Ameritas PrimeStar® Ratebook

Product availability

Use the following to find dental rates by area. Find the area by locating the first 3 digits of the ZIP Code. Visit myplan.ameritas.com to receive a final quote.

State	ZIP Code	Area
Alabama	351-353, 355-357, 361, 368	2
	All Others	1
Alaska	All	5
Arizona	853, 863-864	4
	850-852, 857	5
	All Others	3
Arkansas	722, 724, 727	2
	729	4
	All Others	1
California	922-924	3
	925, 932-933, 936, 959	4
	900, 903-904, 908, 910-912, 915-917, 919, 937, 941, 946, 952-955	5
	905, 913-914, 920, 935, 940, 945, 947-948, 960-961	6
	All Others	7
Colorado	801-803, 816	4
	800, 805-806, 809	5
	All Others	3
Connecticut	060, 064, 067	7
	All Others	6
D.C.	All	5
Delaware	All	4
Florida	330-334	5
	341-342	4
	All Others	3
Georgia	302, 305, 307, 309-310, 312, 398-399	2
	300, 303	4
	All Others	3
Hawaii	All	6
Idaho	835, 837-838	5
	All Others	4
Illinois	613-615, 619-620, 623-626, 628-629	2
	603, 607-608	5
	600-601, 605	6
	All Others	4
Indiana	All	2
Iowa	516	1
	507-509, 513-514, 525	2
	503, 515	4
	All Others	3
Kansas	660-662, 666, 670-672	3
	All Others	2
Kentucky	400-402, 405-406, 410, 420	2
	All Others	1
Louisiana	704-705, 707-708, 711	2
	All Others	1

State	ZIP Code	Area
Maine	043, 049	3
	039-042	5
	All Others	4
Maryland	All	4
Massachusetts	All	5
Michigan	482, 488, 497, 499	2
	486-487, 490-492, 494, 496	3
	483	5
	All Others	4
Minnesota	557, 562	4
	553-554, 558, 563	6
	All Others	5
Mississippi	All	1
Missouri	650-652, 656-658	3
	630-631, 633, 640-641	4
	All Others	2
Montana	590-591, 597, 598	4
	All Others	3
Nebraska	689, 691	1
	680-681, 685	3
	687	4
	All Others	2
Nevada	898	5
	890, 893-895	6
	All Others	7
New Hampshire	030-031, 033	5
	032	6
	038	7
	All Others	4
New Jersey	All	1
New York	063, 100-119	7
	127, 129, 136, 147	3
	All Others	4
North Carolina	274, 278, 283, 285, 289	2
	286-287	3
	280, 282	5
	All Others	4
North Dakota	580-581, 585	4
	All Others	3
Ohio	439, 454-455, 457	1
	430, 434-435, 440-442, 447, 450, 452, 458	3
	All Others	2
Oklahoma	735-736, 743-746	1
	730, 740	4
	All Others	2
Oregon	All	5
Pennsylvania	183, 189-194	3
	All Others	1

State	ZIP Code	Area
Rhode Island	All	5
South Carolina	All	2
South Dakota	575	2
	570-571	4
	All Others	3
Tennessee	370-372	3
	373-374, 377-381	2
	All Others	1
Texas	756, 759, 780, 797	1
	751, 754-755, 758, 760, 763-764, 768-769, 776-779, 781-782, 792, 795-796, 799	2
	750, 752, 762, 774-775, 787	4
	All Others	3
Utah	All	4
Vermont	All	4
Virginia	201, 220-225	5
	226, 228-229, 240-241	3
	230-238	4
	All Others	2
Washington	980, 983-984	5
	981	7
	986, 990-992	3
	All Others	4
West Virginia	250-252, 266, 268	1
	All Others	2
Wisconsin	534, 538	4
	537, 539, 547	6
	All Others	5
Wyoming	All	3

Product rates

Find the dental rate using the state, area, plan type & coverage.

