

Dental \$75.28/mo

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Dental Plans

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\$34.55/mo

PrimeStar® Lite

Select Plan

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The PrimeStar Lite plan is an affordable option for those with a healthy mouth. It offers basic coverage with an emphasis on preventive care such as exams and cleanings. The annual maximum benefit and coverage for Basic and Major procedures increase after the first year on the plan.

Deductible

(per benefit year)

\$50*

Maximum Benefit

(per benefit year)

up to \$1,500**

Preventive (Type 1)	up to 100%
Basic (Type 2)	up to 80%
Major (Type 3)	up to 20%
Preventive Plus	

- Additional savings with an Ameritas Classic (PPO) network provider
- Increasing annual maximum benefit
- No waiting periods
- No enrollment fees

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\$65.09/mo

PrimeStar® Boost

Select Plan

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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

(per benefit year)

\$50*

Maximum Benefit

(per benefit year)

up to \$2,000**

- Increasing annual maximum benefit
- No waiting periods
- No enrollment fees

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\$75.28_{/mo}

PrimeStar® Complete

Deselect Plan

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The PrimeStar Complete plan offers extensive dental care with a high annual maximum benefit. This comprehensive plan offers implant coverage as a Major procedure. Hearing benefits for exams and hearing aids are available to plan members of all ages. The annual maximum benefit and coverage for Basic and Major procedures increase after the first year on the plan.

Deductible \$50*
(per benefit year)

Maximum Benefit up to \$3,000**
(per benefit year)

Preventive (Type 1)	up to 100%
Basic (Type 2)	up to 90%
Major (Type 3)	up to 50%
Preventive Plus	
Hearing Benefit	

- Additional savings with an Ameritas Classic (PPO) network provider
- Increasing annual maximum benefit
- No waiting periods
- No enrollment fees

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Preventive (Type 1)

Plan pays	In-network	Out-of-network		
			◦ Exams (2 per year)	◦ Bitewing X-rays
			◦ Cleanings (2 per year)	
Day 1	100%	90%		
After year 1	100%	90%		

Major (Type 3)

Plan pays	In-network	Out-of-network	<ul style="list-style-type: none"> ○ Crowns ○ Root Canals ○ Oral Surgery ○ Dentures 	<ul style="list-style-type: none"> ○ Bridges ○ Panoramic X-rays ○ Implants ○ Periodontics
Day 1	20%	15%		
After year 1	50%	40%		

Other Benefits

Increasing maximum

The annual maximum benefit day one is \$2,500. After year one, the maximum increases to \$3,000. 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.

Hearing Benefit

Benefits are available for hearing exams and hearing aids. Each benefit period you receive up to \$75 for eligible hearing exams. The plan pays 50% of the hearing aid cost up to the maximum benefit. The maximum benefit is \$200 day 1, \$300 after year 1, and \$400 after year 2. Five years after using your hearing aid coverage, you are re-eligible for the benefit at the top level. A reduced benefit is available after three years if your current hearing aids can no longer correct your hearing. All benefits assume no break in coverage.

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

**\$2,500 maximum benefit per person day one, \$3,000 after year one for Basic and Major services combined.



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.

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The policy provides dental and/or vision benefits only. Review your policy certificate carefully.

By submitting your application using this form, you hereby apply for coverage. This policy has limitations, exclusions, terms and conditions under which the policy may be continued in force or discontinued.

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

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

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Please note: Your insurance is effective on the date you selected during enrollment, but you may need to call for verification of benefits if you have an appointment during the first few days of coverage. Our application process may take up to five business days after your application is submitted. If you visit your dental or vision provider during that time, you may need to contact Ameritas customer service at (800) 300-9566 for verification of benefits.
