

PrimeStarSM Advantage II

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 Plus II 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 428,000 access points and 111,500 unique providers

You have the option of a Network (MAC) or U&C PPO dental plan. If you visit an Ameritas dental network provider, the plan-paid benefits are based on a negotiated fee schedule.

Network (MAC) plans are designed for those who will visit an Ameritas dental network provider. If you visit a network dentist, your out-of-pocket costs will almost always be less because of the negotiated fees. If you visit an out-of-network dentist, you

pay the difference between what the plan pays and the dentist's actual charge, which may result in higher out-of-pocket costs.

U&C PPO 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 of our PrimeStar plans allow you to choose any dentist, U&C plans offer you richer benefits out-of-network than MAC plans. If you use a non-network provider, 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, which may result in higher out-of-pocket costs compared to the Ameritas dental network negotiated fee schedule.

To find a provider near you, go to star.ameritas.com/findadentist.

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

Plan Details

	Plan Benefit*
Preventive (type 1) <ul style="list-style-type: none">• exams/cleanings (two per year)• fluoride treatment (under age 16)• bitewing x-rays• sealants (under age 16)	100% day one
Additional Services (type 2 and 3) <ul style="list-style-type: none">• fillings• oral surgery• surgical endodontics• simple extractions• periodontal procedures• crowns• bridges• dentures• x-rays	10% day one 25% after year one 50% after year two
Calendar Year Deductible Per person for preventive, basic and major 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

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

* When you visit an Ameritas Dental Network provider, Ameritas sends payment directly to the dentist. There is no balance billing – you won't pay the difference between the dentist's discounted fee and what the plan allows, subject to contractual limitations. When you visit an out-of-network dentist, you must pay the difference between what the plan pays and the dentist's actual charge and may have to submit your own claim.

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.



NOTE: Product is not available in Connecticut, Illinois and New York

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16, dates 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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Use the following to find your dental rates by Area and network coverage.

State	Zip	Area	State	Zip	Area	State	Zip	Area
Alabama	All	1	Kentucky	400-402, 410, 422	3	North Carolina	275-277, 280-282	4
Alaska	All	7		403, 405, 411, 421, 423-424, 427	2		283-289	2
Arizona	851, 855-856, 859, 865	2		All Others	1		All Others	3
	All Others	3		Louisiana	700-701, 704	2	North Dakota	580-581, 585
Arkansas	All	1	All Others		1	All Others		2
California	922-925, 932-933, 936-937, 952-953	5	Maine	039-041	5	Ohio	430-432, 440-442	3
	934, 938-939, 942, 955, 959-961	6		042	4		All Others	2
	All Others	7	Michigan	480-483	5	Oklahoma	730-731	3
	Colorado	800-806, 808-809		5	484-485, 488-492		4	740-741
All Others		3	All Others	3	All Others		1	
Delaware	199	3	Minnesota	550-554	4	Oregon	All	4
	All Others	5		All Others	3		Pennsylvania	150-154, 156, 160, 170-171, 175-176, 180-181
D.C.	All	7	Mississippi	All	1			183, 189-194
Florida	330-334	5	Missouri	630-633, 640-641	3	All Others		2
	341-342	4		650-652, 656-658	2	Rhode Island	All	4
	All Others	3		All Others	1	South Carolina	All	2
Georgia	300-303, 308-309	3	Montana	590-591, 598	4	South Dakota	All	2
	All Others	2		All Others	3	Tennessee	370-372	3
Hawaii	All	5	Nebraska	680-681, 685	2		373-374, 377-381	2
Idaho	832-834	2		All Others	3	Texas	All Others	1
	All Others	3	Nevada	All Others	1		750-754, 762, 770, 773-775, 786-787	3
Indiana	460-464	3		All Others	5		All Others	2
	All Others	2	New Hampshire	894-897	4	Utah	All	2
Iowa	500-503	3		030-031, 038	6	Vermont	All	4
	511, 515, 520, 522-524, 527-528	2		All Others	5	Virginia	201, 220-225	5
	All Others	1	New Jersey	080, 085-086	6		226, 228-229, 240-241	3
Kansas	660-662, 666, 670-672	2		081-084	5		230-238	4
	All Others	1	All Others	7	All Others		2	
Kentucky	All	2	New Mexico	All	2	West Virginia	254, 267	5
						All Others	1	
Louisiana	All	2	New York	All	2	Wisconsin	538-539, 542, 545-548	3
							All Others	4
Maine	All	4	North Carolina	All	2	Wyoming	All	2
						All Others	3	

This plan is not available in CT, IL, MA, MD, NY, and WA.

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

Advantage II (U & C PPO)

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

Georgia U&C

Area	Applicant	Applicant + One	Applicant + Family
2	\$28.02	\$56.04	\$89.66
3	\$30.72	\$61.44	\$98.31

Georgia Indemnity

Area	Applicant	Applicant + One	Applicant + Family
2	\$28.51	\$57.02	\$91.23
3	\$31.26	\$62.52	\$100.03

Montana Indemnity

Area	Applicant	Applicant + One	Applicant + Family
3	\$31.26	\$62.52	\$100.03
4	\$34.35	\$68.70	\$109.92

New Jersey U&C

Area	Applicant	Applicant + One	Applicant + Family
2	\$30.27	\$60.54	\$96.86
3	\$33.19	\$66.38	\$106.20
5	\$40.12	\$80.23	\$128.37

Pennsylvania U&C

Area	Applicant	Applicant + One	Applicant + Family
2	\$28.02	\$56.04	\$89.66
3	\$30.72	\$61.44	\$98.31
5	\$37.14	\$74.27	\$118.83

Pennsylvania Indemnity

Only for Forest & Potter counties.

Area	Applicant	Applicant + One	Applicant + Family
2	\$28.51	\$57.02	\$91.23
3	\$31.26	\$62.52	\$100.03
5	\$37.79	\$75.57	\$120.91

Rhode Island Indemnity

Area	Applicant	Applicant + One	Applicant + Family
4	\$34.35	\$68.70	\$109.92

All Other U&C States

Area	Applicant	Applicant + One	Applicant + Family
1	\$25.32	\$50.64	\$81.02
2	\$28.02	\$56.04	\$89.66
3	\$30.72	\$61.44	\$98.31
4	\$33.76	\$67.52	\$108.03
5	\$37.14	\$74.27	\$118.83
6	\$40.85	\$81.70	\$130.72
7	\$44.90	\$89.80	\$143.68

Advantage II Network (MAC)

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

Pennsylvania Network

This plan not available in the PA counties of Forest & Potter, please see indemnity rates for this plan on prior page.

Area	Applicant	Applicant + One	Applicant + Family
2	\$19.36	\$38.71	\$61.93
3	\$21.22	\$42.44	\$67.90
5	\$25.65	\$51.30	\$82.08

All Other Network States

This plan not available in AK, GA, LA, MS, NJ, please select the U&C plan. This plan not available in MT, RI, and the PA counties of Forest & Potter, please see indemnity rates for these plans on prior page.

Area	Applicant	Applicant + One	Applicant + Family
1	\$17.49	\$34.98	\$55.97
2	\$19.36	\$38.71	\$61.93
3	\$21.22	\$42.44	\$67.90
4	\$23.32	\$46.64	\$74.62
5	\$25.65	\$51.30	\$82.08
6	\$28.22	\$56.43	\$90.29
7	\$31.02	\$62.03	\$99.24