PrimeStar® Dental Plan Comparison

	PrimeStar Value		PrimeStar Access		PrimeStar Total	
	Day one	After year one	Day one	After year one	Day one	After year one
Maximum dental benefit Per person per benefit year	$750		$1,000	$2,000	$2,000	$2,500
Preventive Plus	Included		Included		Included	
Deductible Per person per benefit year	$0 Type 1 $50 Types 2 & 3		$0 Type 1 $50 Types 2 & 3		$0 Type 1 $50 Types 2 & 3	
Preventive (Type 1)	Exams, cleanings		Exams, cleanings, bitewing X-rays, fluoride (up to age 16), sealants, space maintainers		Exams, cleanings , bitewing X-rays	
	90%	100%	100% in-network, 80% out-of-network		100%	
Basic (Type 2)	Bitewing X-rays, fluoride (up to age 16), sealants, space maintainers, fillings		Fillings, simple extractions		Fillings, simple extractions	
	50%	80%	65% in-network 45% out-of-network	80% in-network 60% out-of-network	80%	90%
Major (Type 3)	Simple extractions, panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures		Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants, teeth whitening		Panoramic X-rays, oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	
	0%	15%	20% in-network 10% out-of-network	50% in-network 30% out-of-network	20%	50%
Child orthodontia Under age 19 Lifetime maximum per person	No coverage		15% $1,000	50%	No coverage	
LASIK lifetime benefit per eye Age 18 and over Lifetime maximum per person; amount cannot be combined toward double coverage for a single eye	No coverage		$125 years one & two $250 after year two		No coverage	
Annual hearing exam benefit	No coverage		No coverage		$75	
Hearing aid benefit per ear* Plan pays 50% of hearing aid cost up to the maximum benefit amount; amount cannot be combined toward double coverage for a single ear	No coverage		No coverage		$200 day one $300 after year one $400 after year two	

* Once the hearing aid benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five years as long as there is no break in coverage. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage.

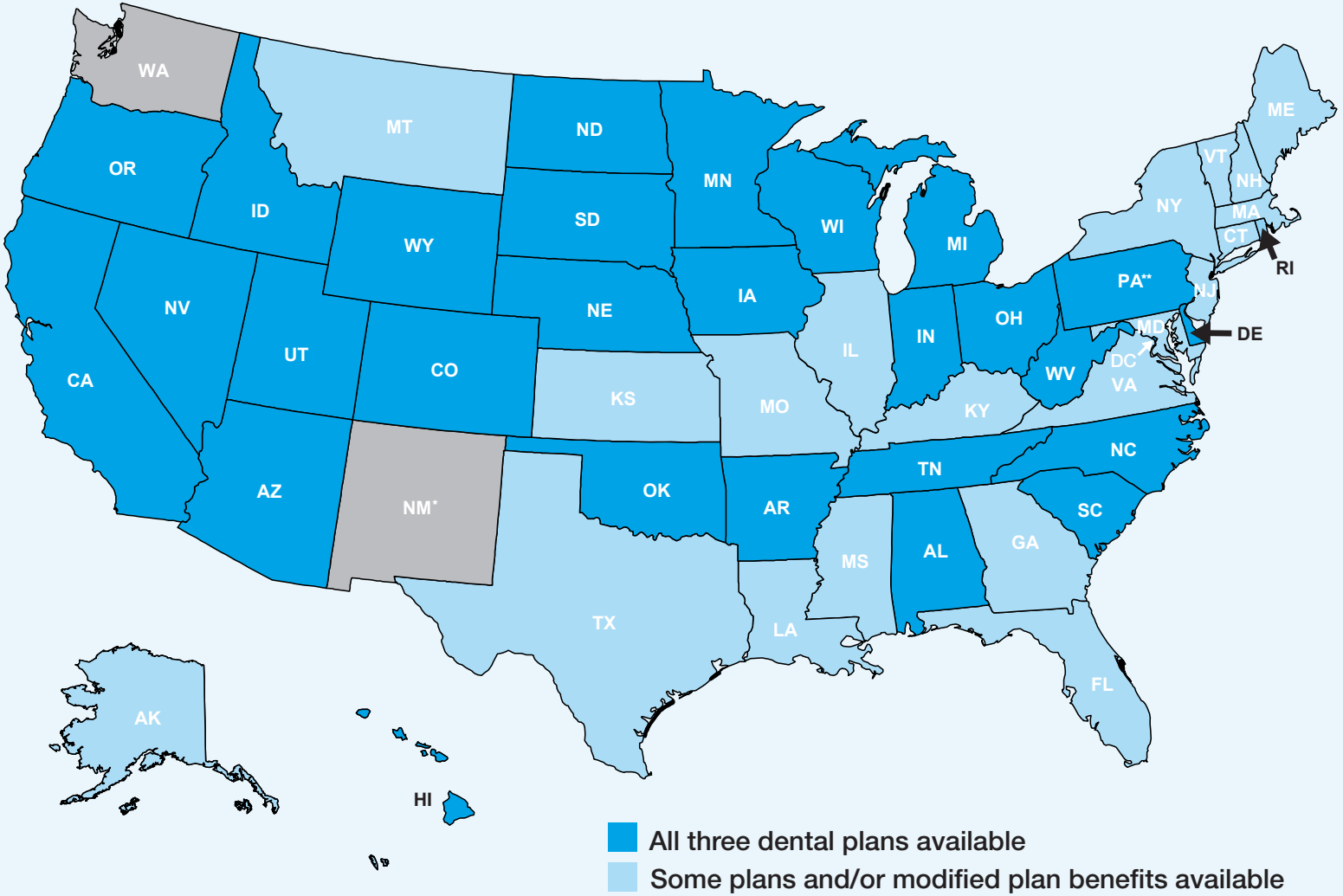
The Ameritas Dental Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower out-of-pocket costs. Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can find a dental provider in the Classic (PPO) network at ameritas.com—Find a Health Provider. Network not available in Montana, Rhode Island and the Pennsylvania counties of Forest and Potter.

