PrimeStar® Protect Network

Individual dental insurance – Maryland & Ohio

- No waiting periods
- No enrollment fees
- Ameritas dental network savings

Plan information

The Ameritas Dental Network is one of the five 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
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

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. They pay the difference between what the plan pays and the dentist's actual charge.

Plan Details	Day one	After year one
Maximum benefit Per person per benefit year	$1,000 or $2,000	
Deductible Per person per benefit year	$0 Type 1 $50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings, bitewing X-rays, fluoride (under age 16), sealants (under age 16)	In-network: 100% Out-of-network: 80%	
Basic (Type 2) Fillings, simple extractions	In-network: 65% Out-of-network: 45%	In-network: 80% Out-of-network: 60%
Major (Type 3) Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	In-network: 20% Out-of-network: 10%	In-network: 50% Out-of-network: 30%
Child orthodontia Under age 19	15%	50%
Lifetime maximum per person	$1,000	

In Maryland, 3 exams, bitewing X-rays, a cleaning, fluoride and ortho are paid at the beginning of the quarter.

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Product availability and rates

Use the following to find dental rates by area. Visit **myplan.ameritas.com** to receive a final quote. Find your area by locating the first 3 digits of your ZIP Code.

State	ZIP Code	Area
Maryland	All	4
Ohio	434-435, 440-442, 447, 452-453, 458	2
	All Others	1

	Area:	1	2	4
PrimeStar Protect Network 1000	Policyholder	$24.74	$27.38	$32.99
	Policyholder plus one dependent	$50.97	$56.41	$67.96
	Policyholder plus two or more dependents	$85.44	$94.55	$113.92
PrimeStar Protect Network 2000	Policyholder	$29.87	$33.05	$39.82
	Policyholder plus one dependent	$61.22	$67.74	$81.62
	Policyholder plus two or more dependents	$101.83	$112.69	$135.77

The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.

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Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Once enrolled, policyholders will receive their full policy and ID cards 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.

Dental limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown 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 appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion; or
  - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen's 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 any employment for wage or profit.
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Orthodontia limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for a Program begun on or after the Insured's 19th birthday.
- for a Program which uses a material other than metal brackets for treatment. The benefit will be considered as though metal brackets were applied.
- for a Program begun before the Insured became covered under this section.
- in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- for a Program more than once in a lifetime.
- if the Insured's insurance under this section terminates.
- for which the Insured is entitled to benefits under any workmen's compensation or similar law, or for 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 any employment for wage or profit.
- for charges the Insured is not legally required to pay or would not have been made had no insurance been in force.
- for services not required for necessary care and treatment or not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- to fix or repair broken or damaged orthodontic appliances.
- to replace lost, missing or stolen orthodontic appliances.
- for expenses incurred as a result of the Insured not being compliant with the Treatment Program.
- for services to alter vertical dimension and/or restore or maintain the occlusion due to, but not limited to the following: equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

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