

PrimeStarSM Progressive

Individual Dental Insurance

Research shows that good dental health is essential to your overall health. Protecting your smile starts with regular visits to the dentist, and a good dental plan.

- No waiting periods on preventive services
- No enrollment fees
- Ameritas dental network savings

Dental Network Plan Options

PrimeStar Progressive brings you the Ameritas dental network with features like:

- Discounted fees, typically 30% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with more than 471,000 access points and 114,000 providers

PrimeStar Progressive plans are designed for those who value the freedom to visit any dentist, but will enjoy additional savings with an Ameritas dental network provider.

While all PrimeStar plans allow you to choose any dentist, Progressive offers you richer benefits out-of-network than our Network plan. If you use a non-network dentist, covered benefits are paid at the 80th percentile of usual and customary charges. You pay the difference between what the plan pays and the dentist's actual charge. If you use an in-network provider, your out-of-pocket costs will be based on the contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

Visit ameritas.com and select **Find a Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Network not available in RI and the PA counties of Forest and Potter.

Plan Details

	Plan Benefit
Preventive (type 1) <ul style="list-style-type: none"> • exams/cleanings (two per year) • x-rays • fluoride treatment (under age 16) 	100% day one
Basic (type 2) <ul style="list-style-type: none"> • fillings • simple extractions • sealants 	80% after 6 months*
Major (type 3) <ul style="list-style-type: none"> • oral surgery • surgical endodontics • periodontal procedures • crowns • bridges • dentures 	50% after 12 months*
Calendar Year Deductible Per person for preventive, basic and major services combined, with a maximum of three deductibles per family	\$50
Calendar Year Maximum Benefit Per person for preventive, basic and major services combined	\$1,500

*In Florida and Vermont, the waiting period is 6 months for Basic and Major services.



This Plan Details document is a highlight sheet only. Your actual policy will be the full legal description of your benefits.

Certain plans and plan options may not be available in all areas.

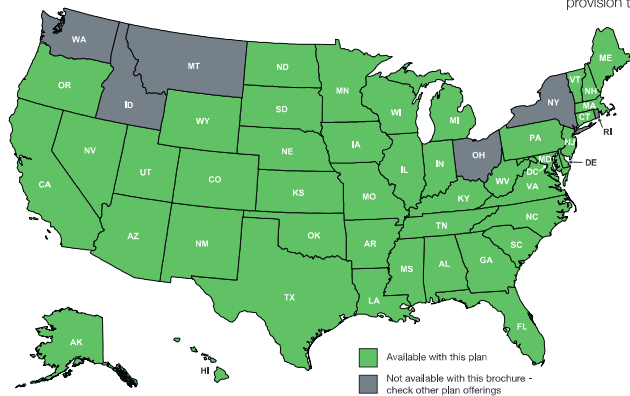
The plan described in this document is marketed and insured by Ameritas Life Insurance Corp.

Limitations and Exclusions

Dental Expenses will not include, and benefits will not be payable, for any of the following.

- Covered Dental Expenses for Type 2 Procedures in the first 6 months the person is covered under this contract.
- Covered Dental Expenses for Type 3 Procedures in the first 12 months the person is covered under this contract.
- Covered Dental Expenses in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application (except in VT).
- Covered Dental Expenses for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
- Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
 - a. Alter vertical dimension.
 - b. Restore or maintain occlusion.
 - c. Splint or replace tooth structure lost as a result of abrasion or attrition.

- Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under this contract terminates.
- Covered Dental Expenses to replace lost or stolen appliances.
- Covered Dental Expenses for any treatment which is for cosmetic purposes.
- Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
- Covered Dental Expenses for orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
- Covered Dental Expenses for which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment.
- Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
- Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Covered Dental Expenses because of war or any act of war, declared or not.
- Alternative Procedures – Occasionally two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care. In this case, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. This provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. You may choose to apply the alternate benefit amount determined under this provision toward payment of the received treatment.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life), Group dental, vision and hearing care products 9000 Rev. 03-16, (may vary by state) and Individual dental and vision products Indiv. 9000 Rev. 07-16, (may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2018 Ameritas Mutual Holding Company