

Advantage Plus Network 2000

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

PrimeStar Advantage Plus brings you the Ameritas dental network with features like:

- Discounted fees, typically 30% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with more than 471,000 access points and 114,000 providers

Advantage Plus Network 2000 plan is designed for those who will visit an Ameritas dental network provider. If you visit an in-network provider, your out-of-pocket costs will almost always be less because of the contracted fees (MAC/maximum allowable charge). If you visit an out-of-network dentist, you pay the difference between what the plan pays (MAB/maximum allowable benefit) and the dentist's actual charge, which may result in higher out-of-pocket costs.

Visit star.ameritas.com/findadentist to find a network provider near you.

Plan Details

		Plan Benefit
Preventive (type 1) <ul style="list-style-type: none"> • exams/cleanings (two per year) • fluoride treatment (under age 16) • bitewing x-rays • sealants (under age 16) 		100% day one
Basic (type 2) <ul style="list-style-type: none"> • fillings • simple extractions 		50% day one 65% after year one 80% after year two
Major (type 3) <ul style="list-style-type: none"> • implants • periodontal procedures • dentures • oral surgery • crowns • x-rays • surgical endodontics • bridges 		50% after 6 months
Orthodontia (under age 19) <ul style="list-style-type: none"> • \$1,000 lifetime maximum per child 		50% after 12 months
Calendar Year Deductible Per person for preventive, basic and major services combined, with a maximum of three deductibles per family		\$50
Calendar Year Maximum Benefit Per person for preventive, basic and major services combined		\$2,000

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Advantage Plus 2000 plan is designed for those who value the freedom to visit any dentist, but will enjoy additional savings with an Ameritas dental network provider.

Advantage Plus 2000 offers you richer benefits out-of-network than our Network plan. If you use a non-network dentist, covered benefits are paid at the 80th percentile of usual and customary charges. You pay the difference between what the plan pays and the dentist's actual charge. If you use an in-network provider, your out-of-pocket costs will be based on the contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

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Calendar Year Maximum Benefit Per person for preventive, basic and major services combined	\$1,000

Additional Information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow with any effective date except the 29th, 30th or 31st of the month. 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

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

1. 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.
2. 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.
3. Covered Dental Expenses for appliances, restorations, or procedures to do any of the following.
 - a. Alter vertical dimension.
 - b. Restore or maintain occlusion.
 - c. Splint or replace tooth structure lost as a result of abrasion or attrition.
4. 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.
5. Covered Dental Expenses to replace lost or stolen appliances.
6. Covered Dental Expenses for any treatment which is for cosmetic purposes.
7. 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.)
8. 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.
9. 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.
10. Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
11. Covered Dental Expenses because of war or any act of war, declared or not.



Washington

Dental Rates

Use the following to find your dental rates by area and network coverage. Enroll at star.ameritas.com. Find your area by locating the first 3 digits of your zip code.

State	Zip	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	Applicant	Applicant + 1	Applicant + Family
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	Applicant	Applicant + 1	Applicant + Family
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	Applicant	Applicant + 1	Applicant + Family
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	Applicant	Applicant + 1	Applicant + Family
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.