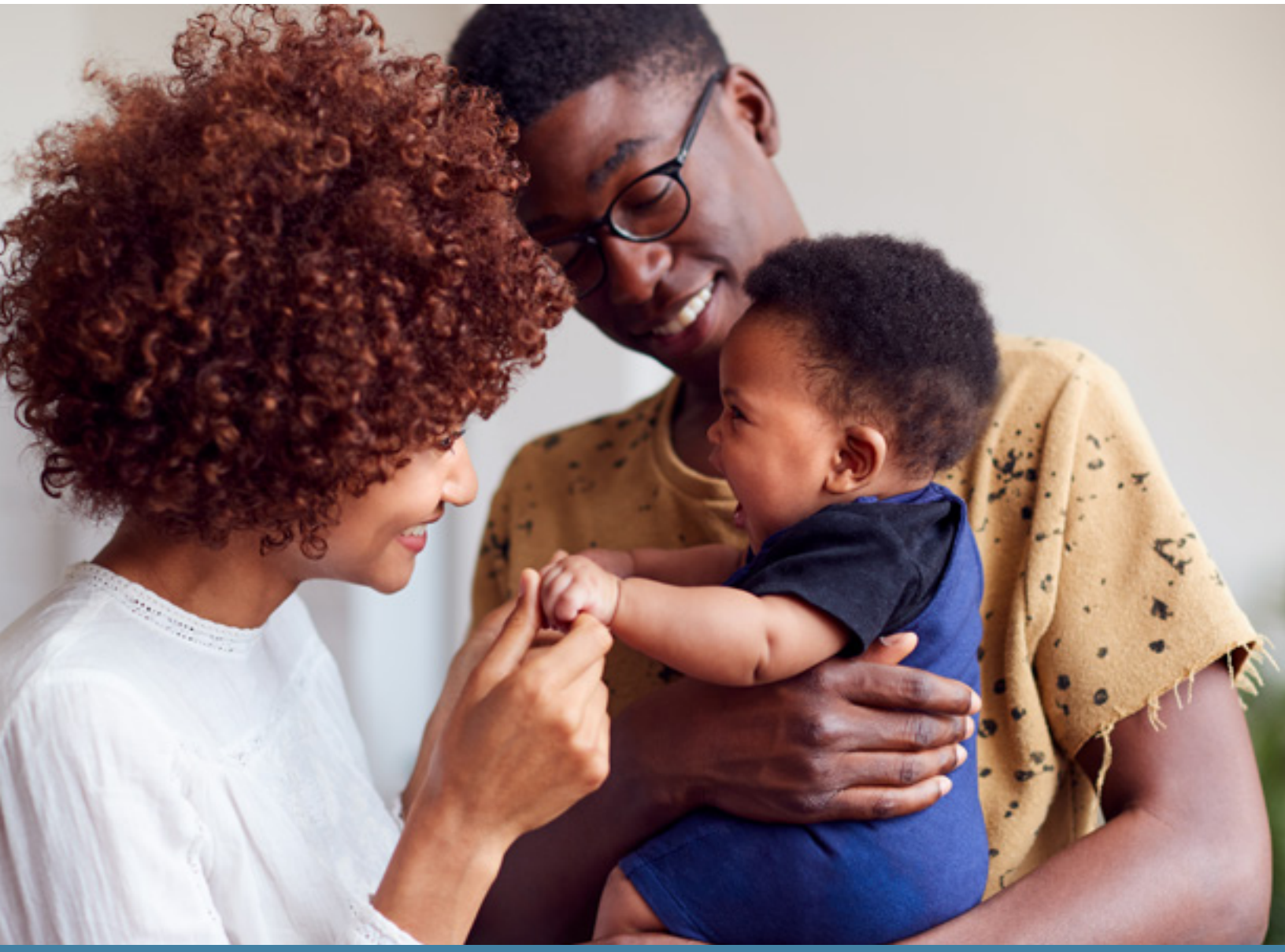
Spirit DENTAL & VISION



Individual & Family Dental Insurance

Massachusetts

No Waiting Periods | Choose Your Own Dentist | Up to Three Cleanings Per Benefit Year
Lifetime Deductible | Up to $5,000 Maximum Benefit

For more information, contact:

Name
Phone
Email

Ameritas

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

Spirit | Pinnacle Choice 1200/2500/5000

The Spirit Pinnacle Choice 1200/2500/5000 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. This Spirit dental plan gives you the freedom to use any dentist. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Additionally, when you visit a network dental provider your out-of-pocket costs may be lower because the providers have agreed to a contracted fee for services. You are responsible for any coinsurance and the required deductible. It is important to note that if you receive care from a non-network dentist your out-of-pocket charges will be based on Usual and Customary charges*. Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Pinnacle Choice 1200/2500/5000 | This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) agreement with Ameritas. Non-network dentists covered dental expenses will be based on Usual and Customary charges after the $100 deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic, 25% for Major and 10% for Ortho Services in year one. In year two, Basic Services increase to 60%, 30% for Major and 25% for Ortho Services. In year three, Basic Services increase to 80%, 50% for Major and Ortho Services increase to 50%. Additionally, your benefit year maximum amount will automatically increase in your second and third years of coverage. Your maximum benefit amount starts in year one at $1,200, increases to$2,500 in year two and in year three and subsequent years remains at $5,000.

