

- | Annual maximum up to \$5,000
- | No waiting periods for all dental categories
- | \$100-lifetime deductible
- | Every day effective dates
- | Guaranteed acceptance

	Spirit Secure Network	Spirit Core PPO	Spirit Pinnacle Network	Spirit Senior Preferred Network
	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3
Annual Max	\$750 \$1000 \$1250	\$1200 \$1200 \$1200	\$1200 \$2500 \$5000	\$3500 \$3500 \$3500
Preventive	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%
Basic	50% 60% 70%	50% 65% 80%	50% 60% 80%	65% 80% 90%
Major	20% 30% 40%	25% 50% 50%	25% 30% 50%	10% 50% 65%
Ortho	NA	10% 25% 50%	10% 25% 50%	NA
Hearing				\$200 \$300 \$400

	Spirit Secure Choice	Spirit Core Choice	Spirit Pinnacle Choice	Spirit Senior Preferred Choice
	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3	Year 1 Year 2 Year 3
Annual Max	\$750 \$1000 \$1250	\$1200 \$1200 \$1200	\$1200 \$2500 \$5000	\$3500 \$3500 \$3500
Preventive	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%
Basic	50% 60% 70%	50% 65% 80%	50% 60% 80%	65% 80% 90%
Major	20% 30% 40%	25% 50% 50%	25% 30% 50%	10% 50% 65%
Ortho	10% 25% 50%	10% 25% 50%	10% 25% 50%	NA
Hearing				\$200 \$300 \$400

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

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Spirit Secure Network

	Year 1	Year 2	Year 3
Annual Max	\$750	\$1000	\$1250
Preventive	100%	100%	100%
Basic	50%	60%	70%
Major	20%	30%	40%

Preventive

- | Two exams per benefit year
- | Two 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
- | 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
Annual Max	\$1200	\$1200	\$1200
Preventive	100%	100%	100%
Basic	50%	65%	80%
Major	25%	50%	50%
Ortho	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 Pinnacle Network

	Year 1	Year 2	Year 3
Annual Max	\$1200	\$2500	\$5000
Preventive	100%	100%	100%
Basic	50%	60%	80%
Major	25%	30%	50%
Ortho	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 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 Senior Preferred Network

	Year 1	Year 2	Year 3
Annual Max	\$3500	\$3500	\$3500
Preventive	100%	100%	100%
Basic	65%	80%	90%
Major	10%	50%	65%
Hearing	\$200	\$300	\$400

Preventive

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

Basic

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

Major

- | Basic fillings
- | Implants
- | 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 Choice

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

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

Preventive

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

Basic

| Space maintainers
| One series of bitewing X-rays per 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

Spirit Pinnacle Choice

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

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

Preventive

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

Basic

| Basic fillings
| Space maintainers
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| Oral surgery
| Endodontic treatment
| Periodontic services
| Restoration services; inlays, onlays and crowns
| Prosthetic services; bridges and dentures

Spirit Senior Preferred Choice

	Year 1	Year 2	Year 3
Annual Max	\$3500	\$3500	\$3500
Preventive	100%	100%	100%
Basic	65%	80%	90%
Major	10%	50%	65%
Hearing	\$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
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