

- 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

	Preventive Plus PPO 1500			Core PPO 1200			Preferred PPO 3500			Pinnacle PPO 5000		
	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	\$1000 \$1500 \$1500			\$1200 \$1200 \$1200			\$1500 \$3500 \$3500			\$1200 \$2500 \$5000		
Preventive												
in-network	100% 100% 100%			100% 100% 100%			100% 100% 100%			100% 100% 100%		
out-of-network	90% 90% 90%			90% 90% 90%			90% 90% 90%			90% 90% 90%		
Basic												
in-network	50% 50% 50%			50% 65% 80%			65% 100% 100%			50% 60% 80%		
out-of-network	40% 40% 40%			40% 55% 70%			55% 90% 90%			40% 50% 50%		
Major												
in-network	20% 20% 20%			25% 50% 50%			20% 50% 50%			25% 30% 60%		
out-of-network	10% 10% 10%			15% 40% 40%			10% 40% 40%			15% 20% 20%		
Implants												
in-network				10% 25% 25%			10% 20% 20%			10% 10% 20%		
out-of-network	NA			10% 15% 15%			10% 10% 10%			10% 10% 10%		
Ortho												
	NA			10% 25% 50%			NA			10% 25% 50%		
Hearing												
	NA			NA			\$200 \$400 \$400			NA		

	Flex 2000			Flex Plus 2500		
	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%		
Implants	NA			NA		
Ortho	NA			NA		
Hearing	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
In-network	100%	100%	100%
Out-of-network	90%	90%	90%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	50%	50%	50%
Out-of-network	40%	40%	40%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	20%	20%	20%
Out-of-network	10%	10%	10%

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
- 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

Implants | Type Four

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1200	\$1200	\$1200
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	100%	100%	100%
Out-of-network	90%	90%	90%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	50%	65%	80%
Out-of-network	40%	55%	70%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	25%	50%	50%
Out-of-network	15%	40%	40%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
In-network	10%	25%	25%
Out-of-network	10%	15%	15%
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
- 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

Implants | Type Four

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1500	\$3500	\$3500
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	100%	100%	100%
Out-of-network	90%	90%	90%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	65%	100%	100%
Out-of-network	55%	90%	90%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	20%	50%	50%
Out-of-network	10%	40%	40%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
In-network	10%	20%	20%
Out-of-network	10%	10%	10%

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
- 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

Implants | Type Four

MAX BENEFIT	YEAR 1	YEAR 2	YEAR 3
	\$1200	\$2500	\$5000
PREVENTIVE SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	100%	100%	100%
Out-of-network	90%	90%	90%
BASIC SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	50%	60%	80%
Out-of-network	40%	50%	50%
MAJOR SERVICE	YEAR 1	YEAR 2	YEAR 3
In-network	25%	30%	60%
Out-of-network	15%	20%	20%
IMPLANTS	YEAR 1	YEAR 2	YEAR 3
In-network	10%	10%	20%
Out-of-network	10%	10%	10%
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 benefit year
- One topical fluoride per 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
	15%	30%	40%

Spirit Flex Plus 2500

Preventive | Type One

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

Basic | Type Two

- Basic filings
- One series of bitewing X-rays per benefit year
- Sealants age 15 and under
- One topical fluoride per benefit year 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
- Prosthetic services; bridges and dentures
- Restoration services; inlays, onlays and crowns

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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