Spirit
DENTAL & VISION

Classic High & Classic Low

Alaska | Georgia | Louisiana | Mississippi | New Jersey | For Employers 2-199

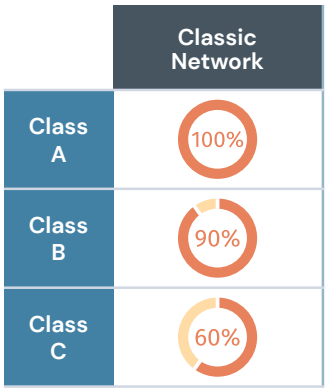
Choose Your Own Dentist | Three Cleanings Per Year | Up to $5,000 Annual Max

Ameritas

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

Spirit Classic High Plan

The Spirit Group Plans allow members to visit any dentist, in- or out-of-network, and family members do not need to visit the same dentist. Visiting a network dentist can make benefit dollars go further because dentists in the Ameritas network have agreed to charge 25-50% less than their regular rates. The Ameritas Dental Network is one of the nation's largest. Members can even visit dental providers in Mexico and still receive coverage. Locate network providers in your area at ameritas.com – Find a Health Provider. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.



Class A – *Preventive Services*

- Two exams per year
- Three cleanings per year
- One topical fluoride per year under age 16
- One set of bitewing x-rays per year
- One diagnostic X-ray, full or panoramic X-ray in any 5 year period

Class B – *Basic Services*

- Fillings (amalgam and composite)
- Space maintainers
- Sealants under age 16

Class C – *Major Services*

- Oral surgery
- Simple extractions
- Endodontic treatment
- Periodontic services
- Crowns, inlays and onlays
- Bridges and dentures
- Implants (implant maximum on $3,000 and $5,000 annual limit plans is $2,500 annually)

Annual Maximum Benefit - $1,000
Per person for preventive, basic and major services combined (additional buy up options available).

$100 Lifetime Deductible
Applies to preventive, basic and major services per person, to a maximum of 3 individual deductibles per family.

Participation Requirements
Employer paid: not less than two unrelated employees (75% of the employer's eligible employees - the greater number after eligible waivers) must be enrolled in the plan. Employers must contribute a minimum of 25% of the total premium. A 5% premium surcharge will be applied to employers that choose to waive this requirement. For the Voluntary plan, not less than two unrelated employees. 25% of the employer's eligible employees (after eligible waivers) must be enrolled. A 5% premium surcharge will be applied to employers that choose to waive this requirement.

DENTAL REWARDS®

Seeing the dentist regularly is a great dental health habit. The Dental Rewards program helps reinforce that good habit by rewarding members when they visit the dentist yearly but don't use all of their annual maximum. Unlike the "use it or lose it" approach, they can carry over part of their unused benefit so the money is there when they need it the most. They can keep building their reward until they reach the maximum accumulation of $1,000.

How it works

1. Members submit at least one dental claim a year
2. Keep the total benefits received for that year at or below the annual threshold amount of $750.
3. Earn rewards to use the following year.

We also offer an additional PPO Bonus of $150 when you utilize an Ameritas Dental Network provider.

Dental Rewards Program Example

Annual Maximum for Preventive, Basic and Major Services	$1,500
Total services used in the plan year	$600
Annual Dental Reward	$250
Bonus for using an in-network provider	$150
Next year's annual maximum	$1,500
PLUS Dental Rewards dollars	$400
Total available next year	$1,900

Please note: The Dental Rewards program is available with a 2% increase in rates on annual maximum plans of $1,000, $1,500, and $2,000. Dental Rewards option is not available when group selects an annual maximum plan of $3,000 or $5,000.

Optional $1,500, $2,000, $3,000, or $5,000 Maximum Benefit

You may choose to increase the calendar year maximum benefit for this plan to $1,500, $2,000, $3,000, or $5,000. There is a 14% increase to the base rate for $1,500, 20% for $2,000, 36% for $3,000, and 56% for $5,000.

