# PrimeStar® Access

## Individual dental insurance – MAC/MAB

- No waiting periods
- No enrollment fees
- Ameritas dental network savings

### Plan information

The Ameritas Dental Network is one of the five 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
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

### 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. They 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 day one is $1,000. After year one, the maximum increases to $2,000.

### 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 Type 2 and 3 procedures.

### LASIK benefit

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 pays $125 per eye day 1 and increases to $250 per eye after year 2. The policyholder must be 18 or older to receive LASIK benefits.

| Plan Details | Day one | After year one |
|---|---|---|
| **Maximum benefit**<br>Per person per benefit year | $1,000 | $2,000 |
| **Preventive Plus** | Included | |
| **Deductible**<br>Per person per benefit year | $0 Type 1<br>$50 Types 2 & 3 | |
| **Preventive (Type 1)**<br>Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers | 100% in-network<br>80% out-of-network | |
| **Basic (Type 2)**<br>Fillings, simple extractions | 65% in-network<br>45% out-of-network | 80% in-network<br>60% out-of-network |
| **Major (Type 3)**<br>Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening | 20% in-network<br>10% out-of-network | 50% in-network<br>30% out-of-network |
| **Child orthodontia**<br>Under age 19 | 15% | 50% |
| Lifetime maximum per person | $1,000 | |
| **LASIK lifetime benefit per eye** | $125 years 1 & 2<br>$250 after year 2 | |

Preventive Plus not available in Florida.

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# PrimeStar® Total

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*Network not available in MT, RI and PA counties of Forest and Potter.*

### 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. They pay the difference between what the plan pays and the dentist's actual charge.

### MAC/U&C claim allowance

If a policyholder visits 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 insurance pays for a covered procedure. Policyholders pay the difference between what the plan pays and the dentist's actual charge. If they 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.

### Indemnity (U&C) claim allowance

Covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges.

### 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 Type 2 and 3 procedures.

### Hearing benefit

Benefits are available for hearing exams and hearing aids. Each benefit period the policyholder recieves up to $75 for eligible hearing exams. The plan pays 50% of the hearing aid cost up to the maximum benefit. The maximum benefit is $200 day 1, $300 after year 1, and $400 after year 2.

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 the current hearing aids can no longer correct the policyholder's hearing. All benefits assume no break in coverage.

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

* Once the hearing aid benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five years as long as there is no break in coverage. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage.

*In New Jersey, major procedures are covered at 25% day one. Hearing benefit not available in Massachusetts, New Hampshire, New Mexico. Preventive Plus not available in Florida.*

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# PrimeStar® Value

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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.

**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 |
|---|---|---|
| **Dental maximum benefit**<br>Per person per benefit year | $750 | |
| **Preventive Plus** | Included | |
| **Deductible**<br>Per person per benefit year | $0 Type 1<br>$50 Types 2 & 3 | |
| **Preventive (Type 1)**<br>Exams, cleanings | 90% | 100% |
| **Basic (Type 2)**<br>Bitewing X-rays, fluoride (up to age 16), sealants, space maintainers, fillings | 50% | 80% |
| **Major (Type 3)***<br>Panoramic X-rays, simple extractions, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures | 0% | 15% |

* 12 month waiting period on Major procedures

In Florida, Preventive Plus is not available, and there is a 6 month wait for Major procedure coverage.

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Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York