



Coverage: Individual  
ZIP Code: 28787

### Agent

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[Check out the plans!](#)

## Plan Review

**\$46.19**/mo

### PrimeStar® Total

Deductible <i>(per benefit year)</i>	\$50*
Maximum Benefit <i>(per benefit year)</i>	up to \$2,500**
Preventive (Type 1)	100%
Basic (Type 2)	up to 90%
Major (Type 3)	up to 50%
Preventive Plus	
Hearing Benefit	

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

**Preventive (Type 1)**

- Exams (2 per year)
- Cleanings (2 per year)
- Bitewing X-rays

#### Plan pays

Day 1	100%
After year 1	100%

#### Basic (Type 2)

- Fillings
- Simple Extractions

#### Plan pays

Day 1	80%
After year 1	90%

#### Major (Type 3)

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

#### Plan pays

Day 1	20%
After year 1	50%

#### Other Benefits

## Increasing maximum

The annual maximum benefit day one is \$2,000. After year one, the maximum increases to \$2,500. 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.

## Hearing Benefit

Benefits are available for hearing exams and hearing aids. Each benefit period you receive up to \$75 for eligible hearing exams. The plan pays 50% of the hearing aid cost up to the maximum benefit. The maximum benefit is \$200 day 1, \$300 after year 1, and \$400 after year 2. Five years after using your hearing aid coverage, you are re-eligible for the benefit at the top level. A reduced benefit is available after three years if your current hearing aids can no longer correct your hearing. All benefits assume no break in coverage.

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

\*\*\$2,000 maximum benefit per person day one, \$2,500 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

**\$46.19**/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.