

- | Annual maximum up to \$5,000
- | No waiting periods for all dental categories
- | \$100-lifetime deductible
- | Every day effective dates
- | Guaranteed acceptance
- | Option to add EyeMed vision for \$7 per month
- *The vision plan is not available in the states of ID & MD

	Spirit Preventive Plus PPO			Spirit Core PPO			Spirit Senior Preferred PPO			Spirit 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	\$2500	\$5000
Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	50%	50%	50%	50%	65%	80%	65%	100%	100%	50%	60%	80%
Major	20%	20%	20%	25%	50%	50%	20%	50%	50%	25%	30%	60%
Ortho	NA			10%	25%	50%	NA			10%	25%	50%
Hearing	NA			NA			\$200	\$300	\$400	NA		

	Spirit Flex			Spirit 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%	70%	80%	50%	70%	80%
Major	15%	30%	40%	20%	40%	50%
Ortho	NA			NA		

States included in these coverage plans are: AL, AR, AZ, CA, CO, DC, DE, FL, HI, IA, ID, IN, KY, MD, ME, MI, MN, MO, NC, ND, NE, NH, NV, OK, OR, SC, SD, TN, UT, VT, WI, WV, WY

Plan designs not available in NM - refer to spiritdental.com for NM plan rates and details.

Spirit Preventive Plus PPO

	Year 1	Year 2	Year 3
Annual Max	\$750	\$1000	\$1000
Preventive	100%	100%	100%
Basic	50%	50%	50%
Major	20%	20%	20%

Preventive

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

Basic

- | Space maintainers
- | Sealants under age 16
- | One topical fluoride per benefit year under age 16

Major

- | 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

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
- | 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 Senior Preferred PPO

	Year 1	Year 2	Year 3
Annual Max	\$1500	\$3000	\$3000
Preventive	100%	100%	100%
Basic	65%	100%	100%
Major	20%	50%	50%
Hearing	\$200	\$300	\$400

Preventive

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

Basic

- | One series of bitewing X-rays per benefit year

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

The hearing benefit is not available in NH

Spirit Pinnacle PPO

	Year 1	Year 2	Year 3
Annual Max	\$1200	\$2500	\$5000
Preventive	100%	100%	100%
Basic	50%	60%	80%
Major	25%	30%	60%
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 benefit year under age 16

Major

- | 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 Flex

	Year 1	Year 2	Year 3
Annual Max	\$1000	\$2000	\$2000
Preventive	100%	100%	100%
Basic	50%	70%	80%
Major	15%	30%	40%

Preventive

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

Basic

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

Major

- | Basic fillings
- | One diagnostic X-ray, full or panoramic in any 3 year period
- | Simple extractions
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Prosthetic services; bridges and dentures
- | Restoration services; inlays, onlays and crowns

Spirit Flex Plus

	Year 1	Year 2	Year 3
Annual Max	\$1500	\$2500	\$2500
Preventive	100%	100%	100%
Basic	50%	70%	80%
Major	20%	40%	50%

Preventive

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

Basic

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

Major

- | One diagnostic X-ray, full or panoramic in any 3 year period
- | Simple extractions
- | Oral surgery
- | Endodontic treatment
- | Periodontic services
- | Prosthetic services; bridges and dentures
- | Restoration services; inlays, onlays and crowns

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