

# Advantage Plus Network 1000

## Individual Dental Insurance - Washington

Research shows that good dental health is essential to your overall health. Protecting your smile starts with regular visits to the dentist, and a good dental plan.

- No enrollment fees
- Ameritas dental network savings

### Dental network plan

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.

**PrimeStar® Advantage Plus Network plans are designed for those who will visit an Ameritas Dental Network provider.**

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.

### Plan details

	Plan benefit
<b>Preventive (Type 1)</b> <ul style="list-style-type: none"><li>• Exams (2 per year)</li><li>• Cleanings (2 per year)</li><li>• Bitewing X-rays</li><li>• Fluoride (under age 16)</li><li>• Sealants (under age 16)</li></ul>	<b>100% day one</b>
<b>Basic (Type 2)</b> <ul style="list-style-type: none"><li>• Fillings</li><li>• Simple Extractions</li></ul>	<b>50% day one 65% after year one 80% after year two</b>
<b>Major (Type 3)</b> <ul style="list-style-type: none"><li>• Implants</li><li>• Oral Surgery</li><li>• Root Canals</li><li>• Periodontics</li><li>• Crowns</li><li>• Bridges</li><li>• Dentures</li><li>• Panoramic X-rays</li></ul>	<b>50% after 6 months</b>
<b>Orthodontics</b> <ul style="list-style-type: none"><li>• Straightening of the teeth (under age 19)</li><li>• Lifetime Maximum \$1,000 per child</li></ul>	<b>50% after 12 months</b>
<b>Calendar year deductible</b> <p>Per person for preventive, basic and major services combined, with a maximum of three deductibles per family</p>	<b>\$50</b>
<b>Calendar year maximum benefit</b> <p>Per person for preventive, basic and major services combined</p>	<b>\$1,000</b>

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All PrimeStar® plans allow you to choose any dentist, but if you plan to visit an out-of-network dentist Advantage Plus offers the best benefits for you. If you visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs. If you visit an out-of-network dentist, covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges. This means we expect 8 out of 10 charges from dental providers to be within the amount we'll pay for a covered procedure. You pay the difference between what the plan pays and the dentist's actual charge.

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<b>Calendar year deductible</b> Per person for preventive, basic and major services combined, with a maximum of three deductibles per family	\$50
<b>Calendar year maximum benefit</b> Per person for preventive, basic and major services combined	\$2,000

## Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Once enrolled, you will receive your full policy and ID cards within 10 days.

This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

## Limitations and exclusions

Dental Expenses will not include, and benefits will not be payable, for any of the following.

- Covered Dental Expenses in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application.
- Covered Dental Expenses for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
- Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
  - Alter vertical dimension.
  - Restore or maintain occlusion.
  - Splint or replace tooth structure lost as a result of abrasion or attrition.
- Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
- Covered Dental Expenses to replace lost or stolen appliances.
- Covered Dental Expenses for any treatment which is for cosmetic purposes.
- Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures, including procedures deemed experimental or investigational by the American Dental Association. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
- Covered Dental Expenses for which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment.
- Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
- Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Covered Dental Expenses because of war or any act of war, declared or not.

# Advantage Plus

## Dental Rates – Washington

Use the following to find your dental rates by area and network coverage. Visit [star.ameritas.com](http://star.ameritas.com) to receive a final quote. Find your area by locating the first 3 digits of your ZIP Code.

State	ZIP Code	Area
Washington	980, 983-984	5
	981	7
	986, 990-992	3
	All Others	4

Find your dental rate using your state, area, plan type & coverage:

Advantage Plus Network 1000 Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
3	\$30.59	\$63.27	\$106.39
4	\$33.61	\$69.53	\$116.91
5	\$36.97	\$76.48	\$128.60
7	\$44.70	\$92.47	\$155.49

Advantage Plus Network 2000 Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
3	\$37.46	\$76.93	\$126.94
4	\$41.16	\$84.54	\$139.49
5	\$45.28	\$92.99	\$153.44
7	\$54.74	\$112.44	\$185.52

Advantage Plus 1000 Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
3	\$44.41	\$90.75	\$150.96
4	\$48.80	\$99.72	\$165.89
5	\$53.68	\$109.69	\$182.48
7	\$64.90	\$132.63	\$220.63

Advantage Plus 2000 Rates			
Area	Policyholder	Policyholder plus One Dependent	Policyholder plus Two or More Dependents
3	\$54.45	\$110.72	\$177.75
4	\$59.84	\$121.67	\$195.33
5	\$65.82	\$133.84	\$214.86
7	\$79.59	\$161.82	\$259.79

The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.



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

This highlight is not a certificate of insurance or guarantee of coverage. Rates are subject to change at any time.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Individual dental and vision products (Indiv. 9000 WA Rev. 07-16 et al) are issued by Ameritas Life. Some plan designs are not available in all areas. The state of Washington requires that producers be appointed with us before soliciting products.

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