

# PrimeStar<sup>®</sup> dental plan comparison



	PrimeStar Protect Network		PrimeStar Advantage Plus Network		PrimeStar Protect	PrimeStar Advantage Plus
	Ameritas Dental Network					
	In-Network	Out-of-Network	In-Network	Out-of-Network		
<b>Preventive (Type 1)</b>	Exams (two per year), Cleanings (two per year), Fluoride (under age 16), Sealants (under age 16), Bitewing X-Rays					
	Covered at 100% day one	Covered at 80% day one	Covered at 100% day one	Covered at 80% day one	Covered at 100% day one	Covered at 100% day one
<b>Basic (Type 2)</b>	Fillings, Simple Extractions					
	Covered at 65% day one, and 80% after year one	Covered at 45% day one, and 60% after year one	Covered at 50% day one, and 80% after year one	Covered at 30% day one, and 60% after year one	Covered at 65% day one, and 80% after year one	Covered at 50% day one, and 80% after year one
<b>Major (Type 3)</b>	X-Rays (panoramic), Oral Surgery, Endodontics, Periodontics, Crowns, Bridges, Dentures, Implants					
	Covered at 20% day one, and 50% after year one	Covered at 10% day one, and 30% after year one	Covered at 15% day one, and 50% after year one	Covered at 10% day one, and 30% after year one	Covered at 20% day one, and 50% after year one	Covered at 15% day one, and 50% after year one
<b>Orthodontia (under age 19)</b>	Covered at 15% day one, and 50% after year one \$1,000 lifetime maximum					
<b>Deductible</b>	\$50 Type 2 & 3					
<b>Maximum Benefit</b>	\$1,000 or \$2,000					
<b>Benefit Period</b>	Benefit year		Calendar year		Benefit year	Calendar Year

The Ameritas Dental Network features discounted fees, generally 25-50% below average charges in your community. To find a network provider near you or to see if your dentist is in the Ameritas Dental Network, visit [star.ameritas.com/findadentist](http://star.ameritas.com/findadentist). Network not available in Montana, Rhode Island and the Pennsylvania counties of Forest and Potter.

Out-of-network benefits are based on the Maximum Allowable Benefit (MAB) in the area where service is rendered.

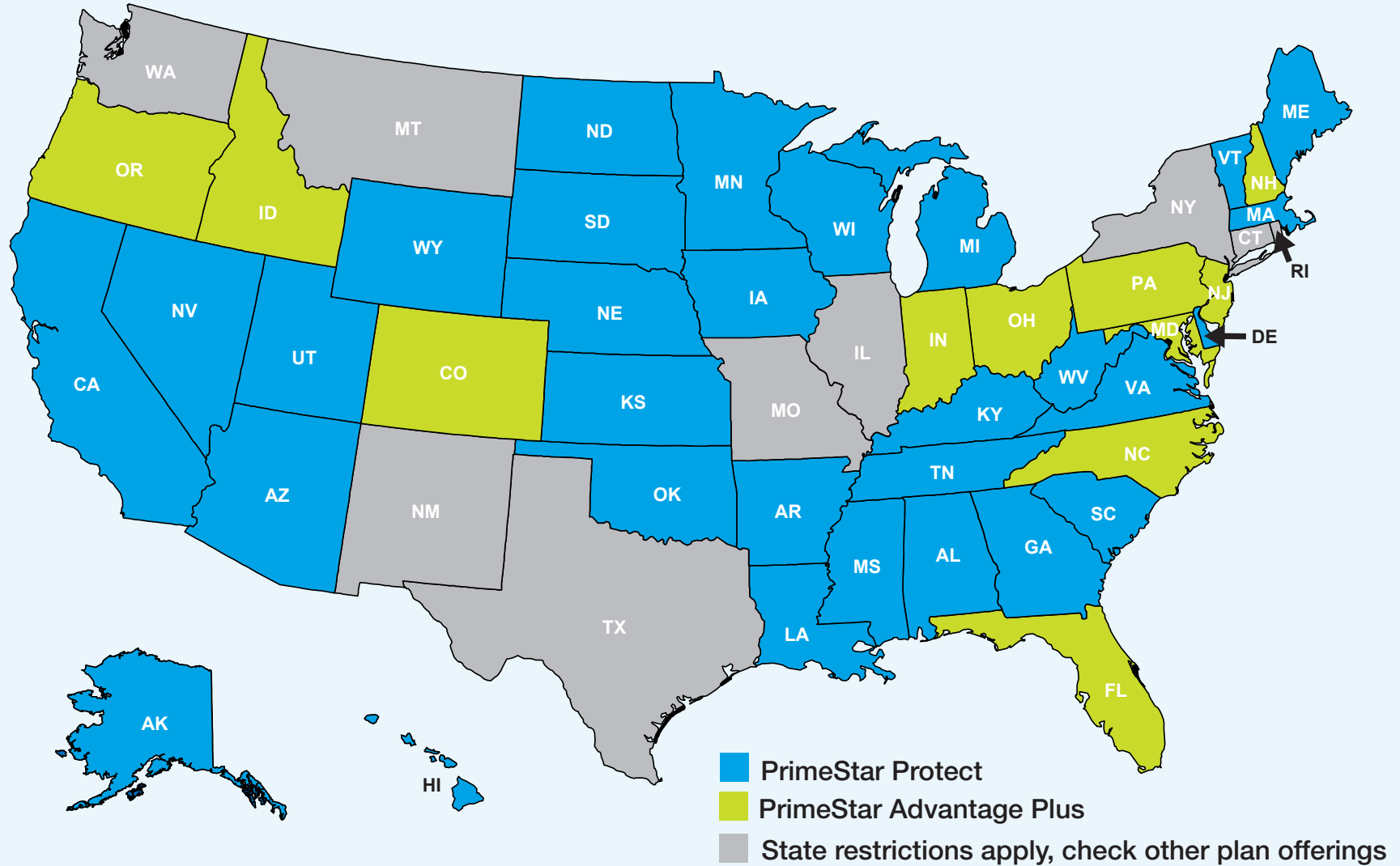
In New Jersey, major and orthodontia is covered at 25% day one.