Base Plans								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$38.33	$42.26	$46.19	$50.61	$55.52	$60.92	$66.82
	Policyholder plus one dependent	$76.36	$84.21	$92.07	$100.91	$110.73	$121.54	$133.32
	Policyholder plus two or more dependents	$121.30	$133.87	$146.45	$160.59	$176.31	$193.59	$212.45
PPO (U&C)	Policyholder	$57.42	$63.38	$69.35	$76.06	$83.52	$91.72	$100.66
	Policyholder plus one dependent	$114.53	$126.46	$138.39	$151.81	$166.72	$183.13	$201.02
	Policyholder plus two or more dependents	$182.38	$201.47	$220.56	$242.03	$265.89	$292.13	$320.76
Indemnity	Policyholder	$64.72	$71.46	$78.20	$85.79	$94.22	$103.49	$113.61
	Policyholder plus one dependent	$129.13	$142.61	$156.10	$171.27	$188.13	$206.67	$226.90
	Policyholder plus two or more dependents	$205.74	$227.32	$248.89	$273.17	$300.14	$329.81	$362.18
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$31.96	$35.29	$38.62	$42.36	$46.52	$51.10	$56.09
	Policyholder plus one dependent	$65.21	$72.02	$78.83	$86.49	$95.00	$104.37	$114.59
	Policyholder plus two or more dependents	$107.68	$118.98	$130.28	$142.99	$157.11	$172.65	$189.60
PPO (U&C)	Policyholder	$52.01	$57.48	$62.95	$69.10	$75.94	$83.45	$91.66
	Policyholder plus one dependent	$105.32	$116.40	$127.49	$139.97	$153.83	$169.08	$185.71
	Policyholder plus two or more dependents	$171.86	$190.00	$208.15	$228.56	$251.24	$276.19	$303.41
Indemnity	Policyholder	$58.71	$64.89	$71.07	$78.03	$85.76	$94.26	$103.53
	Policyholder plus one dependent	$118.71	$131.23	$143.75	$157.83	$173.48	$190.69	$209.47
	Policyholder plus two or more dependents	$193.29	$213.72	$234.15	$257.14	$282.68	$310.77	$341.42
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$14.76	$16.33	$17.91	$19.68	$21.65	$23.81	$26.17
	Policyholder plus one dependent	$29.52	$32.67	$35.82	$39.36	$43.30	$47.63	$52.35
	Policyholder plus two or more dependents	$47.24	$52.27	$57.31	$62.98	$69.28	$76.21	$83.76
PPO (U&C)	Policyholder	$21.50	$23.80	$26.09	$28.67	$31.54	$34.69	$38.13
	Policyholder plus one dependent	$43.01	$47.59	$52.18	$57.34	$63.07	$69.38	$76.26
	Policyholder plus two or more dependents	$68.81	$76.14	$83.48	$91.74	$100.91	$111.01	$122.01
Indemnity	Policyholder	$24.32	$26.91	$29.50	$32.42	$35.66	$39.23	$43.12
	Policyholder plus one dependent	$48.63	$53.82	$59.00	$64.84	$71.32	$78.46	$86.24
	Policyholder plus two or more dependents	$77.81	$86.10	$94.40	$103.74	$114.11	$125.53	$137.97

Colorado, Michigan, North Dakota, Ohio								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$35.39	$39.00	$42.61	$46.68	$51.20	$56.17	$61.59
	Policyholder plus one dependent	$70.46	$77.69	$84.92	$93.05	$102.09	$112.03	$122.87
	Policyholder plus two or more dependents	$111.88	$123.44	$135.01	$148.02	$162.48	$178.38	$195.73
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$29.46	$32.52	$35.58	$39.03	$42.86	$47.07	$51.66
	Policyholder plus one dependent	$60.10	$66.36	$72.63	$79.68	$87.51	$96.13	$105.53
	Policyholder plus two or more dependents	$99.21	$109.60	$120.00	$131.69	$144.68	$158.98	$174.57
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$13.58	$15.03	$16.48	$18.11	$19.92	$21.91	$24.09
	Policyholder plus one dependent	$27.16	$30.05	$32.95	$36.21	$39.83	$43.81	$48.16
	Policyholder plus two or more dependents	$43.46	$48.09	$52.73	$57.94	$63.73	$70.11	$77.06

Indiana, Oregon, South Carolina, Tennessee, Virginia								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$39.34	$43.37	$47.41	$51.95	$57.00	$62.54	$68.60
	Policyholder plus one dependent	$78.37	$86.44	$94.51	$103.59	$113.68	$124.78	$136.89
	Policyholder plus two or more dependents	$124.52	$137.44	$150.35	$164.88	$181.02	$198.78	$218.16
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$31.27	$34.52	$37.78	$41.44	$45.51	$49.98	$54.87
	Policyholder plus one dependent	$63.87	$70.54	$77.21	$84.71	$93.05	$102.22	$112.22
	Policyholder plus two or more dependents	$105.67	$116.75	$127.84	$140.31	$154.17	$169.41	$186.03
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$17.34	$19.19	$21.04	$23.12	$25.43	$27.98	$30.75
	Policyholder plus one dependent	$34.68	$38.38	$42.08	$46.24	$50.86	$55.95	$61.50
	Policyholder plus two or more dependents	$55.49	$61.40	$67.32	$73.98	$81.38	$89.52	$98.39

