Spirit DENTAL & VISION

www.spiritdental.com

Individual & Family Dental Insurance VA

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

	Preferred PPO	Pinnacle PPO	Core PPO	Preventive Plus 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	$1500 | $3000 | $3000	$1200 | $2500 | $5000	$1200 | $1200 | $1200	$750 | $1000 | $1000
Preventive	100% | 100% | 100%	100% | 100% | 100%	100% | 100% | 100%	100% | 100% | 100%
Basic	65% | 100% | 100%	50% | 60% | 80%	50% | 65% | 80%	50% | 50% | 50%
Major	20% | 50% | 50%	25% | 30% | 60%	25% | 50% | 50%	20% | 20% | 20%
Implants	NA	NA	NA	NA
Ortho	NA	10% | 25% | 50%	10% | 25% | 50%	NA
Hearing	$200 | $300 | $400	NA	NA	NA
Hearing Aids	50% | 50% | 50%	NA	NA	NA

	Flex 2000	Flex Plus 2500
	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% | 70% | 80%	50% | 70% | 80%
Major	15% | 30% | 40%	20% | 40% | 50%
Implants	NA	NA
Ortho	NA	NA
Hearing	NA	NA

Spirit Preferred PPO

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 AID MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	$200	$300	$400
HEARING AIDS	YEAR 1	YEAR 2	YEAR 3
	50%	50%	50%

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

Spirit Pinnacle PPO

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	$1200	$2500	$5000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
	100%	100%	100%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
	50%	60%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	25%	30%	50%
ORTHODONTIA	YEAR 1	YEAR 2	YEAR 3
	10%	25%	50%

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 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

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 Core PPO

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%

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

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

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 Preventive Plus PPO

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%

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
- Basic fillings
- One topical fluoride per year age 15 and under
- Sealants 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

Spirit Flex 2000

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%	70%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	15%	30%	40%

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

Spirit Flex Plus

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%	70%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	20%	40%	50%

Preventive | Type One
- Two exams per benefit year
- Three cleanings per benefit year

Basic | Type Two
- Basic filings
- 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

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

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