

PrimeStar[®] Boost

Individual dental insurance – MAC/MAB plan
Florida, Kansas, Kentucky, Missouri, Texas, Wisconsin



• Child orthodontia

• No waiting periods

• Dental network savings

Plan overview

The PrimeStar Boost plan is great for families who want robust coverage including benefits for teeth whitening and child orthodontia.

Plan Details	Day one	After year one
Dental maximum benefit Per person per benefit year	\$1,500	\$2,000
Preventive Plus	Included	
Deductible Per person	\$0 Type 1 \$50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers	100%	
Basic (Type 2) Fillings, simple extractions	65%	80%
Major (Type 3) Other X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening	20%	50%
Child orthodontia Under age 19 Lifetime maximum per person	15%	50%
	\$1,000	

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.

Teeth whitening

Professional teeth bleaching, also known as whitening, is a popular cosmetic procedure. This plan provides Type 3 coverage toward bleaching procedures recognized by the American Dental Association and performed by a dentist. Professional teeth bleaching can last from five to seven years with proper care.

Child orthodontia benefit

The orthodontia benefit is a lifetime benefit for dependent children up to age 19. Plan payments are pro-rated by monthly periods over the length of the program. Orthodontic services can help straighten teeth, close gaps between teeth, correct bite problems and correct teeth and jaw alignment.

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.



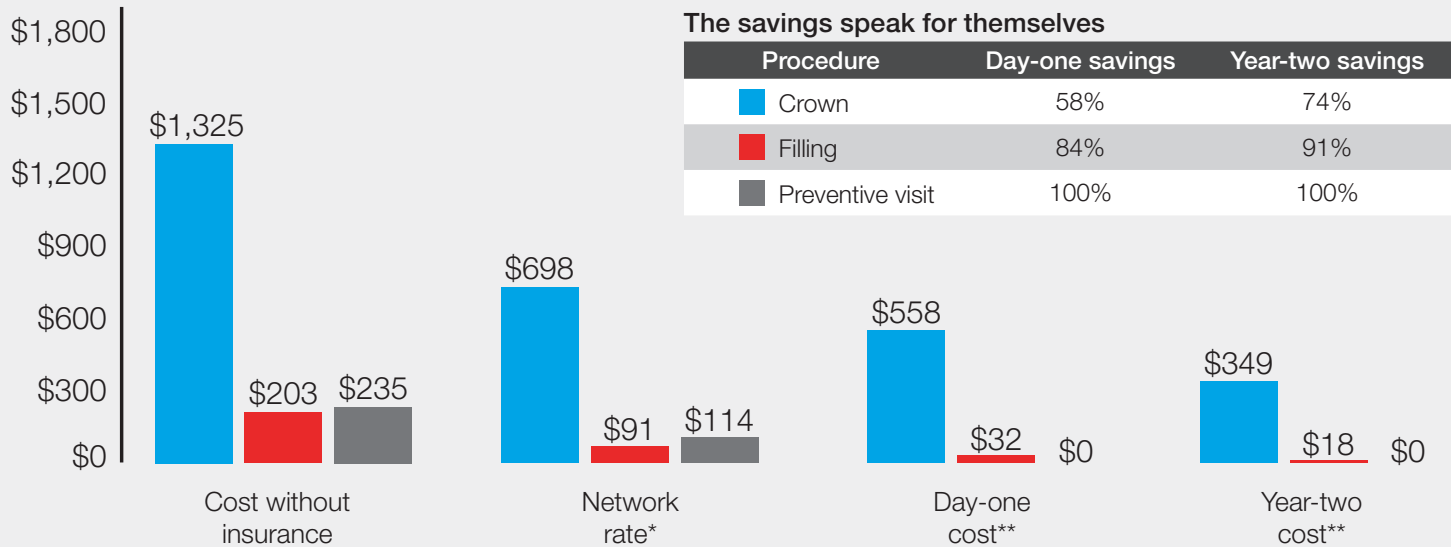
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Visit a network provider to maximize savings



*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 network contracted fee in the ZIP Code area. Policyholders pay the difference between what the plan pays and the dentist's actual charge.

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 Boost benefit levels. Allowance and cost estimates are specific to ZIP Code 774XX. 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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