Expand Your Benefits Portfolio

Individual dental plans



Even in the world of group benefits, there are times when an individual plan is useful.

- Members coming off a group plan, like those leaving the company or retiring
- Contracted or part-time employees who may not qualify to join the group plan
- Members of associations or volunteer organizations
- Groups that want the ease of offering dental insurance without the administrative responsibilities

Sell directly to individuals.

- Individuals who are self-employed or freelance workers
- Individuals on Medicare
- Individuals who want to maintain portable coverage, not tied to an employer

Dental benefits

The Ameritas PrimeStar® series provides individuals and their families the dental coverage they need, backed by a large, nationwide network and award-winning service.

- All plans offer the freedom to choose any dentist.
- All plans emphasize preventive care.
- Some plans include additional benefits such as orthodontia, teeth whitening and hearing care.

Plan designs and availability vary by state.

Exceptional network

The Ameritas Dental Network is one of the nation's largest, making it easier for members across the country to see the dentist of their choice.

- 99% of providers stay with Ameritas year after year
- Network dentists charge 25-50% less than their regular rates, providing out-of-pocket savings to members
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

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 Basic and Type 3 Major procedures.

Child orthodontia

With the PrimeStar Boost plan, coverage for orthodontic services include teeth straightening and jaw alignment for children under age 19.

Hearing benefit

The PrimeStar Complete plan includes benefits for hearing exams and hearing aids for all ages. Benefits increase over time and are not tied to a network.

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PrimeStar dental plans

Plan designs and availability vary by state. Visit myplan.ameritas.com to find plans available in your area.

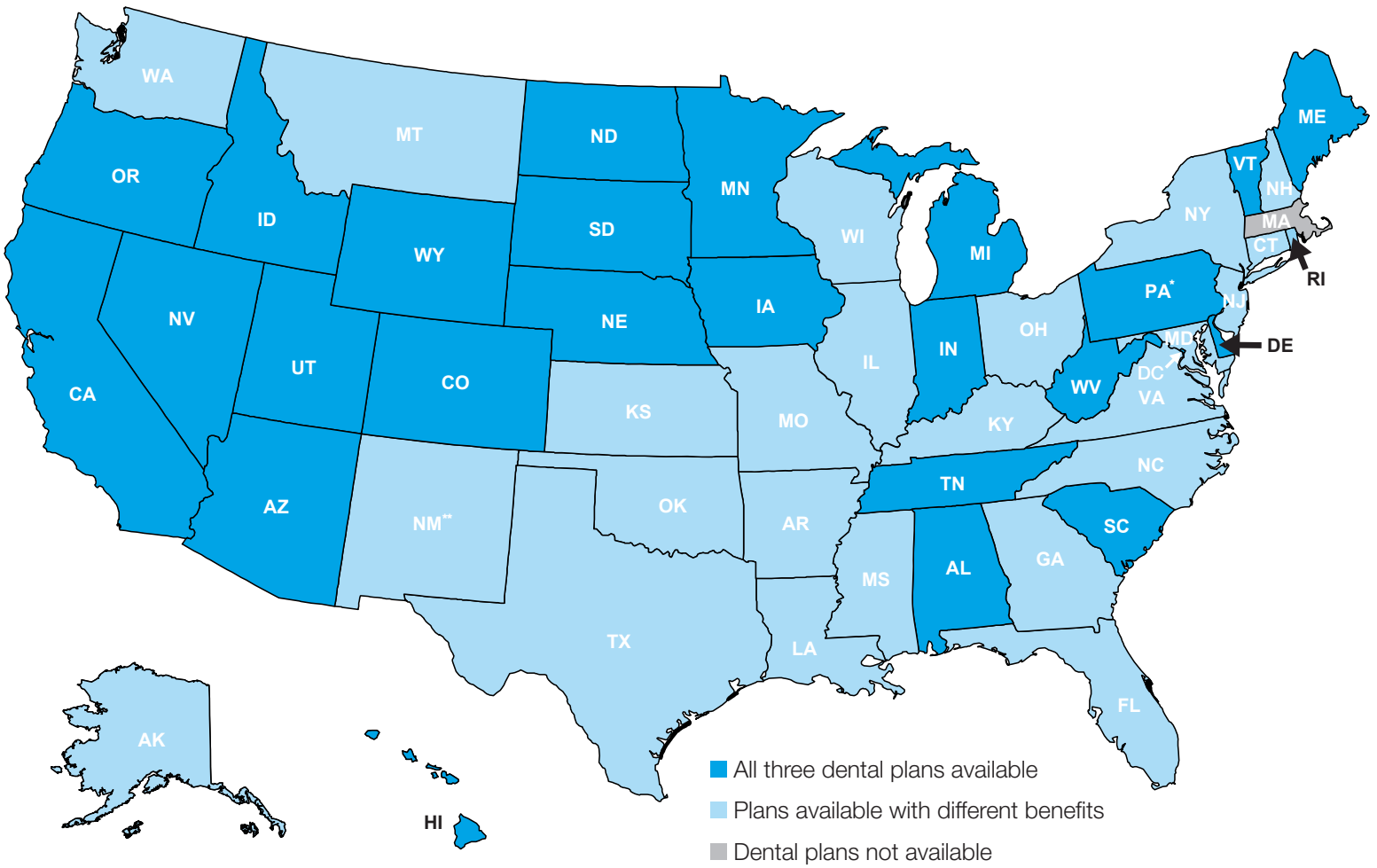
	PrimeStar Lite		PrimeStar Boost		PrimeStar Complete	
	Day one	After year one	Day one	After year one	Day one	After year one
Dental maximum benefit Per person per benefit year	$750	$1,500	$1,500	$2,000	$2,500	$3,000
Preventive Plus	Included		Included		Included	
Deductible Per person per benefit year	$0 Type 1 $50 Types 2 & 3		$0 Type 1 $50 Types 2 & 3		$0 Type 1 $50 Types 2 & 3	
Preventive (Type 1)	Exams, cleanings		Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers		Exams, cleanings, bitewing X-rays	
	100% in-network 70% out-of-network		100% in-network 80% out-of-network		100% in-network 90% out-of-network	
Basic (Type 2)	Bitewing X-rays, fluoride (up to age 16), fillings, sealants, space maintainers		Fillings, simple extractions		Fillings, simple extractions	
	50% in-network 25% out-of-network	80% in-network 40% out-of-network	65% in-network 45% out-of-network	80% in-network 60% out-of-network	80% in-network 70% out-of-network	90% in-network 80% out-of-network
Major (Type 3)	Other X-rays, simple extractions, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures		Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening		Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	
	10% in-network 5% out-of-network	20% in-network 10% out-of-network	20% in-network 10% out-of-network	50% in-network 30% out-of-network	20% in-network 15% out-of-network	50% in-network 40% out-of-network
Child orthodontia Under age 19 Lifetime maximum per person	No benefit		15% $1,000	50%	No benefit	
Hearing benefit	The hearing exam and hearing aid benefits are separate from the dental maximum benefit					
Annual hearing exam benefit	No benefit		No benefit		$75	
Hearing aid benefit of 50% up to the maximum benefit amount per ear*					$200 day 1 $300 after year 1 $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. The benefit cannot be combined toward double coverage for a single ear. The hearing benefit is separate from the dental maximum benefit.

