

# GPM Dental Plus

## Individual dental insurance – MAC plan

Underwritten by  
Ameritas Life Insurance Corp.

Sponsored by  
GPM Health and Life Insurance Company

• No waiting periods

• No enrollment fees

• Graduating Benefits

### Plan information

The Ameritas Dental Network is one of the 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

Policyholders can visit any dentist and family members do not need to visit the same provider. Find a [Classic \(PPO\) network provider](#) at [ameritas.com](#) — Find a Health Provider.

*Network not available in 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. Policyholders pay the difference between what the plan pays and the dentist's actual charge.

### Hearing benefit\*

Benefits are available for hearing exams and hearing aids. The plan pays 50% of the hearing aid cost up to the maximum benefit per ear.

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 there is hearing deterioration the current aids can't correct. All benefits assume no break in coverage.

Plan details	Plan benefit
<b>Dental maximum benefit</b> Per person per benefit year	\$2,000 day 1 \$2,500 after year 1 \$3,000 after year 2
<b>Deductible</b> Per person per benefit year	\$25
<b>Preventive</b> (Type 1) Exams, cleanings, bitewing X-rays	100% day 1
<b>Basic</b> (Type 2) Fillings, simple extractions, all other X-rays	50% day 1 65% after year 1 80% after year 2
<b>Major</b> (Type 3) Oral surgery, root canals (endodontics), gum disease treatment (periodontics), crowns, bridges, dentures, implants	20% day 1 35% after year 1 50% after year 2
<b>Annual hearing exam benefit</b>	\$75
<b>Hearing aid benefit per ear*</b>	\$200 day 1 \$300 after year 1 \$400 after year 2

*Hearing benefit not available in New Hampshire.*



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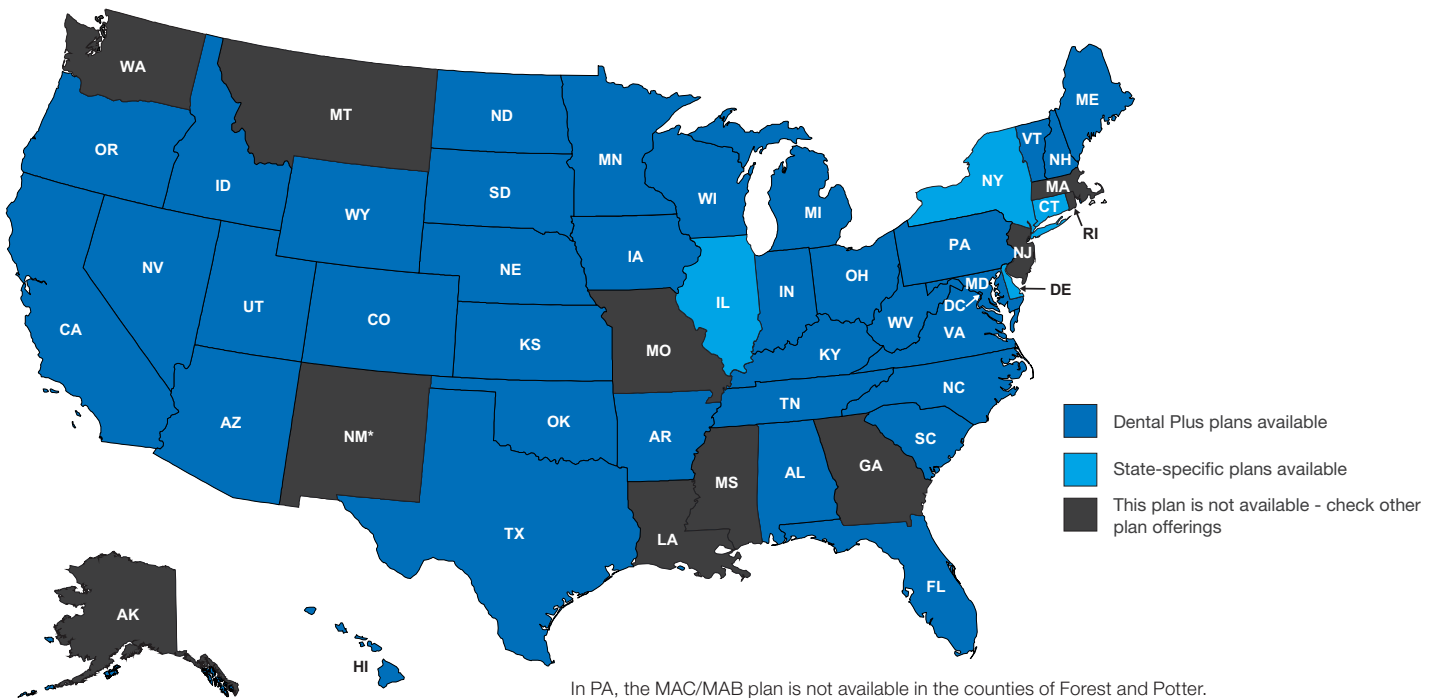
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In PA, the MAC/MAB plan is not available in the counties of Forest and Potter.  
In WY, the MAC/MAB plan is not available in the ZIP Codes of 821-822, 827-828, 830.  
\*Plan design not available in NM – check [myplan.ameritas.com/gpm](http://myplan.ameritas.com/gpm) for plan details.