Kansas, Missouri, and Texas								
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$34.89	$38.53	$42.17	$46.27	$50.82	$55.83	$61.29
	Policyholder plus one dependent	$71.07	$78.51	$85.94	$94.31	$103.61	$113.83	$124.99
	Policyholder plus two or more dependents	$117.06	$129.36	$141.66	$155.50	$170.88	$187.79	$206.24

Connecticut and Illinois								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$36.41	$40.13	$43.85	$48.04	$52.69	$57.81	$63.40
	Policyholder plus one dependent	$72.50	$79.95	$87.39	$95.77	$105.08	$115.32	$126.49
	Policyholder plus two or more dependents	$115.14	$127.05	$138.97	$152.37	$167.26	$183.65	$201.52
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$32.87	$36.29	$39.72	$43.57	$47.85	$52.56	$57.70
	Policyholder plus one dependent	$67.02	$74.02	$81.03	$88.91	$97.67	$107.30	$117.80
	Policyholder plus two or more dependents	$110.57	$122.17	$133.78	$146.84	$161.35	$177.31	$194.72
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$21.02	$23.26	$25.50	$28.02	$30.82	$33.90	$37.27
	Policyholder plus one dependent	$42.03	$46.51	$51.00	$56.04	$61.64	$67.81	$74.53
	Policyholder plus two or more dependents	$67.25	$74.42	$81.59	$89.66	$98.63	$108.49	$119.25

Florida								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$36.68	$40.43	$44.18	$48.40	$53.09	$58.25	$63.88
	Policyholder plus one dependent	$73.04	$80.54	$88.05	$96.49	$105.87	$116.19	$127.44
	Policyholder plus two or more dependents	$116.00	$128.01	$140.01	$153.52	$168.53	$185.04	$203.05
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$28.85	$31.84	$34.84	$38.21	$41.96	$46.08	$50.57
	Policyholder plus one dependent	$58.95	$65.09	$71.24	$78.15	$85.83	$94.28	$103.49
	Policyholder plus two or more dependents	$97.60	$107.82	$118.05	$129.55	$142.33	$156.39	$171.72
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$15.77	$17.45	$19.13	$21.02	$23.12	$25.43	$27.96
	Policyholder plus one dependent	$31.54	$34.90	$38.27	$42.05	$46.26	$50.88	$55.93
	Policyholder plus two or more dependents	$50.46	$55.84	$61.22	$67.28	$74.01	$81.41	$89.48

Kentucky								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$35.39	$39.00	$42.61	$46.68	$51.20	$56.17	$61.59
	Policyholder plus one dependent	$70.46	$77.69	$84.92	$93.05	$102.09	$112.03	$122.87
	Policyholder plus two or more dependents	$111.88	$123.44	$135.01	$148.02	$162.48	$178.38	$195.73
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$32.16	$35.51	$38.86	$42.63	$46.82	$51.42	$56.45
	Policyholder plus one dependent	$65.49	$72.33	$79.17	$86.87	$95.42	$104.83	$115.09
	Policyholder plus two or more dependents	$107.84	$119.15	$130.47	$143.20	$157.35	$172.90	$189.88
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$13.58	$15.03	$16.48	$18.11	$19.92	$21.91	$24.09
	Policyholder plus one dependent	$27.16	$30.05	$32.95	$36.21	$39.83	$43.81	$48.16
	Policyholder plus two or more dependents	$43.46	$48.09	$52.73	$57.94	$63.73	$70.11	$77.06

Maryland								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$39.34	$43.37	$47.41	$51.95	$57.00	$62.54	$68.60
	Policyholder plus one dependent	$78.37	$86.44	$94.51	$103.59	$113.68	$124.78	$136.89
	Policyholder plus two or more dependents	$124.52	$137.44	$150.35	$164.88	$181.02	$198.78	$218.16
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$31.27	$34.52	$37.78	$41.44	$45.51	$49.98	$54.87
	Policyholder plus one dependent	$63.87	$70.54	$77.21	$84.71	$93.05	$102.22	$112.22
	Policyholder plus two or more dependents	$105.67	$116.75	$127.84	$140.31	$154.17	$169.41	$186.03

Massachusetts								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$55.92	$61.88	$67.85	$74.56	$82.02	$90.22	$99.16
	Policyholder plus one dependent	$111.84	$123.77	$135.70	$149.12	$164.03	$180.44	$198.33
	Policyholder plus two or more dependents	$178.94	$198.03	$217.12	$238.59	$262.45	$288.69	$317.32

