

- | Annual maximum up to \$5,000
- | No waiting periods for all dental categories
- | \$100–lifetime deductible
- | Every day effective dates
- | Option to add Indemnity vision for \$7 per month
- | Guaranteed acceptance

	Spirit Preventive Plus PPO			Spirit Core PPO			Spirit Senior Preferred PPO			Spirit Pinnacle PPO		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$750	\$1000	\$1000	\$1200	\$1200	\$1200	\$1500	\$3000	\$3000	\$1200	\$2500	\$5000
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic</b>	50%	50%	50%	50%	65%	80%	65%	100%	100%	50%	60%	80%
<b>Major</b>	20%	20%	20%	25%	50%	50%	20%	50%	50%	25%	30%	60%
<b>Ortho</b>	NA			10%	25%	50%	NA			10%	25%	50%
<b>Hearing</b>	NA			NA			\$200	\$300	\$400	NA		

	Spirit Flex			Spirit Flex Plus		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1000	\$2000	\$2000	\$1500	\$2500	\$2500
<b>Preventive</b>	100%	100%	100%	100%	100%	100%
<b>Basic</b>	50%	70%	80%	50%	70%	80%
<b>Major</b>	15%	30%	40%	20%	40%	50%
<b>Ortho</b>	NA			NA		

**PPO plans are not available in Forest and Potter counties.**

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

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## Spirit Preventive Plus PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$750	\$1000	\$1000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	50%	50%
<b>Major</b>	20%	20%	20%

### Preventive

- | Two exams per benefit year
- | Two cleanings per benefit year
- | One series of bitewing X-rays per benefit year

### Basic

- | Space maintainers
- | Sealants under age 16
- | One topical fluoride per benefit year under age 16

### Major

- | Basic fillings
- | Simple extractions
- | One diagnostic X-ray, full or panoramic in any 3-year period
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Restoration services; inlays, onlays and crowns
- | Prosthetic services; bridges and dentures

## Spirit Core PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1200	\$1200	\$1200
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	65%	80%
<b>Major</b>	25%	50%	50%
<b>Ortho</b>	10%	25%	50%

### Preventive

- | Two exams per benefit year
- | Three cleanings per benefit year

### Basic

- | Space maintainers
- | One series of bitewing X-rays per benefit year
- | Sealants under age 16
- | One topical fluoride per benefit year under age 16

### Major

- | Basic fillings
- | Simple extractions
- | Implants
- | One diagnostic X-ray, full or panoramic in any 3-year period
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Restoration services; inlays, onlays and crowns
- | Prosthetic services; bridges and dentures

### Orthodontia

| Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received  
| Coverage is 10% in benefit year one, 25% in benefit year two and 50% in benefit year three with a \$1,200 lifetime maximum per child

## Spirit Senior Preferred PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1500	\$3000	\$3000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	65%	100%	100%
<b>Major</b>	20%	50%	50%
<b>Hearing</b>	\$200	\$300	\$400

### Preventive

- | Two exams per benefit year
- | Three cleanings per benefit year

### Basic

- | One series of bitewing X-rays per benefit year

### Major

- | Basic fillings
- | Simple extractions
- | Implants
- | One diagnostic X-ray, full or panoramic in any 3-year period
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Restoration services; inlays, onlays and crowns
- | Prosthetic services; bridges and dentures

## Spirit Pinnacle PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1200	\$2500	\$5000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	60%	80%
<b>Major</b>	25%	30%	60%
<b>Ortho</b>	10%	25%	50%

### Preventive

- | Two exams per benefit year
- | Three cleanings per benefit year

### Basic

- | Basic fillings
- | Space maintainers
- | One series of bitewing X-rays per benefit year
- | Sealants under age 16
- | One topical fluoride per benefit year under age 16

### Major

- | Simple extractions
- | Implants
- | One diagnostic X-ray, full or panoramic in any 3-year period
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Restoration services; inlays, onlays and crowns
- | Prosthetic services; bridges and dentures

### Orthodontia

| Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received  
| Coverage is 10% in benefit year one, 25% in benefit year two and 50% in benefit year three with a \$1,200 lifetime maximum per child

## Spirit Flex

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1000	\$2000	\$2000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	70%	80%
<b>Major</b>	15%	30%	40%

### Preventive

- | Two exams per benefit year
- | Two cleanings per benefit year

### Basic

- | One series of bitewing X-rays per year
- | One topical fluoride per year under age 16
- | Sealants under age 16
- | Space maintainers

### Major

- | Basic fillings
- | One diagnostic X-ray, full or panoramic in any 3 year period
- | Simple extractions
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Prosthetic services; bridges and dentures
- | Restoration services; bridges and dentures

## Spirit Flex Plus

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1500	\$2500	\$2500
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	70%	80%
<b>Major</b>	20%	40%	50%

### Preventive

- | Two exams per benefit year
- | Three cleanings per benefit year

### Basic

- | Basic fillings
- | One series of bitewing X-rays per year
- | One topical fluoride per year under age 16
- | Sealants under age 16
- | Space maintainers

### Major

- | One diagnostic X-ray, full or panoramic in any 3 year period
- | Simple extractions
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Prosthetic services; bridges and dentures
- | Restoration services; bridges and dentures

- | Annual maximum up to \$5,000
- | No waiting periods for all dental categories
- | \$100–lifetime deductible
- | Every day effective dates
- | Option to add Indemnity vision for \$7 per month
- | Guaranteed acceptance

	Spirit Preventive Plus Max			Spirit Core Max			Spirit Senior Preferred Max			Spirit Pinnacle Max		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$750	\$1000	\$1000	\$1200	\$1200	\$1200	\$1500	\$3000	\$3000	\$1200	\$2500	\$5000
<b>Preventive</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic</b>	50%	50%	50%	50%	65%	80%	65%	100%	100%	50%	60%	80%
<b>Major</b>	20%	20%	20%	25%	50%	50%	20%	50%	50%	25%	30%	60%
<b>Ortho</b>	NA			10%	25%	50%	NA			10%	25%	50%
<b>Hearing</b>	NA			NA			\$200	\$300	\$400	NA		

	Spirit Flex			Spirit Flex Plus		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1000	\$2000	\$2000	\$1500	\$2500	\$2500
<b>Preventive</b>	100%	100%	100%	100%	100%	100%
<b>Basic</b>	50%	70%	80%	50%	70%	80%
<b>Major</b>	15%	30%	40%	20%	40%	50%
<b>Ortho</b>	NA			NA		

Max Plans: The Spirit Max dental plans allows the freedom to visit any dentist you wish without having to participate in a PPO network. Covered dental expenses are based upon 80% of the Usual and Customary (U&C)\* fees.

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