoma	740-741	2
	All Others	1
Oregon	All	4
	150-154, 156, 160, 170-171, 175-176, 180-181	3
Pennsylvania	183, 189-194	5
	All Others	2
Rhode Island	All	4
South Carolina	All	2
South Dakota	All	2
	370-372	3
Tennessee	373-374, 377-381	2
	All Others	1
Texas	750-754, 762, 770, 773-775, 786-787	3
	All Others	2
Utah	All	2
Vermont	All	4

State	Zip	Area
Michigan	480-483	5
	484-485, 488-492	4
	All Others	3
Minnesota	550-554	4
wiiiiiesota	All Others	3
Mississippi	All	1
Missouri	630-633, 640-641	3
	650-652, 656-658	2
	All Others	1
Montana	590-591, 598	4
iviolitalia	All Others	3

State	Zip	Area	
	201, 220-225	5	
	226, 228-229, 240-	3	
Virginia	241	3	
	230-238	4	
	All Others	2	
	254, 267	5	
West Virginia	All Others	1	
	538-539, 542, 545-	3	
Wisconsin	548	3	
	All Others	4	
Wyoming	All	2	

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

Advantage Rates

This plan is not available in CT, ID, IL, MA, MT, NY, OH, RI, WA and the PA counties of Forest and Potter.

Area	Applicant	Applicant + 1	Applicant + Family	
	1	Nevada		
4	\$36.88	\$73.76	\$118.02	
5	\$40.57	\$81.14	\$129.82	
New Jersey				
5	\$48.95	\$97.90	\$156.64	
6	\$53.85	\$107.69	\$172.30	
7	\$59.19	\$118.37	\$189.39	

Area	Applicant	Applicant + 1	Applicant + Family	
All Other States				
1	\$31.91	\$63.81	\$102.10	
2	\$35.31	\$70.62	\$112.99	
3	\$38.71	\$77.42	\$123.88	
4	\$42.54	\$85.08	\$136.13	
5	\$46.79	\$93.59	\$149.74	
6	\$51.47	\$102.95	\$164.72	
7	\$56.58	\$113.16	\$181.05	

Advantage Indemnity Rates

Area	Applicant	Applicant + 1	Applicant + Family			
Montan	Montana, Rhode Island & PA Counties of Forest and Potter					
1	\$35.45	\$70.91	\$113.45			
2	\$39.23	\$78.47	\$125.55			
3	\$43.02	\$86.03	\$137.65			
4	\$47.27	\$94.54	\$151.26			
5	\$52.00	\$103.99	\$166.39			
6	\$57.20	\$114.39	\$183.02			
7	\$62.87	\$125.74	\$201.18			

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

