

Plan Selection Form – Ameritas CA Small Group Dental

(Submit along with the completed Ameritas Group Application GR902)

Word&Brown

Date Completed: _____

Group Name: _____

Group State and ZIP Code: _____ Number of Eligible Employees: _____

Requested Effective Date: _____

Broker Name: _____

Broker State and ZIP Code: _____ Broker Phone Number: _____

Ameritas Dental	Network Plan Plan 1	90th U&C Plans		
		Plan 2	Plan 3	Plan 4
Maximum benefit Per person per calendar year	\$1,500	\$1,000	\$1,500	\$2,000
Claim allowance	MAC	90th U&C		
Deductible Lifetime per person	\$50 lifetime deductible Type 2 & 3 No family maximum			
Waiting period	None			
Preventive (Type 1)	100%			
Basic (Type 2)	80%			
Major (Type 3)	50%			
Dental Rewards® Maximum annual carryover PPO Bonus*	Up to \$1,000 \$150			Up to \$1,200 \$200
Optional				
Adult and child orthodontia Plan benefit Lifetime maximum per person	50% \$1,500			
SoundCare®	\$100 year 1, \$300 year 2, \$400 year 3			
LASIK Advantage®	\$175 year 1, \$175 year 2, \$350 year 3			
Fusion	The member can use up to \$100 of the dental benefit maximum toward covered vision expenses.			

*Members can earn PPO Bonus rewards when visiting an Ameritas Dental Network provider.

For Producer Use Only

☐ **Dental** (may be offered stand-alone or with vision)
 Select **ONE** dental program option and fill in corresponding plan selections.

Dental Program	Plan Selections												
<input type="checkbox"/> Single Ameritas Dental PPO Plan <i>Requires 2 enrolled lives</i>	Select 1 dental PPO plan <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4	Optional add-ons <input type="checkbox"/> Ortho <input type="checkbox"/> LASIK <input type="checkbox"/> SoundCare <input type="checkbox"/> Fusion											
<input type="checkbox"/> Ameritas High/Low Dental PPO Plans <i>Requires 2 enrolled lives on each plan and 20 eligible</i>	Select 2 dental PPO plans <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4	Optional add-ons <table border="1"> <thead> <tr> <th>High Plan</th> <th>Low Plan</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Ortho</td> <td><input type="checkbox"/> Ortho</td> </tr> <tr> <td><input type="checkbox"/> LASIK</td> <td><input type="checkbox"/> LASIK</td> </tr> <tr> <td><input type="checkbox"/> SoundCare</td> <td><input type="checkbox"/> SoundCare</td> </tr> <tr> <td><input type="checkbox"/> Fusion</td> <td><input type="checkbox"/> Fusion</td> </tr> </tbody> </table>		High Plan	Low Plan	<input type="checkbox"/> Ortho	<input type="checkbox"/> Ortho	<input type="checkbox"/> LASIK	<input type="checkbox"/> LASIK	<input type="checkbox"/> SoundCare	<input type="checkbox"/> SoundCare	<input type="checkbox"/> Fusion	<input type="checkbox"/> Fusion
High Plan	Low Plan												
<input type="checkbox"/> Ortho	<input type="checkbox"/> Ortho												
<input type="checkbox"/> LASIK	<input type="checkbox"/> LASIK												
<input type="checkbox"/> SoundCare	<input type="checkbox"/> SoundCare												
<input type="checkbox"/> Fusion	<input type="checkbox"/> Fusion												
<input type="checkbox"/> Dual Choice Ameritas Dental PPO with LIBERTY DHMO <i>Requires 2 enrolled on each plan for separate billing OR 20+ eligible and minimum of 5 lives or 15% on PPO for co-packaged billing</i>	Select 1 dental PPO plan <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 <input type="checkbox"/> Plan 4	Optional add-ons <input type="checkbox"/> Ortho <input type="checkbox"/> LASIK <input type="checkbox"/> SoundCare <input type="checkbox"/> Fusion	Select 1 DHMO copay schedule <input type="checkbox"/> LDP 200 <input type="checkbox"/> LDP 400 <input type="checkbox"/> LDP 600 <input type="checkbox"/> LDP 800										
Rate Segment	Rate Option												
<input type="checkbox"/> Area 1 <input type="checkbox"/> Area 2 <input type="checkbox"/> Area 3 <input type="checkbox"/> Area 4	<input type="checkbox"/> Contributory (+ 50% employer contribution) <input type="checkbox"/> Voluntary (- 50% employer contribution)												

*Optional add-ons only apply to Ameritas dental plans.

*24 month rate guarantee included

- ☐ **Vision** *(may be offered stand-alone or with dental)*
Select single, dual or triple choice options between VSP, EyeMed or no network plans.
 - Requires minimum of 3 enrolled lives
 - Vision rates are 4 tier

Focus® VSP Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit frequencies Exam-lens-frames	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12
Frames in-/out-of-network allowance	\$130 / Up to \$70		\$150 / Up to \$70		\$180 / Up to \$70	
Contacts in-/out-of-network allowance	\$130 / Up to \$105		\$150 / Up to \$120		\$180 / Up to \$144	

ViewPointe® EyeMed Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit frequencies Exam-lens-frames	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12	<input type="checkbox"/> 12-12-24	<input type="checkbox"/> 12-12-12
Frames in-/out-of-network allowance	\$130 / Up to \$65		\$150 / Up to \$75		\$180 / Up to \$90	
Contacts in-/out-of-network allowance	\$130 / Up to \$104		\$150 / Up to \$120		\$180 / Up to \$144	

No network, reimbursement plans	MCE Plan 1	Flat max Plan 2	Flat max Plan 3	Flat max Plan 4
Benefit frequencies Exam-lens-frames	<input type="checkbox"/> 12-12-12	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Frame allowance	Up to \$80	N/A	N/A	N/A
Contacts allowance	Up to \$110	N/A	N/A	N/A
Flat maximum	N/A	\$100	\$150	\$200

*48 month rate guarantee included

Marketed by

Administered by

Word&Brown.



To become appointed with Ameritas Life, please call 800-659-2223.

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. 07-23 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. is only needed if used for West Virginia and only for marketing pieces (Not for Producer Only) Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2025 Ameritas Mutual Holding Company.