Procedure comparison

	PrimeStar Lite	PrimeStar Boost	PrimeStar Complete
Exams	Type 1	Type 1	Type 1
Cleanings	Type 1	Type 1	Type 1
X-rays (bitewings)	Type 2	Type 1	Type 1
Fluoride (up to age 16)	Type 2	Type 1	Not covered
Sealants	Type 2	Type 1	Not covered
Space maintainers	Type 2	Type 1	Not covered
Fillings	Type 2	Type 2	Type 2
Simple extractions	Type 3	Type 2	Type 2
X-rays (panoramic)	Type 3	Type 3	Type 3
Oral surgery	Type 3	Type 3	Type 3
Root canals (endodontics)	Type 3	Type 3	Type 3
Gum disease treatment (periodontics)	Type 3	Type 3	Type 3
Crowns	Type 3	Type 3	Type 3
Bridges	Type 3	Type 3	Type 3
Dentures	Type 3	Type 3	Type 3
Implants	Not covered	Type 3	Type 3
Teeth whitening	Not covered	Type 3	Not covered

State availability



*Some plan benefits are not available in the Pennsylvania counties of Forest and Potter. See plan details and other plan offerings at myplan.ameritas.com.
**This piece is not for use in New Mexico.

Savings examples

			PrimeStar Lite		PrimeStar Boost		PrimeStar Complete	
Day One								
	Usual rate	Network rate	Cost	Savings	Cost	Savings	Cost	Savings
Preventive visit	$232	$94	$11	95%	$0	100%	$0	100%
Filling	$203	$77	$38	81%	$27	87%	$15	93%
Crown	$1,351	$622	$560	59%	$498	63%	$498	63%
After Year One								
	Usual rate	Network rate	Cost	Savings	Cost	Savings	Cost	Savings
Preventive visit	$232	$94	$5	98%	$0	100%	$0	100%
Filling	$203	$77	$15	93%	$15	93%	$8	96%
Crown	$1,351	$622	$498	63%	$311	77%	$311	77%

These examples reflect in-network benefit levels. Allowance and cost estimates are specific to ZIP Code area 336XX. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. A preventive visit includes an exam, cleaning and X-ray. Costs shown do not include deductibles.

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