**The $3000 and the $5000 calendar year maximum options are not available on groups with 2-4 lives.*

Optional Orthodontic Services are available for an additional premium. Orthodontic care for the proper alignment of teeth is provided to children and adults. Coverage is 10% reimbursement for the first year, 25% reimbursement for the second year and 50% reimbursement for the third year, with a lifetime maximum of $1,500 per person.

**Orthodontic coverage is not available for groups with 2-4 lives.*
**Orthodontic coverage not available in NJ*

For groups choosing the 90th percentile of Usual & Customary there will be a 4% increase to the rates

Optional $50/$150 Calendar Year Deductible

You may choose to replace the $100 Lifetime Deductible with a $50 per person/$150 per family calendar year deductible that applies to Class B and C services for a 3% rate increase.

Optional $25/$75 Calendar Year Deductible

You may choose to replace the $100 Lifetime Deductible with a $25 per person/$75 per family calendar year deductible that applies to Class B and C services for a 8% rate increase.

Optional $0/$0 Calendar Year Deductible

You may choose to replace the $100 Lifetime Deductible with a $0 per person/$0 per family calendar year deductible that applies to Class B and C services for a 15% rate increase.

Optional Endo/Perio to Class B Services

You may choose to have Endodontics and Periodontics covered under Class B services for a 8% rate increase.

Optional Teeth Bleaching Benefit

A group may elect to include teeth bleaching with a 50% coinsurance benefit for a 3% rate increase.

For Groups Without Prior Coverage

Groups without prior coverage or comparable dental coverage may purchase this plan, however there will be an increase to the base rates.

** There will be an 11% increase to the rates to remove waiting periods for initial enrollees.*
**There will be a 4% increase to the rates to remove the waiting period for new hires.*
*** There will be a 12 month waiting period for major services for groups that do not choose to add the increases to the base rates.*

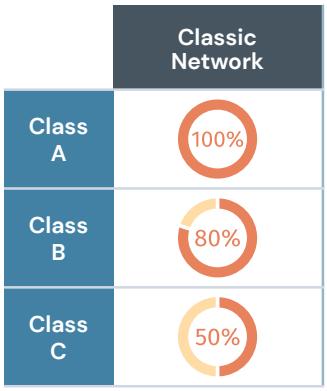
Member Savings

You may receive additional savings that can reduce the cost of out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials)
- Save on prescription medications at many pharmacies across the nation, including CVS, Walgreens, RiteAid and Walmart.
- Access to emergency provider referrals when traveling outside the U.S. through AXA Assistance

Spirit Classic Low Plan

The Spirit Group Plans allow members to visit any dentist, in- or out-of-network, and family members do not need to visit the same dentist. Visiting a network dentist can make benefit dollars go further because dentists in the Ameritas network have agreed to charge 25-50% less than their regular rates. The Ameritas Dental Network is one of the nation's largest. Members can even visit dental providers in Mexico and still receive coverage. Locate network providers in your area at ameritas.com – Find a Health Provider. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.



Class A – *Preventive Services*

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- Oral surgery
- Simple extractions
- Endodontic treatment
- Periodontic services
- Crowns, inlays and onlays
- Bridges and dentures
- One diagnostic X-ray, full or panoramic X-ray in any 5 year period

Annual Maximum Benefit – $1,000
Per person for preventive, basic and major services combined (additional buy up options available)

$50 Lifetime Deductible per person for preventive services
$50 Annual Deductible applies to basic and major services. Annual deductible applies to a maximum of 3 individual deductibles per family.

Participation Requirements
Employer paid: not less than two unrelated employees (75% of the employer's eligible employees - the greater number after eligible waivers) must be enrolled in the plan. Employers must contribute a minimum of 25% of the total premium. A 5% premium surcharge will be applied to employers that choose to waive this requirement. For the Voluntary plan, not less than two unrelated employees. 25% of the employer's eligible employees (after eligible waivers) must be enrolled. A 5% premium surcharge will be applied to employers that choose to waive this requirement.

