

Expand Your Benefits Portfolio

With Individual Dental and Vision Plans



Even in the world of group benefits, there are times when an individual plan is useful.

- Members coming off a group plan, like those leaving the company or retiring
- Contracted or part-time employees who may not qualify to join the group plan
- Members of associations or volunteer organizations
- Groups that want the ease of offering dental and vision insurance without the administrative responsibilities

You can also sell directly to individuals.

- Individuals who are self-employed or freelance workers
- Individuals on Medicare
- Individuals who want to maintain portable coverage, not tied to an employer



Dental

- All plans offer the freedom to choose any dentist.
- All plans emphasize preventive care.
- Network plans are ideal for individuals who know their provider is in the Ameritas Dental Network.



Vision

- EyeMed or VSP network plans available.
- Coverage for both in- and out-of-network services and eyewear purchases.

Plan designs and availability vary by state.

The Ameritas PrimeStar® series provides individuals and their families the dental and vision coverage they need, backed by large, nationwide networks and award-winning service.

All they need is your online shopping link to get started! Create your unique shopping link in your producer portal account at producerportal.ameritas.com.

Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York

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For Producers Only

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PrimeStar Protect

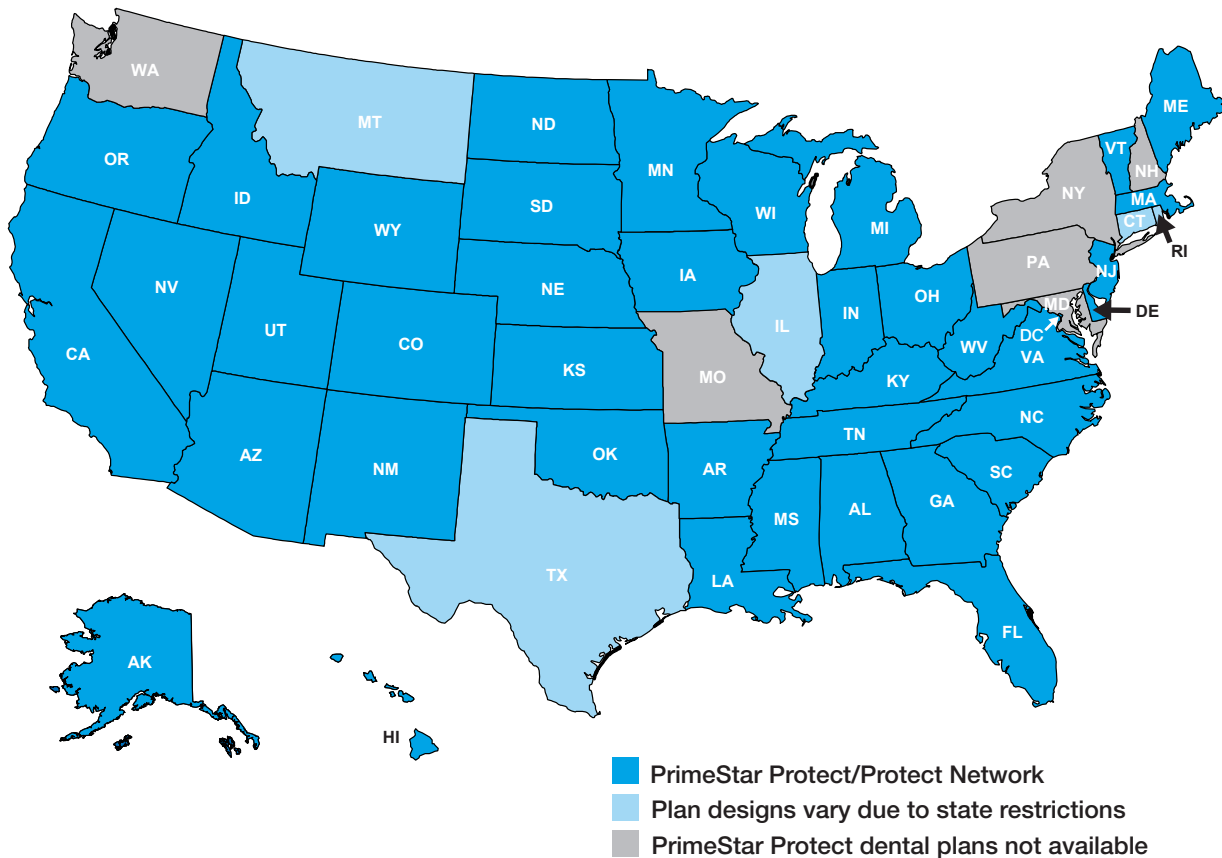
PrimeStar dental plans

Plan designs and availability vary by state. Visit myplan.ameritas.com to find plans available in your area.

