

# DENTAL 2500

INDIVIDUAL INSURANCE

Connecticut, Illinois

Sponsored by

GPM Health and Life Insurance Company

Underwritten by

Ameritas Life Insurance Corporation

Protecting your smile starts with that semi-annual trek to the dentist. Research shows that good dental health is essential to your overall health. Keep your smile sparkling with GPM Health & Life sponsored dental insurance underwritten by Ameritas.



## PLAN DETAILS

### PREVENTIVE SERVICES

Includes exams and cleanings (2 per year), bitewing x-rays

Policy pays **100% day one**

### BASIC SERVICES

Includes fillings, simple extractions and panoramic x-rays

Policy pays **50% day one**  
**65% after year one**  
**80% after year two**

### MAJOR SERVICES

Includes implants, oral surgery, endodontics, periodontics, crowns, bridges and dentures

Policy pays **0% day one**  
**50% after year one**

» **\$25 Calendar Year Deductible** per person for preventive, basic and major services combined with a maximum of three deductibles per family

» **\$2,500 Calendar Year Maximum Benefit**

*When you visit an Ameritas Dental Network provider, Ameritas sends payment directly to the dentist. There is no balance billing – which means the Network provider may not charge you the difference between their usual fees and the negotiated fees agreed to by the provider. When you visit an out-of-network dentist, you must pay the difference between what the plan pays and the dentist's actual charge and may have to submit your own claim.*

- No enrollment fees
- Ameritas Dental Network
- 30 Day Customer Satisfaction Guarantee

## DENTAL NETWORK PLAN OPTIONS

Dental 2500 brings you the Ameritas dental network with features like:

- Discounted fees, typically 30% below average charges in your community
- Immediate network discounts
- One of the largest nationwide networks with over 400,000 access points and 100,000 unique provider

You have the option of a Network (MAC/MAB) or U&C PPO dental plan. If you visit an Ameritas dental network provider, the plan-paid benefits are based on a negotiated fee schedule.

**The Dental 2500 Network (MAC/MAB) plans are designed for those who will visit an Ameritas dental network provider.** If you visit a network dentist, your out-of-pocket costs will almost always be less because of the negotiated fees. If you visit an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge, which may result in higher out-of-pocket costs.

**The Dental 2500 plan is designed for those who value the freedom to visit any dentist, but will enjoy additional savings with an Ameritas dental network provider.** While all of our plans allow you to choose any dentist, this plan offers you richer benefits out-of-network than MAC/MAB plans. If you use a non-network dentist, covered benefits are paid at the 80th percentile of usual and customary charges. You pay the difference between what the plan pays and the dentist's actual charge, which may result in higher out-of-pocket costs compared to the Ameritas dental network negotiated fee schedule.

To find a network provider near you, visit  
[star.ameritas.com/providersearch](http://star.ameritas.com/providersearch)

## Additional Information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow with any effective date except the 29th, 30th or 31st of the month. Once enrolled, you will receive your full policy and ID cards within 10 days.

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

## What is not covered by the policy?

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.

To enroll, contact your agent or visit [star.ameritas.com/gpm](http://star.ameritas.com/gpm)

Sponsored by:

**GPM** HEALTH & LIFE  
INSURANCE COMPANY

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