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How it works

1. Members submit at least one dental claim a year
2. Keep the total benefits received for that year at or below the annual threshold amount of $750.
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We also offer an additional PPO Bonus of $150 when you utilize an Ameritas Dental Network provider.

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Optional $1,500, $2,000, $3,000, or $5,000 Maximum Benefit

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**The $3000 and the $5000 calendar year maximum options are not available on groups with 2-4 lives.*

Optional Orthodontic Services are available for an additional premium. Orthodontic care for the proper alignment of teeth is provided to children to the age of 19. Coverage is 10% reimbursement for the first year, 25% reimbursement for the second year and 50% reimbursement for the third year, with a lifetime maximum of $1,000 per person.

**Orthodontic coverage is not available for groups with 2-4 lives.*
**Orthodontic coverage not available in NJ*

Optional $25/$75 Calendar Year Deductible

You may choose to replace the $50 Annual Deductible with a $25 per person/$75 per family calendar year deductible that applies to Class B and C services for a 8% rate increase. The $50 Lifetime Deductible for Preventive services will still apply.

Optional $0/$0 Calendar Year Deductible

You may choose to replace the $50 Annual Deductible with a $0 per person/$0 per family calendar year deductible that applies to Class B and C services for a 15% rate increase. The $50 Lifetime Deductible for Preventive services will still apply.

Optional $100 Lifetime Deductible

You may choose to replace the $50/$150 Annual Deductible with a $100 Lifetime Deductible for a 3% rate increase.
**The $100 Lifetime Deductible applies to Preventive, Basic and Major Services.*

Optional Endo/Perio to Class B Services

You may choose to have Endodontics and Periodontics covered under Class B services for a 8% rate increase.

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For Groups Without Prior Coverage

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** There will be an 11% increase to the rates to remove waiting periods for initial enrollees.*
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Member Savings

You may receive additional savings that can reduce the cost of out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials)
- Save on prescription medications at many pharmacies across the nation, including CVS, Walgreens, RiteAid and Walmart.
- Access to emergency provider referrals when traveling outside the U.S. through AXA Assistance

Classic High Plan Rates - *Effective 8/1/2023*

2 - 4 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$32.78	$35.97	$37.97	$39.97	$41.97	$43.97	$48.76	$53.56
Employee + Spouse	$65.55	$71.95	$75.94	$79.94	$83.94	$87.93	$97.53	$107.12
Employee + Child(ren)	$75.38	$82.74	$87.33	$91.93	$96.53	$101.12	$112.15	$123.19
Family	$108.16	$118.71	$125.31	$131.90	$138.50	$145.09	$160.92	$176.75

5 - 9 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$27.54	$30.22	$31.90	$33.58	$35.26	$36.94	$40.97	$45.00
Employee + Spouse	$55.06	$60.44	$63.79	$67.15	$70.51	$73.87	$81.92	$89.98
Employee + Child(ren)	$63.32	$69.50	$73.36	$77.22	$81.08	$84.94	$94.21	$103.47
Family	$90.86	$99.72	$105.26	$110.80	$116.34	$121.88	$135.18	$148.47

10 - 199 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$26.22	$28.78	$30.38	$31.98	$33.58	$35.18	$39.02	$42.85
Employee + Spouse	$52.45	$57.56	$60.76	$63.96	$67.16	$70.36	$78.03	$85.71
Employee + Child(ren)	$60.32	$66.20	$69.88	$73.56	$77.24	$80.92	$89.74	$98.57
Family	$86.54	$94.99	$100.26	$105.54	$110.82	$116.09	$128.76	$141.42