Nevada								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$28.39	$31.26	$34.12	$37.35	$40.94	$44.88	$49.18
	Policyholder plus one dependent	$56.47	$62.20	$67.94	$74.39	$81.56	$89.45	$98.05
	Policyholder plus two or more dependents	$89.48	$98.66	$107.84	$118.16	$129.63	$142.25	$156.02
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$23.54	$25.97	$28.40	$31.13	$34.17	$37.51	$41.16
	Policyholder plus one dependent	$47.96	$52.93	$57.91	$63.50	$69.72	$76.55	$84.01
	Policyholder plus two or more dependents	$79.08	$87.33	$95.58	$104.86	$115.17	$126.51	$138.89
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$10.78	$11.93	$13.08	$14.37	$15.81	$17.39	$19.11
	Policyholder plus one dependent	$21.55	$23.85	$26.14	$28.73	$31.60	$34.76	$38.21
	Policyholder plus two or more dependents	$34.49	$38.16	$41.84	$45.98	$50.58	$55.64	$61.15

New Hampshire								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$31.31	$34.64	$37.98	$41.74	$45.91	$50.51	$55.51
	Policyholder plus one dependent	$62.62	$69.30	$75.98	$83.49	$91.84	$101.02	$111.04
	Policyholder plus two or more dependents	$100.19	$110.87	$121.56	$133.58	$146.94	$161.63	$177.66
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$27.28	$30.11	$32.94	$36.12	$39.66	$43.55	$47.79
	Policyholder plus one dependent	$55.63	$61.42	$67.21	$73.72	$80.96	$88.92	$97.60
	Policyholder plus two or more dependents	$91.79	$101.39	$111.00	$121.80	$133.81	$147.01	$161.42
PrimeStar Value	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$12.55	$13.89	$15.22	$16.73	$18.40	$20.24	$22.25
	Policyholder plus one dependent	$25.10	$27.77	$30.45	$33.46	$36.81	$40.49	$44.50
	Policyholder plus two or more dependents	$40.15	$44.43	$48.71	$53.53	$58.88	$64.77	$71.19

New Jersey								
PrimeStar Total	Area:	1	2	3	4	5	6	7
PPO (U&C)	Policyholder	$58.68	$64.78	$70.88	$77.74	$85.36	$93.75	$102.90
	Policyholder plus one dependent	$117.05	$129.25	$141.45	$155.17	$170.42	$187.19	$205.49
	Policyholder plus two or more dependents	$186.42	$205.94	$225.45	$247.41	$271.81	$298.64	$327.92
PrimeStar Access	Area:	1	2	3	4	5	6	7
PPO (U&C)	Policyholder	$53.88	$59.55	$65.21	$71.59	$78.67	$86.47	$94.97
	Policyholder plus one dependent	$109.21	$120.71	$132.22	$145.16	$159.54	$175.36	$192.62
	Policyholder plus two or more dependents	$178.50	$197.36	$216.21	$237.42	$260.99	$286.91	$315.19
PrimeStar Value	Area:	1	2	3	4	5	6	7
PPO (U&C)	Policyholder	$25.97	$28.74	$31.51	$34.63	$38.09	$41.90	$46.06
	Policyholder plus one dependent	$51.95	$57.49	$63.03	$69.26	$76.19	$83.80	$92.12
	Policyholder plus two or more dependents	$83.12	$91.98	$100.85	$110.82	$121.90	$134.09	$147.39

New York								
PrimeStar Total	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$35.51	$39.29	$43.08	$47.34	$52.07	$57.28	$62.96
	Policyholder plus one dependent	$71.01	$78.58	$86.16	$94.68	$104.15	$114.56	$125.92
	Policyholder plus two or more dependents	$113.62	$125.74	$137.86	$151.49	$166.64	$183.30	$201.48
PrimeStar Access	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$33.85	$37.38	$40.91	$44.88	$49.29	$54.15	$59.44
	Policyholder plus one dependent	$69.03	$76.25	$83.47	$91.59	$100.61	$110.54	$121.37
	Policyholder plus two or more dependents	$113.91	$125.88	$137.84	$151.30	$166.26	$182.71	$200.65

