

# PrimeStar® Dental Plans

Individual dental insurance – VA

## Plan features

- No waiting periods
- Preventive Plus included
- Year 1+ increased maximum and benefits
- Child orthodontia (Access)
- Hearing benefits (Total)

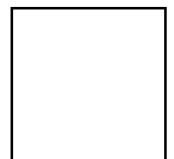
## Find a dentist at [ameritas.com](http://ameritas.com)

Policyholders can choose any dentist and receive the best out-of-pocket savings when visiting a network provider. Go to Find a Health Provider at [ameritas.com](http://ameritas.com) and select a Classic (PPO) network provider.

Effective date 4-24

Help me choose	PrimeStar Access		PrimeStar Total	
	Balanced family plan that includes orthodontia & LASIK		Robust plan with generous dental maximum and hearing benefits	
Plan details	Day one	After year one	Day one	After year one
<b>Dental maximum benefit</b> Per person per benefit year	<b>\$1,000</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,500</b>
<b>Deductible</b> Per person	<b>\$0</b> Type 1 <b>\$50</b> Types 2 & 3		<b>\$0</b> Type 1 <b>\$50</b> Types 2 & 3	
<b>Preventive (Type 1)</b> <i>Preventive Plus included</i> Applies to:	<b>100%</b> in-network <b>80%</b> out-of-network Exams, cleanings, bitewing X-rays, fluoride (age 15 and under), sealants (age 15 and under), space maintainers (age 13 and under)		<b>100%</b> in & out-of-network Exams, cleanings, bitewing X-rays	
<b>Basic (Type 2)</b> Applies to:	<b>65%</b> in-network <b>45%</b> out-of-network	<b>80%</b> in-network <b>60%</b> out-of-network	<b>80%</b> in & out-of-network	<b>90%</b> in & out-of-network
	Fillings, simple extractions		Fillings, simple extractions	
<b>Major (Type 3)</b> Applies to:	<b>20%</b> in-network <b>10%</b> out-of-network	<b>50%</b> in-network <b>30%</b> out-of-network	<b>20%</b> in & out-of-network	<b>50%</b> in & out-of-network
	Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening		Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	
<b>Child orthodontia</b> Under age 19 Lifetime maximum per person	<b>15%</b>	<b>50%</b>	No benefit	
	<b>\$1,000</b>			
<b>LASIK</b> Lifetime benefit per eye	<b>\$125</b> years 1 & 2 <b>\$250</b> after year 2		No benefit	
<b>Annual hearing exam benefit</b>	No benefit		<b>\$75</b>	
<b>Hearing aid benefit per ear</b>	No benefit		<b>\$200</b> day 1 <b>\$300</b> after year 1 <b>\$400</b> after year 2	

Plans available in: VA



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## Plan feature descriptions

### Preventive Plus

Preventive (Type 1) procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Basic and Major procedures.

### Increasing maximums

Insurance covers a maximum amount per person per benefit period for Basic and Major services combined. And, the annual maximum benefit increases after year one.

### Teeth whitening (Access)

Professional teeth bleaching, also known as whitening, is a popular cosmetic procedure. This plan provides Type 3 coverage toward bleaching procedures recognized by the American Dental Association (ADA) and performed by a dentist. Professional teeth bleaching can last from five to seven years with proper care.

### Child orthodontia benefit (Access)

The orthodontia benefit is a lifetime benefit for dependent children up to age 19. Plan payments are pro-rated by monthly periods over the length of the program. Orthodontic services can help straighten teeth, close gaps, correct bite problems, and correct teeth and jaw alignment.

### LASIK benefit (Access)

The LASIK benefit is a lifetime benefit that pays once per eye, and per-eye benefits cannot be combined to treat a single eye. The plan benefit increases after year two. The policyholder must be 18 or older to receive LASIK benefits.

### Hearing benefit (Total)

Benefits are available for hearing exams and hearing aids. The plan pays 50% of the hearing aid cost up to the maximum benefit per ear. The hearing aid maximum benefit is separate from the dental maximum benefit.

Five years after using the hearing aid coverage, the policyholder is re-eligible for the benefit at the top level. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct. All benefits assume no break in coverage.

## Network information

The Ameritas Dental Network is one of the largest in the nation, making it easier for members across the country to see the dentist of their choice. The network offers access to providers in the U.S. and Mexico.

- 98% of providers stay with Ameritas year after year.
- Network dentists charge 25-50% less than their regular rates, providing out-of-pocket savings to policyholders.

myplan.ameritas.com | 888-336-7601

## Mobile app access

With the **Ameritas Benefits** mobile app, policyholders can easily search for providers, view dental benefits, processed claims, and ID cards, once benefits are active. Access also includes vision benefit information.



## Plan information

### MAC/MAB claim allowance

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If a policyholder selects a network provider, they may have lower out-of-pocket costs. If they visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest network contracted fee in the ZIP Code area. Policyholders pay the difference between what the plan pays and the dentist's actual charge.

### Credit for prior coverage (CPC)

Policyholders with an active dental insurance plan may receive CPC. If qualified, the highest level of coverage for Preventive, Basic and Major dental services will apply on day one. There will be no changes day one to the annual maximum or benefit coverage levels for orthodontia or hearing benefits, including any waiting periods for these additional benefits. Restrictions apply. Not available in all states.

### Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Policyholders are automatically opted in to receive same-day access to their policy and ID card electronically in the member portal, or they can opt out and receive them by mail within 10 days.

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

IN VIRGINIA, THIS IS AN EXCEPTED BENEFITS PLAN. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. THIS IS A STAND-ALONE DENTAL PLAN THAT IS NOT EXCHANGE CERTIFIED AND MAY NOT PROVIDE MINIMUM ESSENTIAL PEDIATRIC DENTAL BENEFITS.



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