

PrimeStarSM Advantage Plus

Individual Dental Insurance – Connecticut & Illinois

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 on Preventive and Basic services
- No enrollment fees
- Ameritas dental network savings

Dental Network Plan Options

PrimeStar Advantage Plus 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

Plan options utilizing the Ameritas dental network:

Advantage Plus 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.

Advantage Plus 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 non-network 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.

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
Basic (type 2) <ul style="list-style-type: none">• fillings• simple extractions	50% day one 80% after year one
Major (type 3) <ul style="list-style-type: none">• implants• oral surgery• surgical endodontics• periodontal procedures• crowns• bridges• dentures• x-rays	50% after 9 months
Orthodontia (under age 19) <ul style="list-style-type: none">• \$1,000 lifetime maximum per child	50% after year one
Calendar Year Deductible Per person for 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 or \$2,000

* When you visit an Ameritas Dental Network provider, Ameritas sends payment directly to the provider. There is no balance billing – you won't pay the difference between the provider's charge 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 by the policy?

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 under the following provisions:
 - for treatment begun on or after the insured's 19th birthday;
 - for treatment begun before the insured became covered under this section;
- 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.



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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PrimeStar Advantage Plus

Dental Rates - Connecticut, Illinois

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
Connecticut	062-063	6
	All Others	7

State	Zip	Area
Illinois	600-608	5
	609-611, 617-618, 620-622, 626-627	3
	612, 615-616	2
	All Others	1

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

Advantage Plus Network \$1,000 Rates

Area	Applicant	Applicant + 1	Applicant + Family
1	\$29.99	\$61.46	\$102.20
2	\$33.18	\$68.01	\$113.10
3	\$36.38	\$74.57	\$124.01
5	\$43.98	\$90.13	\$149.90
6	\$48.38	\$99.15	\$164.89
7	\$53.17	\$108.98	\$181.24

Advantage Plus Network \$2,000 Rates

Area	Applicant	Applicant + 1	Applicant + Family
1	\$36.89	\$75.26	\$124.28
2	\$40.82	\$83.28	\$137.54
3	\$44.75	\$91.31	\$150.80
5	\$54.10	\$110.37	\$182.28
6	\$59.51	\$121.41	\$200.51
7	\$65.41	\$133.45	\$220.39

Advantage Plus \$1,000 Rates

Area	Applicant	Applicant + 1	Applicant + Family
1	\$40.45	\$82.38	\$135.68
2	\$44.76	\$91.17	\$150.16
3	\$49.08	\$99.95	\$164.63
5	\$59.32	\$120.82	\$199.00
6	\$65.26	\$132.91	\$218.90
7	\$71.73	\$146.09	\$240.61

Advantage Plus \$2,000 Rates

Area	Applicant	Applicant + 1	Applicant + Family
1	\$49.75	\$100.98	\$165.44
2	\$55.05	\$111.75	\$183.09
3	\$60.36	\$122.52	\$200.74
5	\$72.96	\$148.10	\$242.65
6	\$80.26	\$162.91	\$266.91
7	\$88.22	\$179.07	\$293.38

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

