

PrimeStar[®] Lite

Individual dental insurance – MAC/MAB plan



• Preventive focus

• No waiting periods

• Dental network savings

Plan overview

The PrimeStar Lite plan is great for those with a healthy mouth who usually visit a network provider.

Plan Details	Day one	After year one
Dental maximum benefit Per person per benefit year	\$750	\$1,500
Preventive Plus	Included	
Deductible Per person	\$0 Type 1 \$50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings	100% in-network 70% out-of-network	
Basic (Type 2) Bitewing X-rays, fluoride (up to age 16), fillings, sealants, space maintainers	50% in-network 25% out-of-network	80% in-network 40% out-of-network
Major (Type 3) Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures	10% in-network 5% out-of-network	20% in-network 10% out-of-network

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.

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.

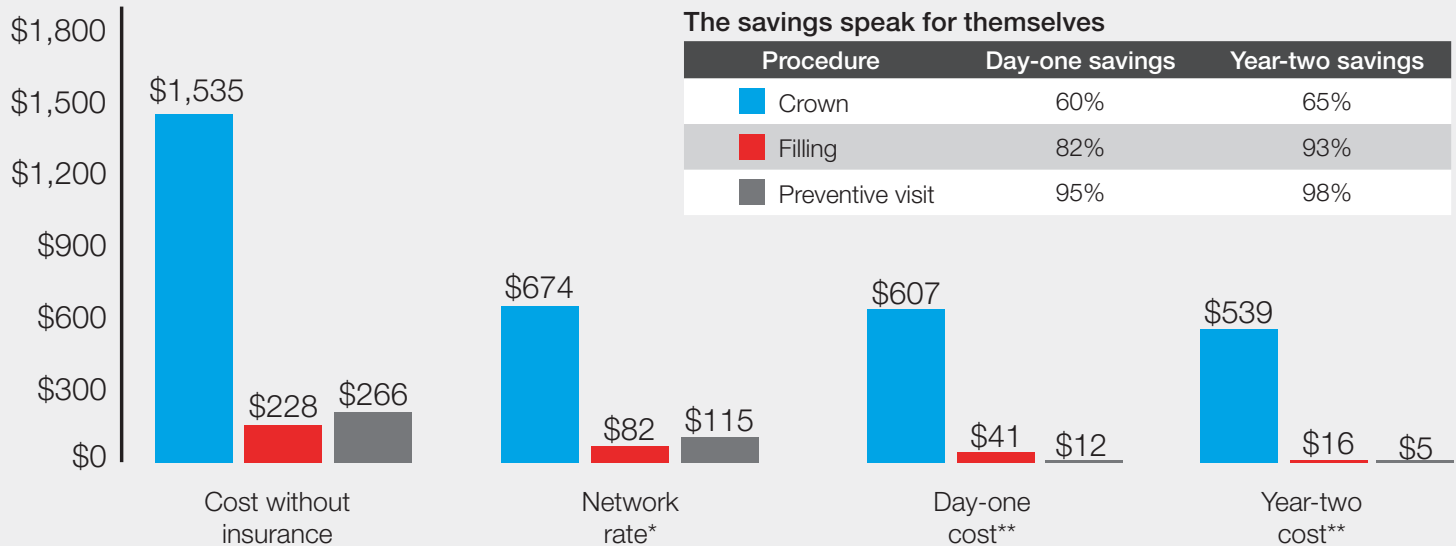
Policyholders can visit any dentist and family members do not need to visit the same provider. The network offers access to providers in the U.S. and Mexico. Find a [Classic \(PPO\) network provider](#) at ameritas.com — Find a Health Provider.

PrimeStar® Lite

Individual dental insurance – MAC/MAB plan



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 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, MD, 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 Lite 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

This 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. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2023 Ameritas Mutual Holding Company



| 888-336-7601 | myplan.ameritas.com