

Dental 2500 Plus

Individual dental insurance

Underwritten by
Ameritas Life Insurance Corp.

Sponsored by
GPM Health and Life Insurance Company

• No waiting periods

• No enrollment fees

• Ameritas dental network savings

Dental network plan options

The Ameritas Dental Network is one of the five largest in the nation, making it easier for policyholders across the country to see the dentist of their choice.

- 98% of providers stay with Ameritas year after year
- Network dentists charge 25-50% less than their regular rates, providing out-of-pocket savings to policyholders
- The Ameritas Dental Network offers access to providers in the U.S. and Mexico

Network not available in MT, RI, or PA counties of Forest and Potter.

MAC/MAB claim allowance

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If a policyholder selects a network provider, they may have lower out-of-pocket costs. If they visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in the ZIP Code area. They pay the difference between what the plan pays and the dentist's actual charge.

MAC/U&C claim allowance

If a policyholder visits an out-of-network dentist, covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges. This means we expect 8 out of 10 charges from dental providers to be within the amount insurance pays for a covered procedure. Policyholders pay the difference between what the plan pays and the dentist's actual charge. If they visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

MAC/U&C available in AK, GA, LA, MA, MS, and NJ

Indemnity (U&C) claim allowance

Covered benefits are paid at the 80th percentile of usual and customary (80th U&C) charges.

Hearing benefit

Benefits are available for hearing exams and hearing aids. Each benefit period the policyholder receives up to \$75 for eligible hearing exams. The plan pays 50% of the hearing aid cost up to the maximum benefit. The maximum benefit is \$200 day 1, \$300 after year 1, and \$400 after year 2.

Five years after using the hearing aid coverage, the policyholder is re-eligible for the benefit at the top level. A reduced benefit is available after three years if the current hearing aids can no longer correct the policyholder's hearing. All benefits assume no break in coverage.



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Plan details

	Plan benefit
Deductible Per person per benefit year	\$25
Maximum benefit Per person per benefit year	\$2,500
Preventive (Type 1) Exams, cleanings, bitewing X-rays	100% day one
Basic (Type 2) Fillings, simple extractions, all other X-rays	50% day one 65% after year one 80% after year two
Major (Type 3) Oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	20% day one 50% after year one
Annual hearing exam benefit	\$75
Hearing aid benefit per ear*	\$200 day one \$300 after year one \$400 after year two

In New Jersey, major procedures are covered at 25% day one. Hearing benefit not available in Massachusetts, New Hampshire, New Mexico.

* Once the hearing aid benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five years as long as there is no break in coverage. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage.



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Dental availability

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Use the following to find dental rates by area. Visit myplan.ameritas.com/gpm to receive a final quote. Find your area by locating the first 3 digits of your ZIP Code.

State	ZIP Code	Area
Alabama	All	1
Alaska	All	6
Arizona	851, 855-856, 859, 865	2
	All Others	3
Arkansas	All	1
California	922-925, 936-937, 952-953	4
	932-933, 959-961	5
	920, 934, 938-939, 942-947, 954-955	6
	All Others	7
Colorado	800-806, 808-809	4
	All Others	3
Delaware	199	3
	All Others	5
D.C.	All	6
Florida	330-334	5
	341-342	4
	All Others	3
Georgia	300-303, 308-309	3
	All Others	2
Hawaii	All	5
Idaho	832-834	2
	All Others	3
Indiana	All	2
Iowa	500-503, 511, 515, 520, 522-524, 527-528	3
	All Others	2
Kansas	660-662, 666, 670-672	2
	All Others	1
Kentucky	All	1
Louisiana	700-701, 704	2
	All Others	1
Maine	039-041	5
	042	4
	All Others	3
Massachusetts	All	6
Michigan	480-483	4
	All Others	3
Minnesota	553-554	5
	All Others	4
Mississippi	All	1
Missouri	630-633, 640-641	3
	650-652, 656-658	2
	All Others	1

