

# PrimeStar® Lite

Individual dental insurance – MAC/MAB plan  
Connecticut, Illinois, New Jersey



• Preventive focus

• No waiting periods

• Dental network savings

## Plan overview

The PrimeStar Lite plan is great for those with a healthy mouth who usually visit a network provider.

Plan Details	Day one	After year one
<b>Dental maximum benefit</b> Per person per benefit year	\$500	\$1,500
<b>Preventive Plus</b>	Included	
<b>Deductible</b> Per person	\$0 Type 1 \$50 Types 2 & 3	
<b>Preventive (Type 1)</b> Exams, cleanings	100% in-network 70% out-of-network	
<b>Basic (Type 2)</b> Bitewing X-rays, fluoride (up to age 16), fillings, sealants, space maintainers	50% in-network 50% out-of-network	80% in-network 50% out-of-network
<b>Major (Type 3)</b> Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures	50% in-network 50% out-of-network	

## Increasing maximum

Insurance covers a maximum amount per person per benefit period for Basic and Major services combined. The annual maximum benefit increases after year one.

## 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.

## Network information

The Ameritas Dental Network is one of the 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.

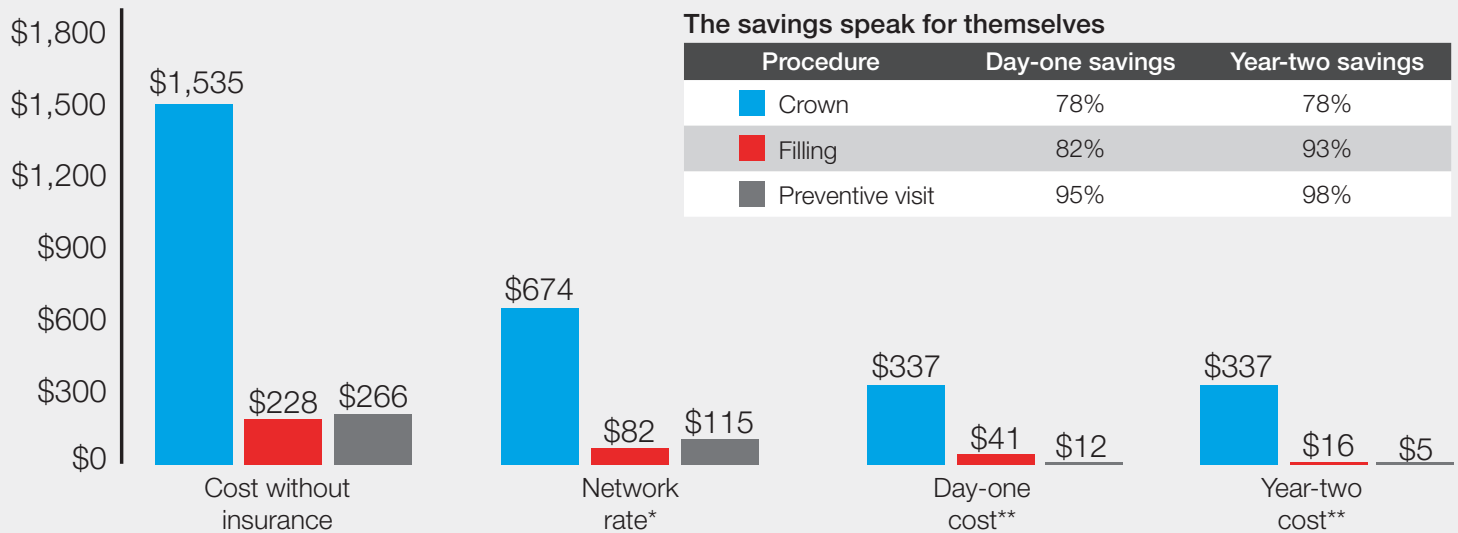
Policyholders can visit any dentist and family members do not need to visit the same provider. The network offers access to providers in the U.S. and Mexico. Find a [Classic \(PPO\) network provider](#) at [ameritas.com](#) — Find a Health Provider.

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## Visit a network provider to maximize savings



\*Maximum Allowable Charge

\*\*Cost shown above is based on network rates and does not include deductibles.

### 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.

MAC/MAB available in CT and IL.

### 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.

MAC/U&C available in NJ.

### Credit for prior coverage (CPC)

Policyholders with an active dental insurance plan may receive CPC. If qualified, Year-two benefits for Preventive, Basic and Major dental services will apply on day one. Restrictions apply. Not available in all states.

### Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Policyholders are automatically opted in to receive same-day access to their policy and ID card electronically in the member portal, or they can opt out and receive them by mail within 10 days.

This document is a plan highlight only. The actual policy will include the full legal description of the benefits. Certain plans and plan options may not be available in all areas.

Visit your agent's shopping URL for a quote.



The cost example reflects amounts specific to PrimeStar Lite benefit levels. Allowance and cost estimates are specific to ZIP Code 606XX. Preventive visit consists of exam, cleaning, and bitewing X-ray. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. Deductibles not shown.

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

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