Plan Options

$1,500 Max Benefit
Multiply rates by.....1.14

$2,000 Max Benefit
Multiply rates by.....1.20

$3,000 Max Benefit
Multiply rates by.....1.36

$5,000 Max Benefit
Multiply rates by.....1.56

Endo/Perio to Class B
Multiply rates by.....1.08

100% Voluntary
Multiply rates by.....1.05

Waive Participation Requirements
Multiply rates by.....1.05
* This applies to Voluntary and Employer Paid groups

Dental Rewards
Multiply rates by.....1.02
* Dental Rewards not available when group selects maximum plans of $3,000 or $5,000

Optional Teeth Bleaching
Multiply rates by.....1.03

Optional $50/$150, $25/$75, $0/$0 Calendar Year Deductibles
$50/$150 Deductible - Multiply rates by.....1.03
$25/$75 Deductible - Multiply rates by.....1.08
$0/$0 Deductible - Multiply rates by.....1.15

Optional 100% Family-Related Employees
Multiply rates by.....1.15

For Groups Without Prior Coverage
Groups without prior coverage or comparable dental coverage may purchase this plan, however there will be an increase to the base rates.
** There will be an 11% increase to the rates to remove waiting periods for initial enrollees.*
**There will be a 4% increase to the rates to remove the waiting period for new hires.*
*** There will be a 12 month waiting period for major services for groups that do not choose to add the increases to the base rates.*

90th Percentile Usual & Customary
Multiply rates by.....1.04

For Restricted Industries*
Multiply rates by.....1.15
**applies to Groups with 25 lives or greater*

Orthodontia Rates
($1,500 lifetime maximum for adults & children)

Orthodontia can be added to the Spirit Classic High Plan by adding these premiums to the selected rate above. Orthodontia is covered at 10% for the first year, 25% for the second year and 50% reimbursement for the third year. Lifetime maximum for orthodontia coverage is $1,500 per person.
**Orthodontic coverage not available in NJ*

	Employee	Employee + Spouse	Employee + Child(ren)	Family
5 - 9 lives	$1.60	$3.20	$15.00	$16.60
10 - 199 lives	$1.60	$3.20	$15.00	$16.60

Area (State) Definitions

GEORGIA

310, 312	1
302, 304, 317, 398	2
301, 305-306, 315	4
303, 307, 311, 399	5
300	6
All Others	3

LOUISIANA

703-705, 708	2
All Others	1

ALASKA

996, 998	6
All Others	5

NEW JERSEY

081, 083	5
080, 082, 084	6
074, 076, 079, 087, 089	8
All Others	7

MISSISSIPPI

388, 392, 394-395, 397	2
All Others	1

*Restricted Industries include: Financial, Investment, Insurance, or Real Estate Services, Medical Offices and Hospitals, Legal, Accounting, Engineering, Architectural, or Scientific Services, Membership or Charitable Organization Offices, other Professional Services, Schools or Educational Services.

Classic Low Plan Rates - *Effective 8/1/2023*

2 - 4 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$27.41	$30.09	$31.76	$33.43	$35.10	$36.77	$40.78	$44.80
Employee + Spouse	$54.83	$60.17	$63.52	$66.86	$70.20	$73.55	$81.57	$89.59
Employee + Child(ren)	$63.06	$69.21	$73.06	$76.90	$80.75	$84.59	$93.82	$103.05
Family	$90.47	$99.30	$104.81	$110.33	$115.85	$121.36	$134.60	$147.84

5 - 9 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$23.03	$25.27	$26.68	$28.08	$29.48	$30.89	$34.26	$37.63
Employee + Spouse	$46.05	$50.54	$53.35	$56.16	$58.97	$61.78	$68.52	$75.25
Employee + Child(ren)	$52.96	$58.12	$61.35	$64.58	$67.81	$71.04	$78.79	$86.54
Family	$75.98	$83.39	$88.03	$92.66	$97.29	$101.93	$113.05	$124.16

