

# PrimeStar<sup>®</sup> Protect

## 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, basic and major services
- No enrollment fees
- Ameritas dental network savings

### Dental network plan options

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 your out-of-pocket costs.

You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider.

Find a dental provider near you at [ameritas.com](http://ameritas.com)—**Find a Provider**. Simply enter your ZIP Code and choose the Classic Network to start your search.

**PrimeStar Protect Network plans are designed for those who will visit an Ameritas Dental Network provider.** The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. If you visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in your ZIP Code. Any difference between the plan allowance and the dentist's charge will be an out-of-pocket expense for you.

**All PrimeStar plans allow you to choose any dentist, but if you plan to visit an out-of-network dentist Protect offers the best benefits for you.** If you visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs. If you visit an out-of-network dentist, covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges. This means we expect 8 out of 10 charges from dental providers to be within the amount we'll pay for a covered procedure. You pay the difference between what the plan pays and the dentist's actual charge.

### Plan details

	Plan benefit
<b>Preventive (Type 1)</b> <ul style="list-style-type: none"> <li>• Exams (2 per year)</li> <li>• Cleanings (2 per year)</li> <li>• Bitewing X-rays</li> <li>• Fluoride (under age 16)</li> <li>• Sealants (under age 16)</li> </ul>	100% day one
<b>Basic (Type 2)</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple extractions</li> </ul>	50% day one 80% after year one
<b>Major (Type 3)*</b> <ul style="list-style-type: none"> <li>• Implants</li> <li>• Oral Surgery</li> <li>• Root Canals</li> <li>• Periodontics</li> <li>• Crowns</li> <li>• Bridges</li> <li>• Dentures</li> <li>• Panoramic X-rays</li> </ul>	50% day one
<b>Orthodontics</b> <ul style="list-style-type: none"> <li>• Straightening of the teeth (under age 19)</li> <li>• Lifetime Maximum \$1,000 per child</li> </ul>	50% after year one
<b>Benefit year deductible</b> Per person for basic and major services combined, with a maximum of three deductibles per family	\$50
<b>Benefit year maximum benefit</b> Per person for preventive, basic and major services combined	\$1,200

\* \$600 maximum benefit for major services.



## Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. 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.

## Limitations and exclusions

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.

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## Dental Rates - Connecticut & Illinois

Use the following to find your dental rates by area and network coverage. Visit [star.ameritas.com](http://star.ameritas.com) to receive a final quote. Find your area by locating the first 3 digits of your ZIP Code.

State	ZIP Code	Area
Connecticut	All	7

State	ZIP Code	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:

Protect Network Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
1	\$32.53	\$66.54	\$110.33
2	\$36.00	\$73.64	\$122.10
3	\$39.47	\$80.74	\$133.87
5	\$47.71	\$97.59	\$161.82
7	\$57.68	\$118.00	\$195.66

Protect Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
1	\$46.31	\$94.11	\$154.45
2	\$51.25	\$104.15	\$170.92
3	\$56.19	\$114.19	\$187.40
5	\$67.93	\$138.03	\$226.52
7	\$82.13	\$166.89	\$273.89

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



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

This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Rates are subject to change at any time.

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