

ChoiceFit Dental Plan Comparison



Five base plans have flexible plan design elements so you can build a dental quote to fit your clients' needs.

Product	ChoiceFit Classic	ChoiceFit Advantage	ChoiceFit Advantage Plus	ChoiceFit Elite		ChoiceFit Elite Plus	
Coinsurance	100-80-50	100-80-0	100-90-80/80-70-60/ 50-50-50	100-80-50 In-Network	80-60-50 Out-of-Network	100-100-60 In-Network	100-80-50 Out-of-Network
Deductible (person/family) Waived for Preventive	\$25/\$75 \$50/\$150 \$75/\$225	\$25/\$75 \$50/\$150 \$75/\$225	\$25/\$75 \$50/\$150 \$75/\$225	\$25/\$75 \$50/\$150 \$75/\$225		\$25/\$75 \$50/\$150 \$75/\$225	
Claim Allowance	Maximum Allowable Benefit 80th U&C 90th U&C	Maximum Allowable Benefit 80th U&C 90th U&C	Maximum Allowable Benefit 80th U&C 90th U&C	Maximum Allowable Charge	Maximum Allowable Benefit 80th U&C 90th U&C	Maximum Allowable Charge	Maximum Allowable Benefit 80th U&C 90th U&C
	In-Network paid at Maximum Allowable Charge Out-of-Network Paid at Maximum Allowable Benefit, 80th or 90th U&C						
Calendar Year Maximum	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000		\$1,000 \$1,500 \$2,000	
Endo/Perio Placement	Basic or Major	Not Covered or Basic	Basic or Major	Basic or Major		Basic or Major	
Child Ortho Coinsurance	50	No Benefit	50	50		50	
Lifetime Child Ortho Maximum	\$500 or \$1,000*	No Benefit	\$500 or \$1,000*	\$500 or \$1,000*		\$500 or \$1,000*	
Buy-Up Package	None Low Option High Option	None Low Option High Option	None Low Option High Option	None Low Option High Option		None Low Option High Option	
Fusion Simple	No or Yes	No or Yes	No or Yes	No or Yes		No or Yes	

bold = default
* only available with High Option Buy-Up Package

12 Month Waiting Period for Child Ortho and Major?	Prior Coverage		No Prior Coverage	
	Initial enrollment	New hire	Initial enrollment	New hire
3-9 Eligible Lives	No	Yes	Yes	Yes
10+ Eligible Lives	No	No	No	Yes

See next page for more options.

Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York

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Buy-Up Package	Max Year 1	Max Year 2	Max Year 3	Max Year 4
Low Option				
LASIK (per eye)	\$125	\$125	\$300	\$300
SoundCare (per ear)	\$50	\$250	\$350	\$350
	Exam Max \$75 Maintenance \$40			
Ameritas Rewards	\$100 LASIK/SoundCare/Child Ortho			
High Option				
LASIK (per eye)	\$250	\$250	\$600	\$600
SoundCare (per ear)	\$300	\$500	\$700	\$700
	Exam Max \$75 Maintenance \$40			
Ameritas Rewards	\$200 LASIK/SoundCare/Child Ortho			

- Ameritas Dental Network (where available): With our dental plans, members can receive care from any dentist they choose. However, with one of our Classic dental network providers, their out-of-pocket costs almost always will be less
- Choose from deductible amounts that apply to Basic and Major, but not Preventive services
- Flexible out-of-network claim allowance lets you create a more passive network plan (U&C 90th or 80th) or one that's more network-driven, based on the network fee schedule (Maximum Allowable Benefit) in the area where service is rendered
- Unique bonus features like Dental Rewards[®], a benefit rewards program, and a prescription savings card come standard with all plans
- Add Fusion Simple to give members the option to apply \$150 of the annual maximum toward vision benefits
- Choose from two buy-up packages which allow you to upgrade the plan even further with Ameritas Rewards[®], SoundCareSM and LASIK (available for low option with 3+ eligible lives, high option for 10+ eligible lives)

ChoiceFit Vision Plan Comparison



Three base plans have flexible plan design elements so you can build a vision quote to fit your clients' need.

Product	ChoiceFit Focus®		ChoiceFit ViewPointe®	
Network	VSP Choice Network + Affiliates	Out-of-Network	EyeMed Insight Network	Out-of-Network
Deductible	\$10-Exam, \$10-Materials, Both Annual \$10-Exam, \$25-Materials, Both Annual \$20-Exam, \$20-Materials, Both Annual		\$10-Exam, \$10-Materials, Both Annual \$10-Exam, \$25-Materials, Both Annual \$20-Exam, \$20-Materials, Both Annual	
Frequency	12/12/12 months 12/12/24 months		12/12/12 months 12/12/24 months	
Frame/Contact Lens Allowance	\$100/\$115 \$130/\$130 \$150/\$150 \$180/\$180	\$70/\$100 or \$105 \$70/\$105 \$70 or \$75/\$120 \$70/\$145 or \$90/\$144	\$100/\$115 Insight H \$130/\$130 Insight H \$150/\$150 Insight H \$180/\$180 Insight H	\$65 or \$104/\$104 \$65 or \$104/104 \$75 or \$120/\$120 \$90 or \$144/\$144

Out-of-network frame/contact lens allowance dependent on chosen deductible and/or 12 or 24 month frame frequency.

bold = default

Product	ChoiceFit Vision Perfect®
Network	No Network
Deductible	None
Annual Maximum	None \$100 \$150 \$200
Frequency	None 12/12/24 months
Frame Allowance	None Up to \$80
Exam Allowance	None Up to \$50

bold = default

- Choose from deductible amounts that apply to exams
- Flexible benefit design allows you to control the lens and frame frequencies
- Discounts on materials not covered by the plans
- A prescription savings card comes standard with all plans

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Ameritas Life Insurance Corp.
Ameritas Life Insurance Corp. of New York



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