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 425,000 access points and over 110,000 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 Benefit*
Preventive (type 1) exams/cleanings (two per year) bitewing x-rays 	 fluoride treatment (under ag sealants (under age 16) 	e 16)	100% day one
Additional Services (type a • fillings • oral surgery • surgical endodontics • simple extractions	2 and 3) • periodontal procedures • crowns • bridges	 dentures x-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.

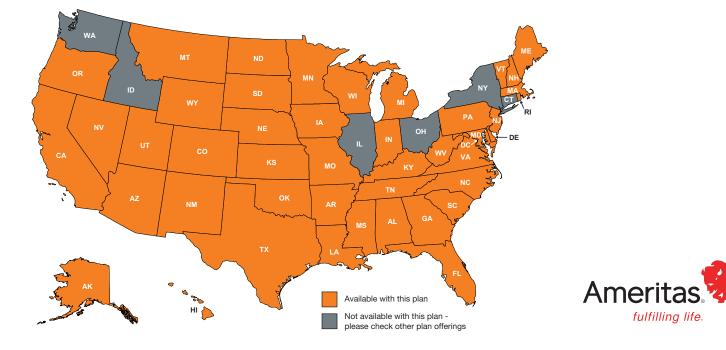
This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

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 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.



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.

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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

State	Zip	Area	
Alabama	All	1	
Alaska	All	7	
	851, 855-856, 859,	2	
Arizona	865	2	
	All Others	3	
Arkansas	All	1	
	922-925, 932-933, 936-937, 952-953	5	
California	934, 938-939, 942, 955, 959-961	6	
	All Others	7	
Colorado	800-806, 808-809	5	
colorado	All Others	3	
Delaware	199	3	
	All Others	5	
D. C.	All	7	
	330-334	5	
Florida	341-342	4	
	All Others	3	
Georgia	300-303, 308-309	3	
Georgia	All Others	2	
Hawaii	All	5	
Indiana	460-464	3	
	All Others	2	
	500-503	3	
lowa	511, 515, 520, 522- 524, 527-528	2	
	All Others	1	
Kansas	660-662, 666, 670- 672	2	
	All Others	1	
	400-402, 410, 422	3	
Kentucky	403, 405, 411, 421, 423-424, 427	2	
	All Others	1	
Louisiana	700-701, 704	2	
Louisiand	All Others	1	
	039-041	5	
Maine	042	4	
wante	All	3	
	208-209	6	
Maryland	213, 215-216, 218	4	
	All Others	5	

State	Zip	Area
	590-591, 598	4
Montana	All Others	3
	680-681, 685	2
Nebraska	687	3
	All Others	1
Nevada	894-897	5
	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
	580-581, 585	3
North Dakota	All Others	2
	430-432, 440-442	3
Ohio	All Others	2
	730-731	3
	740-741	2
Oklahoma	All Others	1
Oregon	All	4
oregon	150-154, 156, 160,	
Pennsylvania	170-171, 175-176, 180-181	3
	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
	750-754, 762, 770,	<u>+</u>
Texas	773-775, 786-787	3
	All Others	2
Utah	All	2
Vermont	All	4

State	Zip	Area
Massachu-	010-013, 027	6
setts	All Others	7
	480-483	5
Michigan	484-485, 488-492	4
	All Others	3
Minnesota	550-554	4
	All Others	3
Mississippi All		1
	630-633, 640-641	3
Missouri	650-652, 656-658	2
	All Others	1

State	Zip	Area	
	201, 220-225	5	
	226, 228-229, 240-	3	
Virginia	241	5	
	230-238	4	
	All Others	2	
West Virginia	254, 267	5	
west virginia	All Others	1	
	538-539, 542, 545-	3	
Wisconsin	548		
	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, MT, NY, OH, RI, WA and the PA counties of Forest and Potter.

Area	Applicant	Applicant + 1	Applicant + Family	Area	Applicant	Applicant + 1	Applicant + Family
		Nevada			All C	Other States	
4	\$36.88	\$73.76	\$118.02	1	\$31.91	\$63.81	\$102.10
5	\$40.57	\$81.14	\$129.82	2	\$35.31	\$70.62	\$112.99
				3	\$38.71	\$77.42	\$123.88
	N	ew Jersey		4	\$42.54	\$85.08	\$136.13
5	\$48.95	\$97.90	\$156.64	5	\$46.79	\$93.59	\$149.74
6	\$53.85	\$107.69	\$172.30	6	\$51.47	\$102.95	\$164.72
7	\$59.19	\$118.37	\$189.39	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.