	PrimeStar Protect		PrimeStar Protect Network	
	Ameritas Classic Network		Ameritas Classic Network	
	In/out-of-network		In-network	Out-of-network
Preventive (Type 1) 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 100% day one	Covered at 80% day one
Basic (Type 2) Fillings, simple extractions	Covered at 65% day one, and 80% after year one		Covered at 65% day one, and 80% after year one	Covered at 45% day one, and 60% after year one
Major (Type 3) Implants, oral surgery, root canals, periodontics, crowns, bridges, dentures, panoramic X-rays	Covered at 20% day one, and 50% after year one		Covered at 20% day one, and 50% after year one	Covered at 10% day one, and 30% after year one
Orthodontics (under age 19)	Covered at 15% day one, and 50% after year one \$1,000 lifetime maximum			
Deductible Per person per benefit year	\$50 Type 2 & 3			
Maximum benefit Per person per benefit year	\$1,000 or \$2,000			

For illustration purposes only. In New Jersey, major procedures and orthodontics are covered at 25% day one.

Dental plan state availability

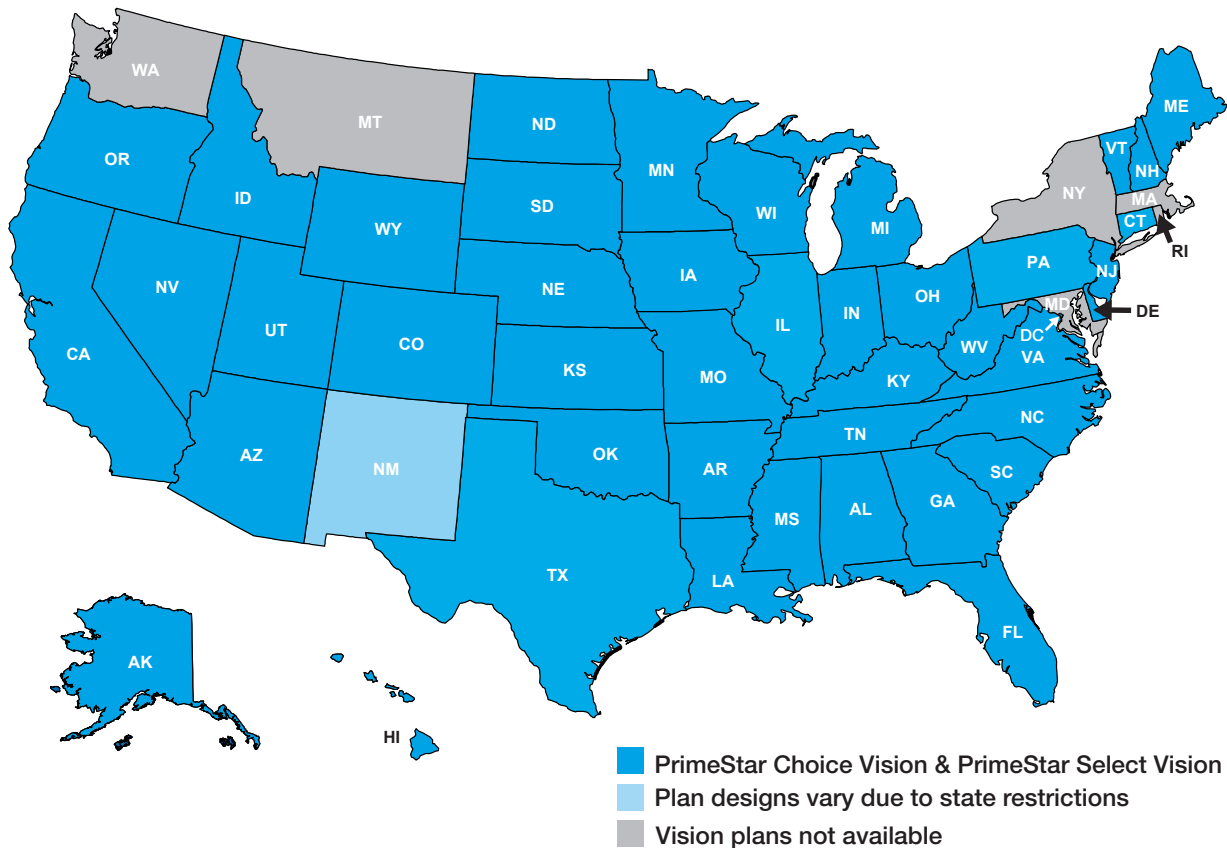


PrimeStar vision plans

Plan designs and availability vary by state. Visit myplan.ameritas.com to find plans available in your area.