Certain plans and plan options may not be available in all areas. Please visit myplan.ameritas.com and enter your ZIP Code to find plans available in your area.

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PrimeStar® Dental State Availability



All three dental plans available

Some plans and/or modified plan benefits available

These plans are not available - check other plan offerings

Value plans: There is a 12-month waiting period on Major procedures. In Florida, Preventive Plus is not available, and there is a 6-month wait for Major procedure coverage. In New Jersey, Major procedures are covered at 25% after year one.

Access plans: Preventive Plus is not available in Florida. In New Jersey, Major and Orthodontics are covered at 25% day one.

Total plans: Preventive Plus is not available in Florida. In New Jersey, Major procedures are covered at 25% day one. The hearing benefit is not available in New Hampshire, New Mexico or Massachusetts.

* Plan design not available in NM - check myplan.ameritas.com for plan details.

** Some plan benefits are not available in the Pennsylvania counties of Forest and Potter. See more plan details and other plan offerings at myplan.ameritas.com.

For Producers only.

PrimeStar® Vision Plan Comparison

	PrimeStar Choice Vision				PrimeStar Select Vision				PrimeStar Basic Vision**		
Network	VSP Choice Network				EyeMed Access Network				No Network Restrictions		
	Frequency	Deductible	In-network benefit	Out-of-network allowance	Frequency	Deductible	In-network benefit	Out-of-network allowance	Frequency	Deductible	Allowance
Eye exam	Every 12 months	$10	100%	Up to $45	Every 12 months	$25	100%	Up to $50	Every 12 months	$10	Up to $50
Lenses	Every 12 months	$20*	Up to 100%	Up to $100	Every 24 months	$25	Up to 100%	Up to $100	Every 12 months	$50 (per lifetime)*	Up to $100
Frames	Every 12 months	$20*	Up to $150	Up to $70	Every 24 months	$0	Up to $130	Up to $70	Every 24 months	$50 (per lifetime)*	Up to $65
Contacts (in lieu of glasses)	Every 12 months	$0	Up to $150	Up to $105	Every 24 months	$0	Up to $130	Up to $105	Every 12 months	$0	Up to $100

Plan designs not available in NM - check myplan.ameritas.com for plan details.

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

** The states of MA, MT, RI and WA only offer Basic Vision.

Vision plans are not available in Maryland.



Visit **vsp.com** to search for providers in the VSP Choice Network.

VSP provider discounts. Members can take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And they receive an extra $20 to spend on featured frame brands. The 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** and select the Access Network to search for providers in the EyeMed Access Network.

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

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

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

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