10 - 199 lives

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Employee Only	$21.94	$24.08	$25.41	$26.75	$28.09	$29.43	$32.64	$35.85
Employee + Spouse	$43.87	$48.15	$50.83	$53.50	$56.18	$58.85	$65.27	$71.69
Employee + Child(ren)	$50.45	$55.37	$58.44	$61.52	$64.60	$67.67	$75.05	$82.44
Family	$72.38	$79.44	$83.86	$88.27	$92.68	$97.10	$107.69	$118.28

Plan Options

$1,500 Max Benefit
Multiply rates by.....1.14

$2,000 Max Benefit
Multiply rates by.....1.20

$3,000 Max Benefit
Multiply rates by.....1.36

$5,000 Max Benefit
Multiply rates by.....1.56

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Multiply rates by.....1.08

100% Voluntary
Multiply rates by.....1.05

Waive Participation Requirements
Multiply rates by.....1.05
* This applies to Voluntary and Employer Paid groups

Dental Rewards
Multiply rates by.....1.02
* Dental Rewards not available when group selects maximum plans of $3,000 or $5,000

Optional Teeth Bleaching
Multiply rates by.....1.03

Optional $25/$75, $0/$0 Calendar Year Deductibles
$25/$75 Deductible - Multiply rates by.....1.08
$0/$0 Deductible - Multiply rates by.....1.15

Optional $100 Lifetime Deductible
Multiply rates by.....1.03

Optional 100% Family-Related Employees
Multiply rates by.....1.15

For Groups Without Prior Coverage
Multiply rates by 11% for initial enrollees.....1.11
Multiply rates by 4% for new hires.....1.04

90th Percentile Usual & Customary
Multiply rates by.....1.04

For Restricted Industries*
Multiply rates by.....1.15
applies to Groups with 25 lives or greater

Orthodontia Rates
($1,000 lifetime maximum for children)

Orthodontia can be added to the Spirit Classic Low Plan by adding these premiums to the selected rate above. Orthodontia is covered at 10% for the first year, 25% for the second year and 50% reimbursement for the third year. Lifetime maximum for orthodontia coverage is $1,000 per person. **Orthodontic coverage not available in NJ*

	Employee + Child(ren)	Family
5 - 9 lives	$10.00	$10.00
10 - 199 lives	$10.00	$10.00

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General Information

ELIGIBILITY | An individual employed by a participating employer working 20 hours or more per week and who is considered an employee for Social Security purposes. Partners and proprietors are also considered to be eligible employees.
ELIGIBLE DEPENDENTS | Spouse or domestic partner and/or unmarried dependent children up to age 26.
DEDUCTIBLE AMOUNT | The lifetime and calendar year Deductible, if any, is shown in the Coverage Schedule. The Deductible is an amount of charges You must incur for Yourself or on behalf of Your insured Dependent before We start paying benefits.
CALENDAR YEAR MAXIMUM | Calendar year maximums are shown on the Coverage Schedule and are calculated for each certificate (person covered) yearly from January 1st.
OUT-OF-NETWORK BENEFITS | Out-of-network benefits are based upon the 80th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).
PRETREATMENT REVIEW | If the Course of Treatment will exceed $300, We will request prior review. We must be given the dentist's treatment plan consisting of a description of the planned treatment with estimated charges and diagnostic x-rays. We will determine Eligible Expenses and state how much We will pay for the treatment. Our determination may suggest an alternate, less expensive Course of Treatment if it will produce professionally satisfactory results. If You do not request a pretreatment review, We will pay for the least expensive method of treatment regardless of the method actually used.
COORDINATION OF BENEFITS | This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.
TERMINATION OF COVERAGE | Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be eligible for coverage; the last day of the month in which your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.
EFFECTIVE DATE | Plan effective dates are always the First of the month. Enrollment cards received by Direct Benefits after the First of the month will become effective on the First of the following month. Incomplete enrollment cards or failure to submit the required initial premium amount may cause an initial delay in Issuance of insurance. Do not cancel any other Insurance or assume you are insured under the Plan until you have received written confirmation from Direct Benefits.

