ChoiceFit Dental Plan Comparison

Five base plans have flexible plan design elements so you can build a dental quote to fit your 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 paid at Maximum Allowa t Maximum Allowable Be		Maximum Allowable Charge	Maximum Allowable Benefit 80th U&C 90th U&C	Maximum Allowable Charge	Maximum Allowable Benefit 80th U&C 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	
Implants	Not Covered or Major	Not covered	Not Covered or Major	Not Covered or Major		Not Covered 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	NoneNoneLow optionLow optionHigh optionHigh option		option	
Fusion Simple	No or Yes	No or Yes	No or Yes	NoNoOrOrYesYes		or	

12-month waiting period	Prior co	overage	No prior coverage		
for child ortho and Major ¹	Initial enrollment	New hire	Initial enrollment	New hire	
3-9 eligible lives	No	Yes	Yes	Yes	
10+ eligible lives	No	No	No	Yes	

¹ No waiting period in ME for Major services. VT has 6-month waiting period for Major and ortho services. See next page for more options.

bold = default * only available with High option buy-up package



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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					
Lifetime child ortho maximum	Additional \$500 (\$1,000 total lifetime child ortho maximum)					
Ameritas Rewards	\$200 LASIK/SoundCare/child ortho					

* LASIK cannot be added to ChoiceFit Advantage. Dental plans must provide coverage for Major procedures to have LASIK benefits included in the buy-up package.

- 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. Add SoundCare hearing benefits, LASIK*, and Ameritas Rewards a rewards program that lets members apply benefit rewards to hearing, LASIK or orthodontia expenses (available for Low option with 3+ eligible lives, High option for 10+ eligible lives).
- The Advantage Plus plan is a reverse incentive plan where at least one dental claim must be submitted during a benefit year or the member will move to the lowest coinsurance level the following year. Members can progress back to higher coinsurance levels in subsequent years by submitting at least one dental claim.

ChoiceFit products are not available in MA, MD, NM or WA. ChoiceFitElite and ChoiceFit Elite Plus are not available in MS, MT, RI or TX. ChoiceFit Advantage Plus is not available in MT, NH or NY. SoundCare is not available in MT, NH or NY. Ameritas Rewards is not available in MT, NH or RI.

ChoiceFit Vision Plan Comparison

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

Product	ChoiceFit Fo	cus®	ChoiceFit ViewPointe®		
Network	VSP Choice Network + retail locations	Out-of-network	EyeMed Insight Network	Out-of-network	
Deductible	\$10-exam, \$10-materia \$10-exam, \$25-materia \$20-exam, \$20-materia	s, both annual	\$10-exam, \$10-materials, both annual \$10-exam, \$25-materials, both annual \$20-exam, \$20-materials, both annual		
Frequency	12/12/12 mo 12/12/24 mo		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.

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

- Choose from deductible amounts that apply to exams.
- Flexible benefit design allows you to control the lens and frame frequencies.

bold = default

- Discounts on materials not covered by the plans.
- A prescription savings card comes standard with all plans.

ChoiceFit products are not available in MA, MD, NM or WA. ChoiceFit Focus and ChoiceFit ViewPointe are not available in RI.

bold = default



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