

Coverage: Individual

ZIP Code: ██████

Agent

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[Check out the plans!](#)

Plan Review



PrimeStar® Boost

The PrimeStar Boost plan is great for families who want robust coverage. Unique benefits include teeth whitening and coverage for child orthodontic care. You'll enjoy additional services under Preventive care and coverage for implants as a Major procedure. The annual maximum benefit and coverage for Basic and Major procedures increase after the first year on the plan.

Deductible	\$50*	Preventive (Type 1)	up to 100%	<ul style="list-style-type: none"> • Additional savings with an Ameritas Classic (PPO) network provider • Increasing annual maximum benefit • No waiting periods • No enrollment fees
Maximum Benefit	up to \$2,000**	Basic (Type 2)	up to 80%	
	(per benefit year)	Major (Type 3)	up to 50%	
		Child Orthodontia	up to 50%	
		Preventive Plus		

Plan pays In-network		Out-of-network		
Day 1	100%	80%	• Exams (2 per year)	• Sealants (age 15 and under)
After year 1	100%	80%	• Cleanings (2 per year)	• Space Maintainers (age 13 and under)
			• Fluoride (age 15 and under)	• Bitewing X-rays

Basic (Type 2)				
Plan pays In-network		Out-of-network		
Day 1	65%	45%	• Fillings	• Simple Extractions
After year 1	80%	60%		

Major (Type 3)				
Plan pays In-network		Out-of-network		
Day 1	20%	10%	• Crowns	• Panoramic X-rays
After year 1	50%	30%	• Root Canals	• Implants
			• Oral Surgery	• Periodontics
			• Dentures	• Teeth Whitening
			• Bridges	

Child Orthodontia				
Plan pays				
Day 1	15%	• Straighten teeth (under age 19)	19)	
After year 1	50%	• Close gaps between teeth (under age 19)	Correct problems with bite (under age	• Alignment of teeth and jaw (under age 19)
				• Lifetime maximum \$1,000 per child

Other Benefits				

Increasing maximum

The annual maximum benefit day one is \$1,500. After year one, the maximum increases to \$2,000. Insurance covers a maximum amount per person per benefit period for Basic and Major services combined.

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 Type 2 and 3 procedures.

*\$50 deductible per person for Basic and Major services combined, with a maximum of three deductibles per family.

**\$1,500 maximum benefit per person day one, \$2,000 after year one for Basic and Major services combined.

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. Learn more about [MAC/MAB claim allowance](#).

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. Find a [Classic \(PPO\) network provider](#) near you.



You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Use our [dental cost estimator](#) to find average procedure charges in your area. The estimates do not include network discounts or plan benefits.