inshore

Ameritas Dental PPO EMPLOYER SPONSORED
Benefit and Rate Sheet for 2025 Effective Dates

Ameritas

Available in AZ, CA, NV, UT[1]
Group Size: 2+ with 75% participation

Choose One Plan:

Plan Name[2,3]	PPO FUSION 13 PLAN E		PPO FUSION 15 PLAN F		PPO FUSION 12 PLAN G		PPO FUSION 14 PLAN H	
Network	CLASSIC PPO IN NETWORK	OUT OF NETWORK	CLASSIC PPO IN NETWORK	OUT OF NETWORK	CLASSIC PPO IN NETWORK	OUT OF NETWORK	CLASSIC PPO IN NETWORK	OUT OF NETWORK
Deductible								
Individual	$50/Person		$50/Person		$50/Person		$50/Person	
Family	$150/Family		$150/Family		$150/Family		$150/Family	
Waived for Preventive	Yes		Yes		Yes		Yes	
Annual Max Benefit	$1,500/Person		$2,000/Person		$1,500/Person		$2,000/Person	
Orthodontic Lifetime Max	$1,500/Person		$1,500/Person		$1,500/Person		$1,500/Person	
Dental Benefit								
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Allowances	2 per benefit period	2 per benefit period	2 per benefit period	2 per benefit period	2 per benefit period	2 per benefit period	2 per benefit period	2 per benefit period
Basic Services	80%	80%	80%	80%	80%	80%	80%	80%
Endodontic	80%	80%	80%	80%	80%	80%	80%	80%
Periodontal	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%
Implants	Covered as Type 3	Covered as Type 3	Covered as Type 3	Covered as Type 3	Covered as Type 3	Covered as Type 3	Covered as Type 3	Covered as Type 3
Reimbursement Schedule[4,5,6]	MAC	MAB	MAC	MAB	90th U&C	90th U&C	90th U&C	90th U&C
Orthodontic Benefit								
Orthodontics	50%		50%		50%		50%	
Orthodontics Available To	Child		Child		Child		Child	
Monthly Rates								
Member Only	$44.02		$46.25		$51.78		$54.42	
Member + Spouse/DP	$79.56		$83.70		$93.60		$98.47	
Member + 1 Child	$79.56		$83.70		$93.60		$98.47	
Member + Children	$120.70		$127.00		$142.00		$149.43	
Member + Family	$120.70		$127.00		$142.00		$149.43	
Rate Guarantee	1 year		1 year		1 year		1 year	
Monthly Admin Fee	$15							

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carriers Summary of Benefits.

1 Ameritas Dental and/or Vision plans are available to groups of 2 or more enrolled employees. Group must be headquartered in AZ, CA, NV, or UT. Employees can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

2 Dental Maximum with Vision Fusion Benefit: The entire maximum benefit can be applied to dental expenses, or use up to $100 on eye exams, glasses or contacts and the remainder on dental care. Combined Dental and Vision maximum for each benefit period. Fusion Vision Benefit: $0 Deductible, $100 Maximum Benefit.

3 Dental Rewards: By using their dental benefits, members can earn rewards to help pay for more expensive dental services in the future. To qualify, they must visit the dentist, submit a claim, and keep benefits received at or below the annual threshold. Members can use their rewards after their initial benefit maximum is used. This program lets members earn increased benefits without increased premium. Members can find benefit and rewards information online – there's nothing for you to track.

4 Maximum Allowable Charge (MAC): When claim allowance is the maximum amount a network provider may charge an Ameritas dental plan member.

5 Maximum Allowable Benefit (MAB): When members visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted network fee in the ZIP Code area.

6 90th Usual & Customary (U&C): We expect 9 out of 10 (90th percentile of usual and customary) out-of-network dental charges in the ZIP Code area to be the same as, or less than, the claim allowance.