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Individual dental insurance – MAC/MAB plan

- No waiting periods
- No enrollment fees
- Ameritas dental network savings

Plan information

The Ameritas Dental Network is one of the largest in the nation, making it easier for policyholders across the country to see the dentist of their choice.

- 98% of providers stay with Ameritas year after year
- Network dentists charge 25-50% less than their regular rates, providing out-of-pocket savings to policyholders
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

Policyholders can visit any dentist and family members do not need to visit the same provider. Find a Classic (PPO) network provider at ameritas.com — Find a Health Provider.

MAC/MAB claim allowance

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If a policyholder selects a network provider, they may have lower out-of-pocket costs. If they 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 the ZIP Code area. Policyholders pay the difference between what the plan pays and the dentist's actual charge.

Increasing maximum

Insurance covers a maximum amount per person per benefit period for Basic and Major services combined. The annual maximum benefit increases after year one.

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 Basic and Major procedures.

Plan Details	Day one	After year one
Dental maximum benefit Per person per benefit year	$1,000	$2,000
Preventive Plus	Included	
Deductible Per person per benefit year	$0 Type 1 $50 Types 2 & 3	
Preventive (Type 1) Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers	100% in-network 80% out-of-network	
Basic (Type 2) Fillings, simple extractions	65% in-network 45% out-of-network	80% in-network 60% out-of-network
Major (Type 3) Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening	20% in-network 10% out-of-network	50% in-network 30% out-of-network
Child orthodontia Under age 19	15%	50%
Lifetime maximum per person	$1,000	
LASIK lifetime benefit per eye	$125 years 1 & 2 $250 after year 2	

Preventive Plus not available in Florida.

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Teeth whitening

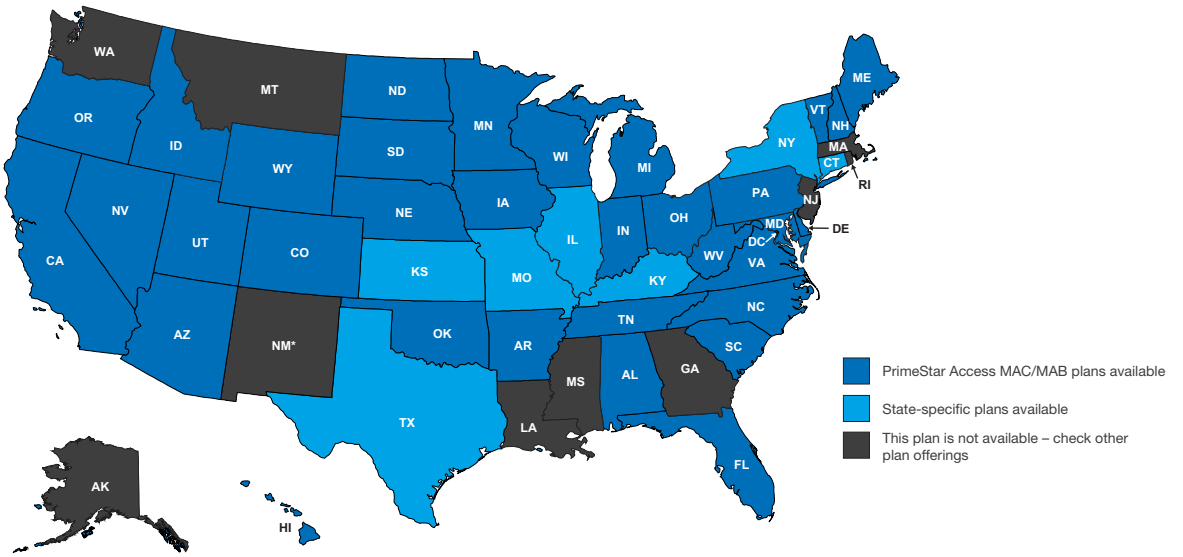
Professional teeth bleaching, also known as whitening, is a popular cosmetic procedure. This plan provides Type 3 coverage toward bleaching procedures recognized by the American Dental Association and performed by a dentist. Professional teeth bleaching can last from five to seven years with proper care.

Child orthodontia benefit

The orthodontia benefit is a lifetime benefit for dependent children up to age 19. Plan payments are made in equal quarterly installments for up to two years. Orthodontic services can help straighten teeth, close gaps between teeth, correct bite problems and correct teeth and jaw alignment.

LASIK benefit

The LASIK benefit is a lifetime benefit that pays once per eye, and per-eye benefits cannot be combined to treat a single eye. The plan benefit increases after year two. The policyholder must be 18 or older to receive LASIK benefits.



**Plan design not available in NM - check myplan.ameritas.com for plan details.*
In PA, the MAC/MAB plan is not available in the counties of Forest and Potter.

Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Policyholders have the option to access their policy and ID card electronically same-day in the member portal or receive by mail within 10 days.

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

Visit myplan.ameritas.com or your agent's shopping URL for a quote.

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