

GPM Dental Plus

Individual dental insurance - U&C Indemnity plan

Underwritten by
Ameritas Life Insurance Corp.

Sponsored by
GPM Health and Life Insurance Company

• No waiting periods

• No enrollment fees

• Ameritas dental network savings

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.

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.

U&C available in AK, GA, LA, MO, MS, and NJ

Indemnity (U&C) claim allowance

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

Indemnity available in RI, MT, WY, and PA counties of Forest and Potter.

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
Dental maximum benefit Per person per benefit year	\$2,000 day 1 \$2,500 after year 1 \$3,000 after year 2
Deductible Per person per benefit year	\$25
Preventive (Type 1) Exams, cleanings, bitewing X-rays	100% day 1
Basic (Type 2) Fillings, simple extractions, all other X-rays	50% day 1 65% after year 1 80% after year 2
Major (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
Annual hearing exam benefit	\$75
Hearing aid benefit per ear*	\$200 day 1 \$300 after year 1 \$400 after year 2

In New Jersey, major procedures are covered at 25% day one.

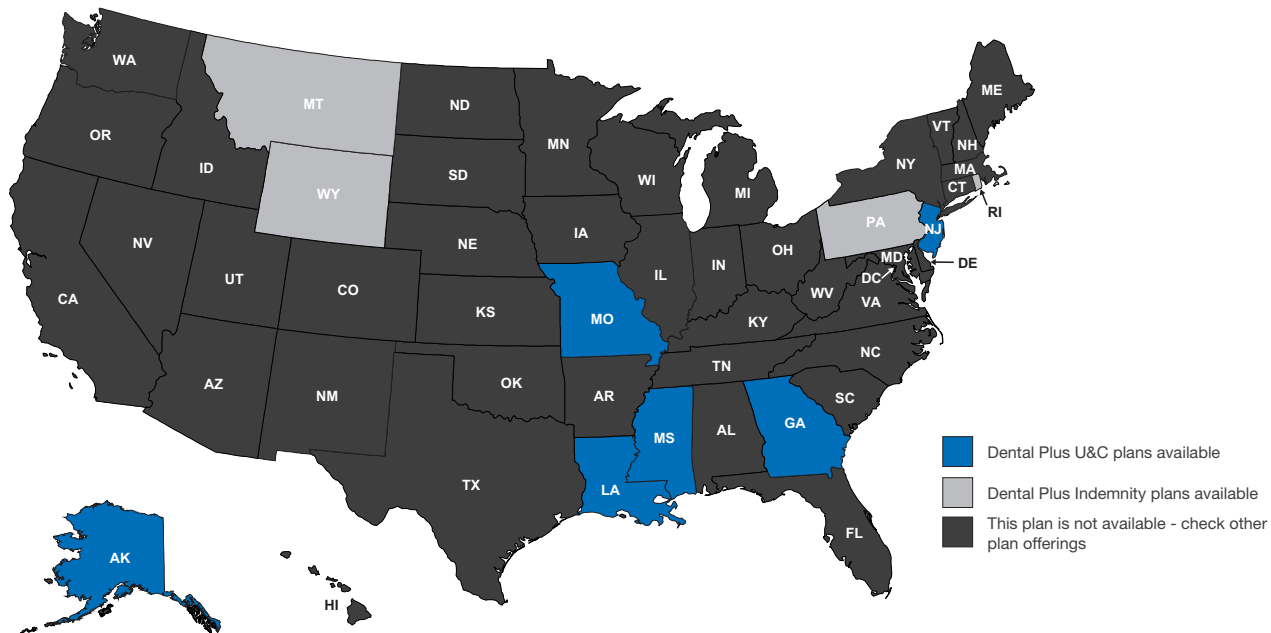
GR 7823 SK GPM 9-24

GPM Dental Plus

Individual dental insurance - U&C Indemnity plan

Underwritten by
Ameritas Life Insurance Corp.

Sponsored by
GPM Health and Life Insurance Company



In PA, the Indemnity plan is ONLY available in the counties of Forest and Potter.

In WY, the Indemnity plan is ONLY available in ZIP Codes shown in the area table.

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
Alaska	All	7
Georgia	302, 310, 312	2
	301, 304, 308-309, 315	3
	303, 311, 316, 399	5
	All Others	4
Louisiana	703-705, 707-708, 711	4
	All Others	3
Mississippi	All	1
Missouri	638-639	2
	634, 637, 653-655	3
	630, 633, 640, 651-652, 658	5
	641, 649	6
	All Others	4

State	ZIP Code	Area
Montana	590, 592-593, 595	3
	591, 598	6
	All Others	4
New Jersey	070, 080	1
	087	4
	All Others	2
Pennsylvania	183, 189-194	3
	All Others	1
Rhode Island	All	6
Wyoming	821-822, 827-828, 830	3

Underwritten by:



Sponsored by:



GPM Dental Plus

Individual dental insurance - U&C Indemnity plan

Underwritten by
Ameritas Life Insurance Corp.

Sponsored by
GPM Health and Life Insurance Company

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

Alaska, Georgia, Louisiana, Mississippi, Missouri

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$50.26	\$100.21	\$159.46
2	\$55.46	\$110.61	\$176.10
3	\$60.66	\$121.01	\$192.75
4	\$66.51	\$132.71	\$211.47
5	\$73.01	\$145.71	\$232.27
6	\$80.16	\$160.01	\$255.16
7	\$87.96	\$175.62	\$280.12

New Jersey

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$50.28	\$100.26	\$159.55
2	\$55.48	\$110.66	\$176.20
4	\$66.54	\$132.78	\$211.58

Rhode Island

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
6	\$71.76	\$143.21	\$228.27

Montana, Wyoming (restricted Zip Codes)

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
3	\$68.39	\$136.46	\$217.47
4	\$75.00	\$149.69	\$238.64
6	\$90.44	\$180.56	\$288.03

Pennsylvania (Forest & Potter Counties)

Area	Policyholder	Policyholder plus one dependent	Policyholder plus two or more dependents
1	\$54.22	\$108.13	\$172.14
3	\$65.45	\$130.62	\$208.13

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

Underwritten by:



Sponsored by:

GPM HEALTH & LIFE
INSURANCE COMPANY

GPM Dental Plus

Individual dental insurance - U&C Indemnity plan

Underwritten by
Ameritas Life Insurance Corp.

Sponsored by
GPM Health and Life Insurance Company

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. Restrictions apply. Not available in all states.

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.
- 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

Underwritten by:



Sponsored by:

GPM HEALTH & LIFE
INSURANCE COMPANY

Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 07-23 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. For WV residents, view the [access plan](#) as required by the Health Benefit Plan Network Access and Adequacy Act. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2024 Ameritas Mutual Holding Company.