State	ZIP Code	Area
Montana	590-591, 598	4
	All Others	3
Nebraska	680-681, 685	2
	687	3
	All Others	1
Nevada	All	3
New Hampshire	030-031, 038	6
	All Others	5
New Jersey	All	1
New Mexico	All	2
North Carolina	275-277, 280-282	4
	283-289	2
	All Others	3
North Dakota	580-581, 585	3
	All Others	2
Oklahoma	730-731	3
	740-741	2
	All Others	1
Oregon	All	5
Pennsylvania	150-154, 156, 160, 170-171, 175-176, 180-181	2
	183, 189-194	4
	All Others	1
Rhode Island	All	4
South Carolina	All	2
South Dakota	All	2
Tennessee	370-372	3
	373-374, 377-381	2
	All Others	1
Texas	750-754, 762, 770, 773-775, 786-787	3
	All Others	2
Utah	All	2
Vermont	All	4
Virginia	201, 220-225	5
	226, 228-229, 240-241	3
	230-238	4
	All Others	2
West Virginia	254, 267	3
	All Others	1
Wisconsin	All	4
Wyoming	All	2



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Find the dental rate using your state, area, plan type & coverage:

Base plans

	Area:	1	2	3	4	5	6	7
Dental 2500 Plus Network	Policyholder	\$34.82	\$38.37	\$41.92	\$45.92	\$50.36	\$55.25	\$60.58
	Policyholder plus one dependent	\$69.32	\$76.43	\$83.53	\$91.53	\$99.22	\$109.00	\$119.66
	Policyholder plus two or more dependents	\$110.05	\$121.42	\$132.79	\$145.58	\$157.85	\$173.49	\$190.55
Dental 2500 Plus	Policyholder	\$50.99	\$56.26	\$61.54	\$67.48	\$74.08	\$81.34	\$89.25
	Policyholder plus one dependent	\$101.66	\$112.22	\$122.77	\$134.65	\$146.66	\$161.17	\$177.01
	Policyholder plus two or more dependents	\$161.80	\$178.69	\$195.58	\$214.58	\$233.75	\$256.98	\$282.32
Dental 2500 Plus Indemnity	Policyholder	\$53.59	\$59.14	\$64.70	\$70.95	\$77.90	\$85.53	\$93.87
	Policyholder plus one dependent	\$106.87	\$117.98	\$129.09	\$141.59	\$154.29	\$169.57	\$186.24
	Policyholder plus two or more dependents	\$170.12	\$187.90	\$205.68	\$225.68	\$245.96	\$270.41	\$297.08

Dental 2500 Plus Indemnity only available in MT, RI, and the PA counties of Forest and Potter.

Florida and Kentucky

	Area:	1	3	4	5
Dental 2500 Plus Network	Policyholder	\$33.15	\$39.90	\$43.70	\$47.92
	Policyholder plus one dependent	\$65.99	\$79.49	\$87.09	\$95.53
	Policyholder plus two or more dependents	\$104.71	\$126.32	\$138.47	\$151.97

New Jersey

	Area:	1
Dental Plus 2500	Policyholder	\$51.95
	Policyholder plus one dependent	\$103.58
	Policyholder plus two or more dependents	\$164.86

New Hampshire and New Mexico

	Area:	2	5	6
Dental 2500 Network	Policyholder	\$36.87	\$48.86	\$53.75
	Policyholder plus one dependent	\$73.74	\$97.72	\$107.50
	Policyholder plus two or more dependents	\$117.98	\$156.35	\$171.99

Massachusetts

	Area:	6
Dental 2500	Policyholder	\$79.84
	Policyholder plus one dependent	\$159.67
	Policyholder plus two or more dependents	\$255.48

The monthly premium is guaranteed for the initial 12 months of coverage. After 12 months, premiums may increase.



Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Once enrolled, policyholders can access their policy documents through the member portal.

This document is a plan highlight only. The actual policy will include the full legal description of the benefits. Certain plans and plan options may not be available in all areas.

Dental limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion; or
 - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Hearing limitations and exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- examinations performed before the Insured was covered under this section.
- any examination performed after the Insured's coverage under this section ceases.
- any hearing examination required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants, or tubes in the ears.
- which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing loss caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit, including an occupational hearing loss.
- charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- any procedure not shown in the Schedule of Hearing Care Services.
- any treatment which is for cosmetic purposes.
- assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- services which are not related to a conductive or sensorineural hearing loss, such as any nonorganic hearing loss or occupational hearing loss.
- charges for a hearing screening performed as a part of or in the course of any non-hearing routine examination.
- because of war or any act of war, declared or not.

Questions? Call 888-336-7601 or visit
myplan.ameritas.com/gpm



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