

# PrimeStar® Dental Plan Comparison



	PrimeStar Protect Network		PrimeStar Advantage Plus Network		PrimeStar Protect	PrimeStar Advantage Plus
	Ameritas Dental Network					
	In-network	Out-of-network	In-network	Out-of-network		
<b>Preventive (Type 1)</b>	Exams (2 per year), Cleanings (2 per year), Fluoride (under age 16), Sealants (under age 16), Bitewing X-rays					
	Covered at 100% day one	Covered at 80% day one	Covered at 100% day one	Covered at 80% day one	Covered at 100% day one	Covered at 100% day one
<b>Basic (Type 2)</b>	Fillings, Simple Extractions					
	Covered at 65% day one, and 80% after year one	Covered at 45% day one, and 60% after year one	Covered at 50% day one, and 80% after year one	Covered at 30% day one, and 60% after year one	Covered at 65% day one, and 80% after year one	Covered at 50% day one, and 80% after year one
<b>Major (Type 3)</b>	Implants, Oral Surgery, Root Canals, Periodontics, Crowns, Bridges, Dentures, Panoramic X-rays					
	Covered at 20% day one, and 50% after year one	Covered at 10% day one, and 30% after year one	Covered at 15% day one, and 50% after year one	Covered at 10% day one, and 30% after year one	Covered at 20% day one, and 50% after year one	Covered at 15% day one, and 50% after year one
<b>Orthodontics (under age 19)</b>	Covered at 15% day one, and 50% after year one \$1,000 lifetime maximum					
<b>Deductible</b>	\$50 Type 2 & 3					
<b>Maximum Benefit</b>	\$1,000 or \$2,000					
<b>Benefit Period</b>	Benefit year		Calendar year		Benefit year	Calendar Year

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. You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Find a dental provider near you at [ameritas.com](http://ameritas.com) — **Find a Provider**. Simply enter your ZIP Code and choose the Classic Network to start your search. Network not available in Montana, Rhode Island and the Pennsylvania counties of Forest and Potter.

Out-of-network benefits are based on the Maximum Allowable Benefit (MAB) in the area where service is rendered.

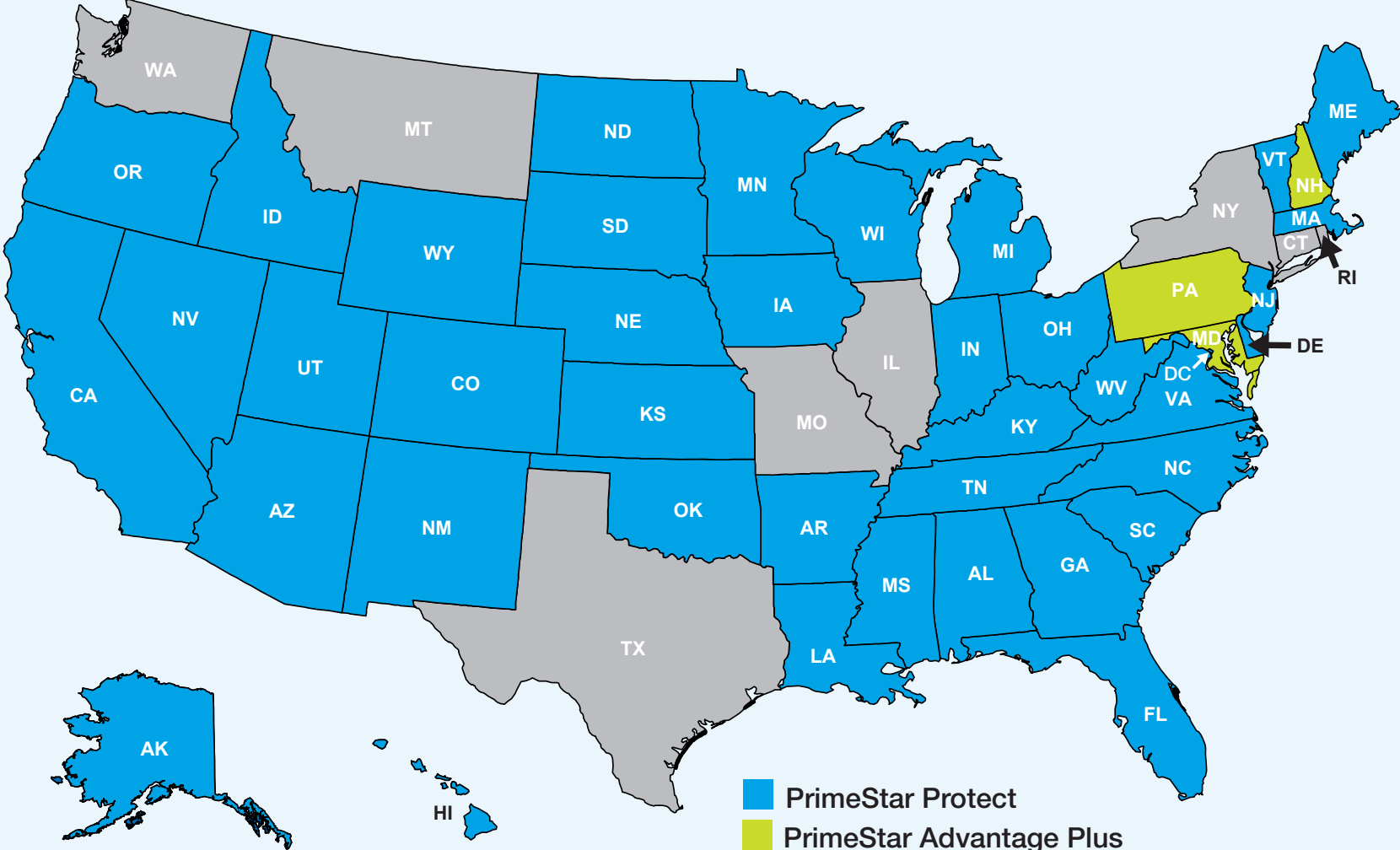
In New Jersey, major and orthodontics is covered at 25% day one.