Use the following to find dental rates by area. Visit [myplan.ameritas.com/gpm](http://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	350-351, 353-355, 366	2
	352, 365	3
	356-358, 361, 368	4
	All Others	1
Arizona	853, 863-864	6
	850-852, 857	7
	All Others	5
Arkansas	720-721, 724-726	2
	719, 728	3
	727	4
	729	7
	All Others	1
California	922-925, 954-955, 960	5
	900-901, 932-933, 935-936, 959	6
	All Others	7
Colorado	801-803, 816	4
	800, 805-806, 809	5
	All Others	3

State	ZIP Code	Area
Delaware	All	4
D.C.	All	7
Florida	320, 325-326, 338	2
	322, 340, 342, 346, 349	4
	323, 331-334, 344	5
	All Others	3
Hawaii	All	7
Idaho	833, 835-836	6
	All Others	7
Indiana	460-462, 465-468, 473	5
	All Others	4
Iowa	508	2
	500-503, 509-510, 512, 514-515, 524, 528	5
	All Others	4
Kansas	660-662, 666, 670-672	5
	All Others	4

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State	ZIP Code	Area
Kentucky	407-408, 422-425	2
	403-406, 410	3
	All Others	1
Maine	039-040, 048	6
	041	7
	All Others	4
Maryland	206, 215-216, 218	3
	207, 212	4
	208-209, 217	6
	All Others	5
Michigan	482	3
	480-481, 484, 493-495	5
	488, 496-497	6
	483	7
	All Others	4
Minnesota	556-557, 565-567	4
	562	5
	559-561	6
	All Others	7
Nebraska	689-691	3
	692-693	4
	680-681, 688	5
	All Others	6
Nevada	893, 898	2
	891	7
	All Others	6
New Hampshire	034	1
	035	2
	032, 036, 038	4
	All Others	5
North Carolina	278-279, 283	3
	274	4
	286-287, 289	5
	275, 284-285	7
	All Others	6
North Dakota	580-581, 583-584	6
	All Others	5
Ohio	439, 454-455, 457	1
	430, 434-435, 440-442	3
	447, 450, 452, 458	
	All Others	2

State	ZIP Code	Area
Oklahoma	745, 747-748	1
	734-735	2
	741	4
	730, 740, 749	5
	All Others	3
Oregon	974, 976-978	6
	All Others	7
Pennsylvania	183, 189-194	3
	All Others Except Forest and Potter Counties	1
South Carolina	290-291	3
	295	4
	294	6
	All Others	5
South Dakota	577	4
	All Others	7
Tennessee	375, 381-384	2
	373, 380	3
	All Others	4
Texas	797	1
	759, 763-764, 776-777, 779	2
	751, 754-756, 758, 766-769, 780, 782-784, 788-794, 796	3
	752-753, 774, 786	5
	750, 762, 787	6
	All Others	4
Utah	All	7
Vermont	All	3
Virginia	227, 239, 242-246	3
	230-234, 236, 238	5
	201, 220-221, 223	6
	All Others	4
West Virginia	266, 268	1
	254	4
	All Others	3
Wisconsin	534	4
	532, 538	5
	541-546, 548-549	6
	All Others	7
Wyoming	All Except 821-822, 827-828, 830	3

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### Base Plans

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$33.50	\$66.70	\$105.85
2	\$36.92	\$73.52	\$116.77
3	\$40.33	\$80.35	\$127.69
4	\$44.17	\$88.03	\$139.98
5	\$48.44	\$96.56	\$153.63
6	\$53.13	\$105.95	\$168.65
7	\$58.25	\$116.19	\$185.04

### Florida

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$33.11	\$65.92	\$104.61
2	\$36.48	\$72.67	\$115.40
3	\$39.86	\$79.41	\$126.19
4	\$43.65	\$87.00	\$138.33
5	\$47.87	\$95.43	\$151.82

### Pennsylvania (except Forest and Potter counties), Virginia

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$32.10	\$63.89	\$101.36
2	\$35.36	\$70.42	\$111.80
3	\$38.63	\$76.95	\$122.25
4	\$42.30	\$84.29	\$134.00
5	\$46.38	\$92.45	\$147.06
6	\$50.87	\$101.43	\$161.42

### Colorado

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
3	\$35.66	\$71.00	\$112.75
4	\$39.04	\$77.76	\$123.56
5	\$42.79	\$85.27	\$135.57

### Maryland

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
3	\$37.55	\$74.81	\$118.82
4	\$41.12	\$81.94	\$130.23
5	\$45.08	\$89.87	\$142.91
6	\$49.44	\$98.58	\$156.86

### Michigan, Nevada, North Dakota, South Dakota

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
2	\$34.09	\$67.85	\$107.70
3	\$37.23	\$74.13	\$117.75
4	\$40.76	\$81.20	\$129.06
5	\$44.69	\$89.05	\$141.62
6	\$49.00	\$97.69	\$155.44
7	\$53.72	\$107.11	\$170.51

### New Hampshire

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$27.20	\$54.41	\$87.05
2	\$30.10	\$60.21	\$96.33
4	\$36.27	\$72.54	\$116.06
5	\$39.90	\$79.79	\$127.67

### Ohio

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$30.32	\$60.34	\$95.67
2	\$33.40	\$66.48	\$105.51
3	\$36.47	\$72.63	\$115.34

### Minnesota, Oregon

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
4	\$48.44	\$96.56	\$153.63
5	\$53.13	\$105.95	\$168.65
6	\$58.30	\$116.27	\$185.17
7	\$63.93	\$127.54	\$203.19

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

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### Credit for prior coverage (CPC)

Policyholders with an active dental insurance plan may receive CPC. If qualified, the highest level of coverage for Preventive, Basic and Major dental services will apply on day one. There will be no changes day one to the annual maximum or benefit coverage levels for orthodontia or hearing benefits, including any waiting periods for these additional benefits. Restrictions apply. CPC not available in OH, VA, and NY.

### Additional information

Individuals 18+ and their dependents are eligible for coverage. Coverage can begin as soon as tomorrow. Policyholders are automatically opted in to receive same-day access to their policy and ID card electronically in the member portal, or they can opt out and receive them by mail within 10 days.

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.

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



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