

PrimeStar® Dental Plan Comparison



	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%	50%	No benefit	
			\$1,000			
Hearing benefit	The hearing exam and hearing aid benefits are separate from the dental maximum benefit					
Annual hearing exam benefit					\$75	
Hearing aid benefit of 50% up to the maximum benefit amount per ear*	No benefit		No benefit		\$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.

The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower out-of-pocket costs. Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can find a dental provider in the Classic (PPO) network at [ameritas.com](https://www.ameritas.com) — [Find a Health Provider](#). Network not available in Montana, Rhode Island and the Pennsylvania counties of Forest and Potter.

Certain plans and plan options may not be available in all areas. Plans are not available in MA. Please visit myplan.ameritas.com and enter a ZIP Code to find available plans.

Ameritas Life Insurance Corp.
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PrimeStar® Vision Plan Comparison



Network	PrimeStar Choice Vision				PrimeStar Select Vision				PrimeStar Basic Vision**		
	VSP Choice Network				EyeMed Access Network				No Network Restrictions		
	Frequency	Deductible	In-network benefit	Out-of-network allowance	Frequency	Deductible	In-network benefit	Out-of-network allowance	Frequency	Deductible	Allowance
Eye exam	Every 12 months	\$10	100%	Up to \$45	Every 12 months	\$25	100%	Up to \$50	Every 12 months	\$10	Up to \$50
Lenses	Every 12 months	\$20*	Up to 100%	Up to \$100	Every 24 months	\$25	Up to 100%	Up to \$100	Every 12 months	\$50 (per lifetime)*	Up to \$100
Frames	Every 12 months	\$20*	Up to \$150	Up to \$70	Every 24 months	\$0	Up to \$130	Up to \$70	Every 24 months	\$50 (per lifetime)*	Up to \$65
Contacts (in lieu of glasses)	Every 12 months	\$0	Up to \$150	Up to \$105	Every 24 months	\$0	Up to \$130	Up to \$105	Every 12 months	\$0	Up to \$100

Plan designs not available in NM - check myplan.ameritas.com for plan details.

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

** The states of MA, MT, RI and WA only offer Basic Vision.

Vision plans are not available in Maryland.

Visit vsp.com to search for providers in the VSP Choice Network.

VSP provider discounts. Members can take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And they receive an extra \$20 to spend on featured frame brands. The laser vision correction discount can be used on LASIK or PRK procedures.

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

Visit eyemed.com and select the Access Network to search for providers in the EyeMed Access Network.

EyeMed provider discounts. Members can take advantage of 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses. The laser vision correction discount can be used on LASIK or PRK procedures.

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

Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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