

- Annual maximum up to \$3,000
- No waiting periods for all dental categories
- \$100-lifetime deductible
- Next day effective dates
- Guaranteed acceptance

	Preventive Plus PPO			Core PPO			Preferred PPO			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
Annual Max	\$750	\$1000	\$1000	\$1200	\$1200	\$1200	\$1500	\$3000	\$3000	\$1200	\$3000	\$3000
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	50%	50%	50%	50%	65%	80%	65%	100%	100%	50%	80%	80%
Major	20%	20%	20%	25%	50%	50%	20%	50%	50%	25%	50%	50%
Ortho	NA			10%	25%	50%	NA			10%	50%	50%
Hearing	NA			NA			\$200	\$400	\$400	NA		

	Flex			Flex Plus		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Annual Max	\$1000	\$2000	\$2000	\$1500	\$2500	\$2500
Preventive	100%	100%	100%	100%	100%	100%
Basic	50%	80%	80%	50%	80%	80%
Major	15%	40%	40%	20%	50%	50%
Implants	NA			NA		
Ortho	NA			NA		
Hearing	NA			NA		

Spirit Preventive Plus PPO

Preventive | Type One

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

Basic | Type Two

- Space maintainers
- Sealants age 15 and under
- One topical fluoride per benefit year age 15 and under

Major | Type Three

- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$750	\$1000	\$1000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	50%	50%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	20%	20%	20%

Spirit Core PPO

Preventive | Type One

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

Basic | Type Two

- Space maintainers
- One series of bitewing X-rays per benefit year
- Sealants age 15 and under
- One topical fluoride per benefit year age 15 and under

Major | Type Three

- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1200	\$1200	\$1200
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	65%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	25%	50%	50%
ORTHODONTIA	YEAR 1	YEAR 2	YEAR 3
	10%	25%	50%

Orthodontic

- 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 Preferred PPO

Preventive | Type One

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

Basic | Type Two

- One series of bitewing X-rays per benefit year

Major | Type Three

- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1500	\$3000	\$3000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	65%	100%	100%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	20%	50%	50%

HEARING MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$200	\$400	\$400

Spirit Pinnacle PPO

Preventive | Type One

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

Basic | Type Two

- Basic fillings
- Space maintainers
- One series of bitewing X-rays per year
- Sealants age 15 and under
- One topical fluoride per benefit year age 15 and under

Major | Type Three

- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1200	\$3000	\$3000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	80%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	25%	50%	50%
ORTHODONTIA	YEAR 1	YEAR 2	YEAR 3
	10%	50%	50%

Orthodontic

- 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, 50% in benefit year two and 50% in benefit year three with a \$1,200 lifetime maximum per child

Spirit Flex 2000

Preventive | Type One

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

Basic | Type Two

- One series of bitewing X-rays per benefit year
- One topical fluoride per year age 15 and under
- Sealants age 15 and under
- Space maintainers

Major | Type Three

- Basic fillings
- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1000	\$2000	\$2000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	80%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	15%	40%	40%

Spirit Flex Plus

Preventive | Type One

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

Basic | Type Two

- Basic fillings
- One series of bitewing X-rays per benefit year
- Sealants age 15 and under
- One topical fluoride per benefit year age 15 and under
- Space maintainers

Major | Type Three

- 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

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1500	\$2500	\$2500
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	80%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	20%	50%	50%

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