Plan Information

ELIGIBLE EXPENSES | Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To become an Eligible Expense, the dental services must be performed by: a licensed Dentist/Physician performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a Dentist/Physician.

EXPENSES INCURRED | An Eligible Expense is considered incurred on the following dates: for full and partial dentures - on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - on the date the teeth are first prepared; for root canal therapy - on the date the pulp chamber is opened; for periodontal surgery - on the date surgery is performed; for all other services - on the date the service is performed.

EXPENSES NOT COVERED | Covered expenses will not include, and no benefits will be payable for, expenses incurred:

- For any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance or who elects to become covered again after canceling a premium contribution agreement will be classified as a late entrant.
- For any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within eight years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- For any procedure begun before the plan member was covered under the dental expense benefit.
- For any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliance installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to: alter vertical dimension; restore or maintain occlusion; splint or replace tooth structure lost because of abrasion or attrition.
- For any procedure not shown on the Table of Dental Procedures.
- For which the plan member is entitled to benefits under any workers' compensation or similar law, or charges or 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 or wage of profit.
- For charges for which the plan member is not liable or which would not have been made have not insurance been in force.
- For services that are not required for necessary care and treatment or not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- Applies to non-takeover business: in the first 12 months that a plan member is covered 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 plan member is covered under the dental expense benefit.

The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.

- Before the plan member has been covered under the orthodontic expenses benefits for at least 12 consecutive months, however, this is waived for initials who were previously covered by the prior plan's dental and orthodontia plan and have at least 5 enrolled lives on the initial effective date otherwise a 12 month waiting period applies.
- After the member's insurance under the orthodontic expense benefits terminate.

ALTERNATE BENEFIT | 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. This provision is NOT intended to dictate a course of treatment. Instead, this provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate procedure is available. Accordingly, the plan member may choose to apply the alternate benefit amount determined under this provision toward payment to the submitted treatment.

MISSING TOOTH | When covered under your plan, benefits are provided for placement of dentures, fixed bridgework, implants or the addition of teeth to existing dentures only when the service includes replacement of a natural tooth extracted or lost while covered under this plan.

Why should you choose a network dental plan?

Network dental plans help reduce your out-of-pocket costs as the dentists have agreed to accept a set contracted amount for each service rendered as the basis for payment under the Spirit Dental plan. This amount is typically significantly less than the amount which could be charged by an out-of-network dentist. These network dentists are prohibited (by contract) from charging you the difference between their typical fee and the amount negotiated with the network.

Dentists not participating in the network are not subject to the negotiated amounts and are permitted to charge any fee for services they provide. This may lead to greater out-of-pocket costs for you and your family members. The sample comparison chart below will give you an idea of how you can save money by visiting an in-network dentist for services.

Network Savings Example

*This hypothetical example shows how receiving services from a network provider could lower your out-of-pocket costs.**

Your Dentist says you need a Crown, which is a Type C Service...

Network Fee:	$685.00
Usual & Customary Fee:	$750.00
Dentist's Usual Fee:	$985.00

In-Network When you receive care from a participating dentist	
Dentist's Usual Fee:	$985.00
Network Reduced Fee:	$685.00
Your Plan Pays: 50% x $685 Network Fee:	-$342.50
Your Out-of-Pocket Cost:	**$342.50**

Out-of-Network When you receive care from a non-participating dentist	
Dentist's Usual Fee:	$985.00
Usual & Customary (U&C) Fee:	$750.00
Your Plan Pays: 50% x $750 U&C:	-$375.00
Your Out-of-Pocket Cost:	**$610.00**

In this example, you save **$267.50** ($610.00 minus $342.50) by using a participating network provider.

*Please note: Savings from using a network provider will vary depending on factors including how often you see the dentist and costs for services rendered. These examples assume that your deductible, if any, has been met.

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