

PrimeStar® Dental Plan Comparison



| | PrimeStar Lite | | PrimeStar Boost | | PrimeStar Complete | |
|---|--|--------------------------------------|---|--------------------------------------|--|--------------------------------------|
| | Day one | After year one | Day one | After year one | Day one | After year one |
| Dental maximum benefit Per person per benefit year | \$750 | \$1,500 | \$1,500 | \$2,000 | \$2,500 | \$3,000 |
| Preventive Plus | Included | | Included | | Included | |
| Deductible Per person per benefit year | \$0 Type 1 \$50 Types 2 & 3 | | \$0 Type 1 \$50 Types 2 & 3 | | \$0 Type 1 \$50 Types 2 & 3 | |
| Preventive (Type 1) | Exams, cleanings | | Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers | | Exams, cleanings, bitewing X-rays | |
| | 100% in-network 70% out-of-network | | 100% in-network 80% out-of-network | | 100% in-network 90% out-of-network | |
| Basic (Type 2) | Bitewing X-rays, fluoride (up to age 16), fillings, sealants, space maintainers | | Fillings, simple extractions | | Fillings, simple extractions | |
| | 50% in-network 25% out-of-network | 80% in-network 40% out-of-network | 65% in-network 45% out-of-network | 80% in-network 60% out-of-network | 80% in-network 70% out-of-network | 90% in-network 80% out-of-network |
| Major (Type 3) | Other X-rays, simple extractions, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures | | Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening | | Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants | |
| | 10% in-network 5% out-of-network | 20% in-network 10% out-of-network | 20% in-network 10% out-of-network | 50% in-network 30% out-of-network | 20% in-network 15% out-of-network | 50% in-network 40% out-of-network |
| Child orthodontia Under age 19 Lifetime maximum per person | No benefit | | 15% | 50% | No benefit | |
| | | | \$1,000 | | | |
| Hearing benefit | The hearing exam and hearing aid benefits are separate from the dental maximum benefit | | | | | |
| Annual hearing exam benefit | | | | | \$75 | |
| Hearing aid benefit of 50% up to the maximum benefit amount per ear* | No benefit | | No benefit | | \$200 day 1 \$300 after year 1 \$400 after year 2 | |

* Once the hearing aid benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five years as long as there is no break in coverage. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage. The benefit cannot be combined toward double coverage for a single ear. The hearing benefit is separate from the dental maximum benefit.

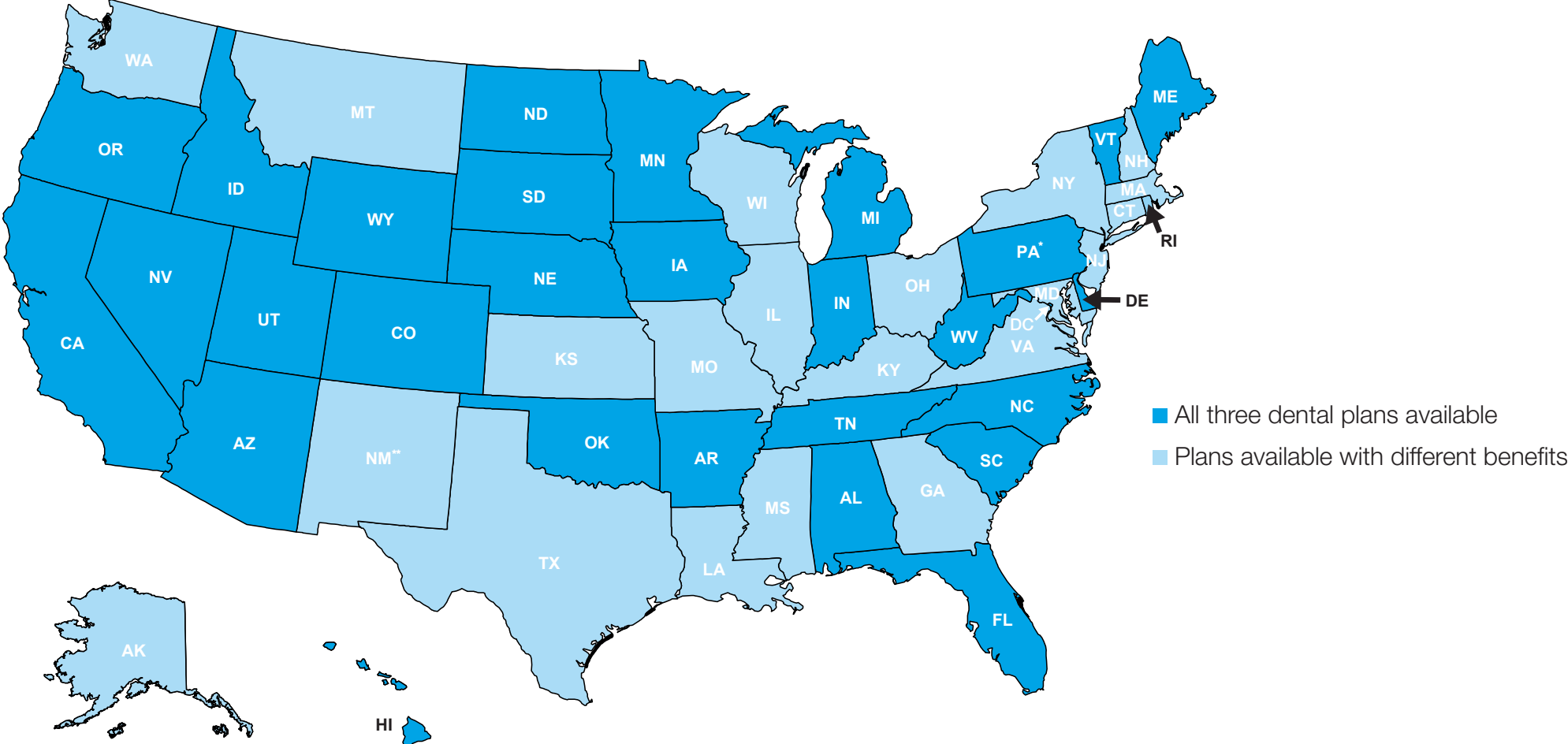
The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower out-of-pocket costs. Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can find a dental provider in the Classic (PPO) network at ameritas.com—Find a Health Provider. Network not available in Montana, Rhode Island and the Pennsylvania counties of Forest and Potter.

