INDIVIDUAL & FAMILY PLANS OHIO



www.spiritdental.com

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

| | Spirit Preventive Plus PPO | 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 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 |
| Annual Max | \$1200 \$1200 \$1200 | \$1200 \$2500 \$5000 | \$3500 \$3500 \$3500 |
| Preventive | 100% 100% 100% | 100% 100% 100% | 100% 100% 100% |
| Basic | 50% 65% 80% | 50% 60% 80% | 65% 80% 90% |
| Major | 25% 50% 50% | 25% 30% 50% | 10% 50% 65% |
| Ortho | 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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| Simple extractions



Spirit Preventive PPO

| | 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

| 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

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

and dentures

| 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

and dentures

| 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

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% |

Preventive

| Two exams per benefit year | Basic fillings | Three cleanings per benefit year | Simple extractions

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

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 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% |

Preventive

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

Basic

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

Major

| Implants

and dentures

| 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

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 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

I One series of bitewing X-rays per benefit year

Major

dentures

| 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