Rhode Island								
PrimeStar Total	Area:	1	2	3	4	5	6	7
Indemnity	Policyholder	$51.44	$56.77	$62.10	$68.09	$74.75	$82.07	$90.06
	Policyholder plus one dependent	$102.58	$113.23	$123.88	$135.87	$149.19	$163.84	$179.82
	Policyholder plus two or more dependents	$163.26	$180.30	$197.35	$216.53	$237.84	$261.28	$286.85
PrimeStar Access	Area:	1	2	3	4	5	6	7
Indemnity	Policyholder	$46.54	$51.42	$56.31	$61.80	$67.91	$74.62	$81.95
	Policyholder plus one dependent	$94.07	$103.95	$113.84	$124.97	$137.33	$150.93	$165.76
	Policyholder plus two or more dependents	$153.07	$169.21	$185.35	$203.51	$223.69	$245.88	$270.09
PrimeStar Value	Area:	1	2	3	4	5	6	7
Indemnity	Policyholder	$19.21	$21.26	$23.31	$25.61	$28.17	$30.99	$34.06
	Policyholder plus one dependent	$38.42	$42.51	$46.61	$51.22	$56.34	$61.98	$68.12
	Policyholder plus two or more dependents	$61.46	$68.02	$74.57	$81.95	$90.15	$99.16	$108.99

Washington								
Advantage Plus - $1000 Max	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$20.17	$22.32	$24.47	$26.89	$29.58	$32.54	$35.76
	Policyholder plus one dependent	$41.62	$46.06	$50.50	$55.49	$61.04	$67.14	$73.80
	Policyholder plus two or more dependents	$70.15	$77.63	$85.11	$93.53	$102.88	$113.17	$124.39
PPO (U&C)	Policyholder	$29.28	$32.40	$35.53	$39.04	$42.94	$47.24	$51.92
	Policyholder plus one dependent	$59.70	$66.07	$72.44	$79.60	$87.56	$96.32	$105.87
	Policyholder plus two or more dependents	$97.40	$107.78	$118.17	$129.86	$142.85	$157.13	$172.71
Advantage Plus - $2000 Max	Area:	1	2	3	4	5	6	7
MAC	Policyholder	$24.70	$27.33	$29.97	$32.93	$36.22	$39.85	$43.80
	Policyholder plus one dependent	$50.60	$56.00	$61.40	$67.47	$74.22	$81.64	$89.74
	Policyholder plus two or more dependents	$83.69	$92.62	$101.55	$111.59	$122.75	$135.02	$148.41
PPO (U&C)	Policyholder	$35.90	$39.73	$43.56	$47.87	$52.66	$57.92	$63.67
	Policyholder plus one dependent	$72.84	$80.61	$88.38	$97.12	$106.83	$117.52	$129.17
	Policyholder plus two or more dependents	$117.20	$129.70	$142.21	$156.27	$171.90	$189.09	$207.84

Dental limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown 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 appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion; or
  - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen's 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 any employment for wage or profit (except in CA & KY).
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Hearing limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- examinations performed before the Insured was covered under this section.
- any examination performed after the Insured's coverage under this section ceases.
- any hearing examination required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants, or tubes in the ears.
- 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 hearing loss caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit, including an occupational hearing loss.
- charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- any procedure not shown in the Schedule of Hearing Care Services.
- any treatment which is for cosmetic purposes.
- assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- services which are not related to a conductive or sensorineural hearing loss, such as any nonorganic hearing loss or occupational hearing loss.
- charges for a hearing screening performed as a part of or in the course of any non-hearing routine examination.
- because of war or any act of war, declared or not.

Orthodontia limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for a Program begun on or after the Insured's 19th birthday.
- for a Program which uses a material other than metal brackets for treatment. The benefit will be considered as though metal brackets were applied.
- for a Program begun before the Insured became covered under this section,
- in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- for a Program more than once in a lifetime.
- if the Insured's insurance under this section terminates.
- for which the Insured is entitled to benefits under any workmen's compensation or similar law, or for 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 any employment for wage or profit.
- for charges the Insured is not legally required to pay or would not have been made had no insurance been in force.
- for services not required for necessary care and treatment or not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- to fix or repair broken or damaged orthodontic appliances.
- to replace lost, missing or stolen orthodontic appliances.
- for expenses incurred as a result of the Insured not being compliant with the Treatment Program.
- for services to alter vertical dimension and/or restore or maintain the occlusion due to, but not limited to the following: equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

LASIK limitations and exclusions

- No benefit will be payable for any HCPCS Level II codes not listed in the definition of Covered Procedures.
- No benefit will be payable for any Insured under the age of 18.
- Each Insured Person is eligible for only one Covered Procedure benefit payment per eye. No benefit will be payable for multiple laser vision correction treatments on the same eye.

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