



Coverage: Individual  
ZIP Code: 28787

### Agent

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[Check out the plans!](#)

## Plan Review

**\$38.62**/mo

### PrimeStar® Access

Deductible <i>(per benefit year)</i>	\$50*
Maximum Benefit <i>(per benefit year)</i>	up to \$2,000**
Preventive (Type 1)	up to 100%
Basic (Type 2)	up to 80%
Major (Type 3)	up to 50%
Child Orthodontia	up to 50%
Preventive Plus	
LASIK	

- Additional savings with an Ameritas Classic (PPO) network provider
- Increasing annual maximum benefit
- No waiting periods
- No enrollment fees
- Teeth whitening

**Preventive (Type 1)**

- Exams (2 per year)
- Cleanings (2 per year)
- Fluoride (under age 16)
- Sealants (under age 16)
- Bitewing X-rays

Plan pays	In-network	Out-of-network
Day 1	100%	80%
After year 1	100%	80%

### Basic (Type 2)

- Fillings
- Simple Extractions

Plan pays	In-network	Out-of-network
Day 1	65%	45%
After year 1	80%	60%

### Major (Type 3)

- Crowns
- Root Canals
- Teeth Whitening
- Oral Surgery
- Dentures
- Bridges
- Panoramic X-rays
- Implants
- Periodontics

Plan pays	In-network	Out-of-network
Day 1	20%	10%
After year 1	50%	30%

## Child Orthodontia

- Straighten teeth (under age 19)
- Close gaps between teeth (under age 19)
- Correct problems with bite (under age 19)
- Alignment of teeth and jaw (under age 19)
- Lifetime maximum \$1,000 per child

### Plan pays

Day 1	15%
After year 1	50%

## Other Benefits

### Increasing maximum

The annual maximum benefit day one is \$1,000. After year one, the maximum increases to \$2,000. Insurance covers a maximum amount per person per benefit period for Basic and Major services combined.

### 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 Type 2 and 3 procedures.

### LASIK Benefit

Your LASIK benefit is a lifetime benefit that pays once per eye, and per-eye benefits cannot be combined to treat a single eye. The plan pays \$125 per eye day 1 and increases to \$250 per eye after year 2. You must be 18 or older to receive LASIK benefits.

\*\$50 deductible per person for Basic and Major services combined, with a maximum of three deductibles per family.

\*\*\$1,000 maximum benefit per person day one, \$2,000 after year one for Basic and Major services combined.

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. If you 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 your ZIP Code. Any difference between the plan allowance and the dentist's charge will be an out-of-pocket expense for you. Learn more about [MAC/MAB claim allowance](#).



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 your out-of-pocket costs. Find a [Classic \(PPO\) network provider](#) near you.

You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Use our [dental cost estimator](#) to find average procedure charges in your area. The estimates do not include network discounts or plan benefits.

## Would you like to add a vision plan?

Vision plans starting at \$10.67/mo

### Total Monthly Cost

**\$38.62**/mo

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

This provides a brief description of some of the important plan features. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations can be found on the website. Plan design and rates are subject to change at any time. Certain plans may not be available in all states and are subject to individual state regulations.