

# PrimeStar® Total

Individual dental insurance – MAC/MAB plan  
Ohio and Virginia



• No waiting periods

• No enrollment fees

• Ameritas dental network savings

## Plan information

The Ameritas Dental Network is one of the largest in the nation, making it easier for policyholders 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
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

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

## 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.

## 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.

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

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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## 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.

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.

## 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 [myplan.ameritas.com](https://myplan.ameritas.com) or your agent's shopping URL for a quote.



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