	PrimeStar Choice Vision		PrimeStar Select Vision	
	VSP Network		EyeMed Network	
	In-network	Out-of-network	In-network	Out-of-network
Benefit frequencies				
Exam	Every 12 months		Every 12 months	
Eyeglass lenses or contacts	Every 12 months		Every 24 months	
Frames	Every 12 months		Every 24 months	
Deductible				
Per person per year (based on date of service)	\$10 exam \$20 frames or eyeglass lenses		\$25 exam \$25 eyeglass lenses	
Annual eye exam	100%	Up to \$45	100%	Up to \$50
Lenses				
Single vision	100%	Up to \$30	100%	Up to \$50
Bifocal	100%	Up to \$50	100%	Up to \$75
Trifocal	100%	Up to \$65	100%	Up to \$100
Lenticular	100%	Up to \$100	100%	Up to \$75
Frames	Up to \$150	Up to \$70	Up to \$130	Up to \$70
Contacts				
Elective	Up to \$150	Up to \$105	Up to \$130	Up to \$105
Fit & follow-up exam	Member cost up to \$60	No benefit	Member cost of \$15	Up to \$40

Vision plan state availability



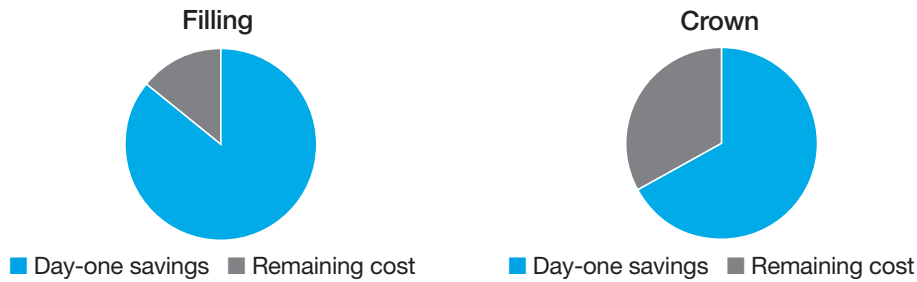
PrimeStar Select Vision plan not available in the Pennsylvania counties of Forest, Huntingdon, Montour, and Sullivan.

Savings examples

Dental

	Usual rate	Network rate	Day-one cost	Day-one savings	Year-two cost	Year-two savings
Preventive visit	\$242	\$108	\$0	100%	\$0	100%
Filling	\$203	\$79	\$28	86%	\$16	92%
Crown	\$1,236	\$648	\$518	58%	\$324	74%

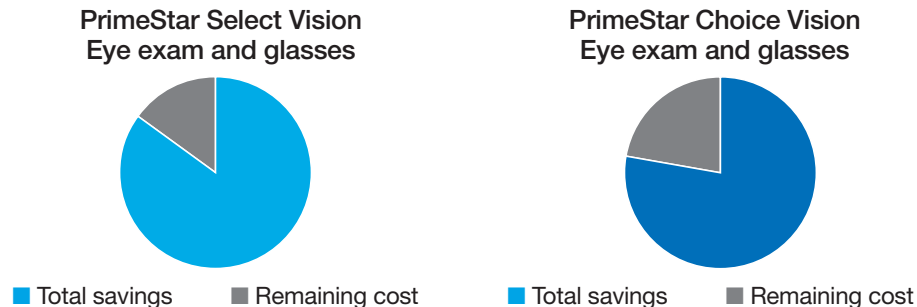
These examples reflect Protect Plan in-network benefit levels. Allowance and cost estimates are specific to ZIP Code area 606XX. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary. A preventive visit includes an exam, cleaning and X-ray. Costs shown do not include deductibles.



Vision

	Average cost	Member cost with PrimeStar Select Vision (with VSP network savings)	Savings with Select plan	Member cost with PrimeStar Choice Vision (with EyeMed network savings)	Savings with Choice plan
Eye exam	\$181	\$10	94%	\$25	86%
Frames	\$200	\$40	80%	\$56	72%
Single vision lenses	\$98	\$20	80%	\$25	74%
Total	\$479	\$70	85%	\$106	78%

For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary.



Start selling today! Create your unique shopping link in your producer portal account at producerportal.ameritas.com



Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York

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.

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