

Dental 2500

Individual Dental Insurance – Connecticut & Illinois

Sponsored by
GPM Health and Life Insurance Company

Underwritten by
Ameritas Life Insurance Corp.

Keep your smile sparkling with GPM Health and Life sponsored dental insurance underwritten by Ameritas Life Insurance Corp.

- No enrollment fees
- Ameritas dental network

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 more than 471,000 access points and 114,000 providers

Plan options utilizing the Ameritas dental network:

The Dental 2500 Network (MAC/MAB) plan is designed for those who will visit an Ameritas dental network provider. If you visit an in-network provider, your out-of-pocket costs will almost always be less because of the contracted fees (MAC/maximum allowable charge). If you visit an out-of-network dentist, you pay the difference between what the plan pays (MAB/maximum allowable benefit) 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 our Network plan. 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. If you use an in-network provider, your out-of-pocket costs will be based on the contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

Visit star.ameritas.com/findadentist to find a network provider near you.

Plan Details

	Plan Benefit
Preventive Services (type 1) Includes exams and cleanings (2 per year), bitewing x-rays	100% day one
Basic Services (type 2) Includes fillings, simple extractions and panoramic x-rays	Policy pays 50% day one 65% after year one 80% after year two
Major Services (type 3) Includes implants, oral surgery, endodontics, periodontics, crowns, bridges and dentures	Policy pays 0% day one 50% after year one
Calendar Year Deductible Per person for preventive, basic and major services combined with a maximum of three deductibles per family	\$25
Calendar Year Maximum Benefit	\$2,500

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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,
call 800-371-1133 or
visit star.ameritas.com/gpm

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This plan design is only available in Connecticut and Illinois. This plan is underwritten by Ameritas Life Insurance Corp.

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Dental Rates – Connecticut & Illinois

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Use the following to find your dental rates by area and network coverage. Enroll at star.ameritas.com/gpm.

Find your area by locating the first 3 digits of your ZIP Code.

State	Zip	Area
Connecticut	062-063	6
	All Others	7

State	Zip	Area
Illinois	600-608	5
	609-611, 617-618, 620-622, 626-627	3
	612, 615-616	2
	All Others	1

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

Dental 2500 Network Rates			
Area	Applicant	Applicant + 1	Applicant + Family
1	\$34.14	\$68.28	\$109.25
2	\$37.78	\$75.56	\$120.90
3	\$41.42	\$82.85	\$132.55
4	\$45.52	\$91.04	\$145.66
5	\$50.07	\$100.14	\$160.23
6	\$55.08	\$110.16	\$176.25
7	\$60.54	\$121.08	\$193.73

Dental 2500 Rates			
Area	Applicant	Applicant + 1	Applicant + Family
1	\$48.05	\$96.09	\$153.74
2	\$53.17	\$106.34	\$170.14
3	\$58.29	\$116.59	\$186.54
4	\$64.06	\$128.12	\$204.99
5	\$70.47	\$140.93	\$225.49
6	\$77.51	\$155.03	\$248.04
7	\$85.20	\$170.40	\$272.64

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

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