

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

	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
<b>Annual Max</b>	\$750	\$1000	\$1000	\$1200	\$1200	\$1200	\$1500	\$3000	\$3000	\$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>Ortho</b>	NA			10%	25%	50%	NA			10%	25%	50%
<b>Hearing</b>	NA			NA			\$200	\$300	\$400	NA		

	Spirit Flex			Spirit Flex Plus		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<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>Ortho</b>	NA			NA		

PPO plans are not available in restricted zip codes: 82100–82199, 82200–82299, 82700–82799, 82800–82899, 83000–83099

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

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 10-22 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design and “fulfilling life” are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2024 Ameritas Mutual Holding Company.

## Spirit Preventive Plus PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$750	\$1000	\$1000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	50%	50%
<b>Major</b>	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
<b>Annual Max</b>	\$1200	\$1200	\$1200
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	65%	80%
<b>Major</b>	25%	50%	50%
<b>Ortho</b>	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
<b>Annual Max</b>	\$1500	\$3000	\$3000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	65%	100%	100%
<b>Major</b>	20%	50%	50%
<b>Hearing</b>	\$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

## Spirit Pinnacle PPO

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1200	\$2500	\$5000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	60%	80%
<b>Major</b>	25%	30%	60%
<b>Ortho</b>	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
<b>Annual Max</b>	\$1000	\$2000	\$2000
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	70%	80%
<b>Major</b>	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; bridges and dentures

## Spirit Flex Plus

	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$1500	\$2500	\$2500
<b>Preventive</b>	100%	100%	100%
<b>Basic</b>	50%	70%	80%
<b>Major</b>	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; bridges and dentures

	Spirit Preventive Plus Max			Spirit Core Max			Spirit Senior Preferred Max			Spirit Pinnacle Max		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<b>Annual Max</b>	\$750	\$1000	\$1000	\$1200	\$1200	\$1200	\$1500	\$3000	\$3000	\$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>Ortho</b>	NA			10%	25%	50%	NA			10%	25%	50%
<b>Hearing</b>	NA			NA			\$200	\$300	\$400	NA		

	Spirit Flex			Spirit Flex Plus		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
<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>Ortho</b>	NA			NA		

Max Plans: The Spirit Max dental plans allows the freedom to visit any dentist you wish without having to participate in a PPO network. Covered dental expenses are based upon 80% of the Usual and Customary (U&C)\* fees.

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