

- 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

	Preventive Plus 1500			Core 1200			Preferred 3500			Pinnacle 5000		
	<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>
Annual Max in-network out-of-network	\$1000 \$1500 \$1500			\$1200 \$1200 \$1200 \$1000 \$1000 \$1000			\$1500 \$3500 \$3500			\$1200 \$2500 \$5000 \$1000 \$2000 \$3000		
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	25% 25% 25%			25% 50% 50%			25% 50% 50%			25% 30% 60%		
Implants	NA			25% 25% 25%			25% 25% 25%			25% 25% 25%		
Ortho	NA			25% 25% 50%			NA			25% 25% 50%		
Hearing	NA			NA			\$200 \$400 \$400			NA		

	Flex 2000			Flex Plus 2500		
	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Annual Max	\$1000 \$2000 \$2000			\$1500 \$2500 \$2500		
Preventive	100% 100% 100%			100% 100% 100%		
Basic	50% 70% 80%			50% 70% 80%		
Major	25% 30% 40%			25% 40% 50%		
Implants	NA			NA		
Ortho	NA			NA		
Hearing	NA			NA		

Spirit Preventive Plus 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
	25%	25%	25%

Spirit Core 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
In-network	\$1200	\$1200	\$1200
Out-of-network	\$1000	\$1000	\$1000
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
	25%	25%	25%
ORTHODONTIA	YEAR 1	YEAR 2	YEAR 3
	25%	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 25% 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 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
	25%	50%	50%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
	25%	25%	25%

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

Spirit Pinnacle 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
In-network	\$1200	\$2500	\$5000
Out-of-network	\$1000	\$2000	\$3000
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
	25%	25%	25%
ORTHODONTIA	YEAR 1	YEAR 2	YEAR 3
	25%	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 25% 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

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
- 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
	25%	30%	40%

Spirit Flex Plus

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
	25%	40%	50%

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