

PrimeStar® Complete

Individual dental insurance – MAC/MAB plan



• High annual maximum

• No waiting periods

• Dental network savings

Plan overview

The PrimeStar Complete plan is great for those who want the highest level of dental coverage and benefits for hearing care.

Plan Details	Day one	After year one
Dental maximum benefit Per person per benefit year	\$2,500	\$3,000
Preventive Plus	Included	
Deductible Per person	\$0 Type 1 \$50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings, bitewing X-rays	100% in-network 90% out-of-network	
Basic (Type 2) Fillings, simple extractions	80% in-network 70% out-of-network	90% in-network 80% out-of-network
Major (Type 3) Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	20% in-network 15% out-of-network	50% in-network 40% out-of-network
Annual hearing exam benefit	\$75	
Hearing aid benefit per ear*	\$200 day 1 \$300 after year 1 \$400 after year 2	

*Hearing benefit not available in New Hampshire.

Plan not available in all states. Visit your agent's shopping URL or myplan.ameritas.com for plan availability.

Increasing maximum

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

Preventive Plus

Type 1 Preventive 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.

Hearing benefit*

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 policyholders across the country to see the dentist of their choice.

- 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.

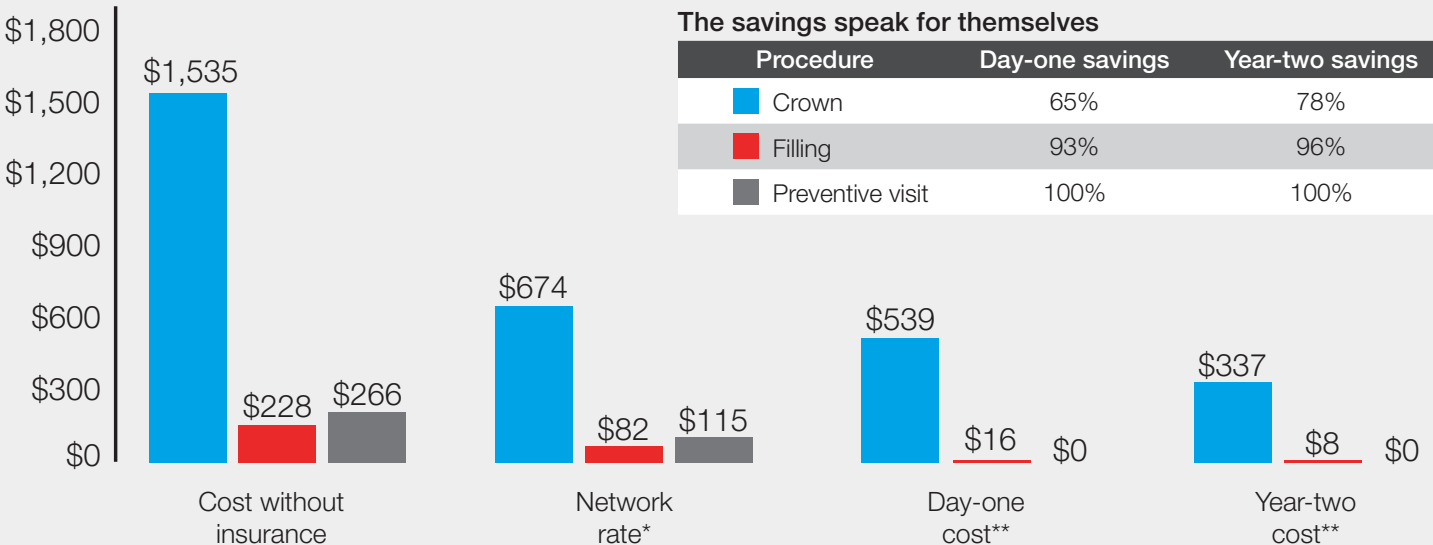
Policyholders can visit any dentist and family members do not need to visit the same provider. The network offers access to providers in the U.S. and Mexico. Find a [Classic \(PPO\) network provider](#) at ameritas.com — Find a Health Provider.

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Visit a network provider to maximize savings



*Maximum Allowable Charge

**Cost shown above is based on network rates and does not include deductibles.

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, Year-two benefits for Preventive, Basic and Major dental services will apply on day one. 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.

Visit your agent's shopping URL for a quote.



These plan benefits do not apply to AK, CT, GA, IL, KS, KY, LA, MA, MO, MS, MT, NJ, NM, NY, OH, RI, TX, VA, WA, WI or the PA counties of Forest and Potter.

The cost example reflects amounts specific to PrimeStar Complete benefit levels. Allowance and cost estimates are specific to ZIP Code 606XX. Preventive visit consists of exam, cleaning, and bitewing X-ray. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. Deductibles not shown.

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

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