

- 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 vision for \$7 per month

	<b>Preventive Plus PPO 1500</b>	<b>Core PPO 1200</b>	<b>Preferred PPO 3500</b>	<b>Pinnacle PPO 5000</b>
	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>
<b>Annual Max</b>	\$1000   \$1500   \$1500	\$1200   \$1200   \$1200	\$1500   \$3500   \$3500	\$1200   \$2500   \$5000
<b>Preventive</b>	100%   100%   100%	100%   100%   100%	100%   100%   100%	100%   100%   100%
<b>Basic</b>	50%   50%   50%	50%   65%   80%	65%   100%   100%	50%   60%   80%
<b>Major</b>	20%   20%   20%	25%   50%   50%	20%   50%   50%	25%   30%   60%
<b>Implants</b>	NA	10%   25%   25%	10%   20%   20%	10%   10%   20%
<b>Ortho</b>	NA	10%   25%   50%	NA	10%   25%   50%
<b>Hearing</b>	NA	NA	\$200   \$400   \$400	NA

	<b>Flex 2000</b>	<b>Flex Plus 2500</b>
	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>	<u>Year 1</u> <u>Year 2</u> <u>Year 3</u>
<b>Annual Max</b>	\$1000   \$2000   \$2000	\$1500   \$2500   \$2500
<b>Preventive</b>	100%   100%   100%	100%   100%   100%
<b>Basic</b>	50%   70%   80%	50%   70%   80%
<b>Major</b>	15%   30%   40%	20%   40%   50%
<b>Implants</b>	NA	NA
<b>Ortho</b>	NA	NA
<b>Hearing</b>	NA	NA

## Spirit Preventive Plus PPO 1500

### 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
	\$1000	\$1500	\$1500
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 1200

### 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

- 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
	\$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%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
	10%	25%	25%
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 3500

### 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	\$3500	\$3500
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%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
	10%	20%	20%

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

## Spirit Pinnacle PPO 5000

### 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	\$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%	60%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
	10%	10%	20%
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 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 year
- One topical fluoride per benefit year age 15 and under
- Sealants age 15 and under
- Space maintainers

### 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
	\$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%

## Spirit Flex Plus 2500

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

### Major | Type Three

- One diagnostic X-ray, full or panoramic in any 3-year period
- Simple extractions
- 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%	70%	80%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
	20%	40%	50%

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