In Maryland, select preventive services to have a frequency of no longer than 120 days.

Certain plans and plan options may not be available in all areas. Please visit [star.ameritas.com](http://star.ameritas.com) and enter your ZIP Code to find plans available in your area.



# PrimeStar® Dental State Availability



- PrimeStar Protect
- PrimeStar Advantage Plus
- State restrictions apply, check other plan offerings

# PrimeStar® Vision Plan Comparison



Network	PrimeStar Choice Vision			PrimeStar Select Vision			PrimeStar Basic Vision**	
	VSP Choice Network			EyeMed Access Network			No Network Restrictions	
	Frequency	In-network Deductible	Out-of-network Allowance	Frequency	In-network Deductible	Out-of-network Allowance	Frequency	Deductible or Allowance
<b>Eye Exam</b>	Every 12 months	\$10	Up to \$45	Every 12 months	\$25	Up to \$50	Every 12 months	\$10 deductible
<b>Lenses</b>	Every 12 months	\$20*	Up to \$100	Every 24 months	\$25	Up to \$100	Every 12 months	\$50 deductible
<b>Frames</b>	Every 12 months	\$20*	Up to \$70	Every 24 months	\$0	Up to \$70	Every 24 months	\$50 deductible
<b>Contacts (in lieu of glasses)</b>	Every 12 months	\$0	Up to \$105	Every 24 months	\$0	Up to \$105	Every 12 months	Up to \$100 allowance

\*This plan features a combined deductible for frames and lenses.

\*\* The states of MA, MT, RI and WA only offer Basic Vision. Plan not available in Maryland or New York.



Visit [vsp.com](http://vsp.com) to search for providers in the VSP Choice Network.

**VSP provider discounts.** Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And receive an extra \$20 to spend on featured frame brands. Your laser vision correction discount can be used on LASIK or PRK procedures.

Based on applicable laws, reduced costs may vary by doctor location.

Visit [eyemed.com](http://eyemed.com) and select the Access Network to search for providers in the EyeMed Access Network.

**EyeMed provider discounts.** Take advantage of 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses. Your laser vision correction discount can be used on LASIK or PRK procedures.

Based on applicable laws, reduced costs may vary by doctor location.

For Agent use only—not to be used in a sales situation.

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This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Rates are subject to change at any time.

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