Certain plans and plan options may not be available in all areas. Please visit myplan.ameritas.com and enter a ZIP Code to find available plans.

Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York



PrimeStar® Dental State Availability



*Some plan benefits are not available in the Pennsylvania counties of Forest and Potter. See plan details and other plan offerings at myplan.ameritas.com.

**This piece is not for use in New Mexico.

PrimeStar® Vision Plan Comparison



| Network | PrimeStar Choice Vision | | | | PrimeStar Select Vision | | | | PrimeStar Basic Vision** | | |
|-------------------------------|-------------------------|------------|--------------------|--------------------------|-------------------------|------------|--------------------|--------------------------|--------------------------|----------------------|-------------|
| | VSP Choice Network | | | | EyeMed Access Network | | | | No Network Restrictions | | |
| | Frequency | Deductible | In-network benefit | Out-of-network allowance | Frequency | Deductible | In-network benefit | Out-of-network allowance | Frequency | Deductible | Allowance |
| Eye exam | Every 12 months | \$10 | 100% | Up to \$45 | Every 12 months | \$25 | 100% | Up to \$50 | Every 12 months | \$10 | Up to \$50 |
| Lenses | Every 12 months | \$20* | Up to 100% | Up to \$100 | Every 24 months | \$25 | Up to 100% | Up to \$100 | Every 12 months | \$50 (per lifetime)* | Up to \$100 |
| Frames | Every 12 months | \$20* | Up to \$150 | Up to \$70 | Every 24 months | \$0 | Up to \$130 | Up to \$70 | Every 24 months | \$50 (per lifetime)* | Up to \$65 |
| Contacts (in lieu of glasses) | Every 12 months | \$0 | Up to \$150 | Up to \$105 | Every 24 months | \$0 | Up to \$130 | Up to \$105 | Every 12 months | \$0 | Up to \$100 |

Plan designs not available in NM - check myplan.ameritas.com for plan details.

*This plan features a combined deductible for frames and lenses.

** The states of MA, MT, RI and WA only offer Basic Vision.

Vision plans are not available in Maryland.



Visit vsp.com to search for providers in the VSP Choice Network.

VSP provider discounts. Members can take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And they receive an extra \$20 to spend on featured frame brands. The laser vision correction discount can be used on LASIK or PRK procedures.

Based on applicable laws, reduced costs may vary by doctor location.

Visit eyemed.com and select the Access Network to search for providers in the EyeMed Access Network.

EyeMed provider discounts. Members can take advantage of 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses. The laser vision correction discount can be used on LASIK or PRK procedures.

Based on applicable laws, reduced costs may vary by doctor location.

Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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For Producers only.