



Coverage: Individual  
ZIP Code: 28787

### Agent

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[Check out the plans!](#)

## Plan Review

**\$17.91**/mo

### PrimeStar® Value

Deductible <i>(per benefit year)</i>	\$50*
Maximum Benefit <i>(per benefit year)</i>	\$750**
Preventive (Type 1)	up to 100%
Basic (Type 2)	up to 80%
Major (Type 3)	up to 15%
Preventive Plus	

- Additional savings with an Ameritas Classic (PPO) network provider
- No enrollment fees

### Preventive (Type 1)

- Exams (2 per year)
- Cleanings (2 per year)

### Plan pays

Day 1	90%
After year 1	100%

### Basic (Type 2)

- Fillings
- Fluoride (under age 16)
- Sealants (under age 16)
- Bitewing X-rays

#### Plan pays

Day 1	50%
After year 1	80%

### Major (Type 3)

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

#### Plan pays

Day 1	0%
After year 1	15%

### Other Benefits

#### 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.

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

\*\*\$750 maximum benefit per person 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

**\$17.91**/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.