In Maryland, select preventive services to have a frequency of no longer than 120 days.

Certain plans and plan options may not be available in all areas. Please visit [star.ameritas.com](http://star.ameritas.com) and enter your ZIP Code to find plans available in your area.



# PrimeStar<sup>®</sup> dental state availability



# PrimeStar<sup>®</sup> vision plan comparison



Network	PrimeStar Choice Vision			PrimeStar Select Vision			PrimeStar Basic Vision**	
	VSP Choice Network			EyeMed Access Network			No Network Restrictions	
	Frequency	In-Network Deductible	Out-of-Network Allowance	Frequency	In-Network Deductible	Out-of-Network Allowance	Frequency	Deductible or Allowance
<b>Eye Exam</b>	Every 12 months	\$10	Up to \$45	Every 12 months	\$25	Up to \$50	Every 12 months	\$10 deductible
<b>Lenses</b>	Every 12 months	\$20*	Up to \$100	Every 24 months	\$25	Up to \$100	Every 12 months	\$50 deductible
<b>Frames</b>	Every 12 months	\$20*	Up to \$70	Every 24 months	\$0	Up to \$70	Every 24 months	\$50 deductible
<b>Contacts (in lieu of glasses)</b>	Every 12 months	\$0	Up to \$105	Every 24 months	\$0	Up to \$105	Every 12 months	Up to \$100 allowance

\*This plan features a combined deductible for frames and lenses.

\*\* The states of MA, MT, RI and WA only offer Basic Vision. Plan not available in Maryland or New York.



Visit [vsp.com](http://vsp.com) to find out if your doctor is in the VSP Choice Network. When you visit a network provider, you will receive additional discounts such as:

- 20% off remaining frame balance
- 20% off non-covered complete prescription glasses
- 20-25% off non-covered lens options such as UV coating & polycarbonate lenses
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider

Based on applicable laws, reduced costs may vary by doctor location.

Visit [eyemed.com](http://eyemed.com) to find out if your doctor is in the EyeMed Access Network. When you visit a network provider, you will receive additional discounts such as:

- 20% off remaining frame balance
- 40% off non-covered complete prescription glasses
- Special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S. Laser Network locations

Based on applicable laws, reduced costs may vary by doctor location.

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This highlight 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. Rates are subject to change at any time.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Individual dental, vision and hearing care products (Indiv. 9000 Rev. 02-19), and vision policy form (Indiv. 9000 Rev. 02-19 V, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. This piece is not for use in New Mexico. 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.

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