

	Aetna DVH Plus	Ameritas Prime Star Total	Manhattan DVH Select
Out of Network Allowed?	Yes. Paid as indemnity to patient out-of-Network.	Yes, at 80% of Usual & Customary	Yes, at 80% / 65% & 20% of Usual & Customary
Deductible	\$100 (\$0 for Preventive Care)	\$50 (\$0 for Preventive Care)	\$100 (\$0 for Preventive Care)
Max Benefit Choices	\$1,000 to \$3,000 in \$500 increments	\$2,000 Day one \$2,500 After year 1	\$1,000 / \$1,500 or \$3,000
Preventive Care	(100%) 2 Exams, Cleanings, bitewing X-rays	(100%) 2 Exams, Cleanings, bitewing X-rays	(100%) 2 Exams, Cleanings, bitewing X-rays
Basic Services	Year 1 = 65% Year 2+ = 80%	Year 1 = 80% Year 2+ = 90%	Year 1 = 65% Year 2+ = 80%
Major Services	Year 1 = 20% Year 2+ = 50%	Year 1 = 20% Year 2+ = 50%	Year 1 = 20% Year 2+ = 50%
Implants	Lifetime Max \$1,500	Included as Major Service	Lifetime Max \$1,500
Orthodontics	Year 1 = 0% Year 2+ = 50% Lifetime Max \$1,500 <i>Clear Aligners \$750 lifetime</i>	No Coverage	Year 1 = 0% Year 2+ = 50% Lifetime Max \$1,500
Vision Benefits	60% first year 80% 2 nd year <i>Up to \$200 every 2-years</i>	See Rider	60% first year 70% 2 nd year 80% thereafter
Hearing Benefit	Year 1 = 0% Year 2+ = 80% <i>Up to \$500 / year</i>	\$75 for Exam Hearing Aids = 50% up to \$200 day one 50% up to \$300 after 1 year 50% up to \$400 after year 2	\$750 max Per year, per ear
Premium			
Age 64			
Age 75			