	Preventive	Basic	Major	Ortho	Max Benefit
Year One	100%	50%	25%	10%	$1,200
Year Two	100%	60%	30%	25%	$2,500
Year Three	100%	80%	50%	50%	$5,000

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 under age 16
- One topical fluoride per year under age 16

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

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 | Core Choice 1200

The Spirit Core Choice 1200 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. This Spirit dental plan gives you the freedom to use any dentist. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Additionally, when you visit a network dental provider your out-of-pocket costs may be lower because the providers have agreed to a contracted fee for services. You are responsible for any coinsurance and the required deductible. It is important to note that if you receive care from a non-network dentist your out-of-pocket charges will be based on Usual and Customary charges*.

Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Core Choice 1200 | This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) agreement with Ameritas. Non-network dentists covered dental expenses will be based on Usual and Customary charges after the $100 deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic, 25% for Major and 10% for Ortho Services in year one. In year two, Basic Services increase to 65%, 50% for Major and 25% for Ortho Services. In year three, Basic Services increase to 80% and Ortho Services increase to 50%. Your benefit year maximum amount is $1,200 each year.

	Preventive	Basic	Major	Ortho	Max Benefit
Year One	100%	50%	25%	10%	$1,200
Year Two	100%	65%	50%	25%	$1,200
Year Three	100%	80%	50%	50%	$1,200

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 under age 16
- One topical fluoride per benefit year under age 16

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

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 | Secure Choice 750/1000/1250

The Spirit Secure Choice 750/1000/1250 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. This Spirit dental plan gives you the freedom to use any dentist. The Ameritas Dental Network is one of the nation's largest. You save when you use a network provider as these providers have contracted fees (MAC/maximum allowable charge) through their network agreement with Ameritas. When you use a network provider, discounted fees can generally be 25-50% below the average for your area. Visit **ameritas.com** and select **Find a Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

Additionally, when you visit a network dental provider your out-of-pocket costs may be lower because the dentists have agreed to a contracted fee for services. You are responsible for any coinsurance and the required deductible. It is important to note that if you receive care from a non-network dentist your out-of-pocket charges will be based on Usual and Customary charges*.

Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Secure Choice 750/1000/1250 | This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) agreement with Ameritas. Non-network dentists covered dental expenses will be based on Usual and Customary charges after the $100 deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic, and 20% for Major in year one. In year two, Basic Services increase to 60%, 30% for Major Services. In year three, Basic Services increase to 70% and 40% for Major Services. Your benefit year maximum amount starts in year one at $750, increases to $1,000 in year two and in year three and subsequent years remains at $1,250.

	Preventive	Basic	Major	Max Benefit
Year One	100%	50%	20%	$750
Year Two	100%	60%	30%	$1,000
Year Three	100%	70%	40%	$1,250

Preventive | Type One

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

Basic | Type Two

- 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 | 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

Choice Rates and Area Definitions

Choice Rates for: MA

Spirit Pinnacle Choice 1200/2500/5000

	AREA 6
Applicant	$87.65
Applicant + 1	$177.63
Applicant + Family	$290.30

Spirit Core Choice 1200

	AREA 6
Applicant	$65.69
Applicant + 1	$133.71
Applicant + Family	$220.03

Spirit Secure Choice 750/1000/1250

	AREA 6
Applicant	$52.49
Applicant + 1	$104.98
Applicant + Family	$167.97

Area Definitions for: MA

MASSACHUSETTS	
All Areas	6

12 MONTH RATE GUARANTEE
Rates illustrated are guaranteed for initial 12 months and may change annually thereafter.

Why should you choose the Spirit Choice Plan?

The Choice plan gives you the freedom to use any dentist. Covered dental expenses are based upon 90% of the Usual & Customary (U&C)* fees - with the added advantage of utilizing a cost savings rider (or PPO Dental Network) for additional savings.

Dentists not participating in the network are not subjected to the contracted amounts and are permitted to charge any fee for services they provide. This may lead to greater out-of-pocket costs for you and your family members.

The sample comparison chart below will give you an idea of how you can save money by selecting the Spirit Dental Choice plan and visiting an in-network provider for services. It compares the charges between visiting in-network and out-of-network dentists.

NETWORK SAVINGS EXAMPLE

Your Dentist says you need a Crown, which is a Major Service...

Network Fee **$685.00** | Usual & Customary Fee **$750.00** | Dentist's Usual Fee **$985.00**

Spirit Network When you receive care from a participating network dentist		**Spirit Choice** When you receive care from an out-of-network dentist	
Dentist's Usual Fee	$985.00	Dentist's Usual Fee	$985.00
Network Fee	$685.00	UCR Reduced Fee	$750.00
Your Plan Pays		**Your Plan Pays**	
50% x $685 Network Fee	– $342.50	50% x $750 UCR Fee	– $375.00
Your Out-of-Pocket Cost	$342.50	Your Out-of-Pocket Cost	$610.00

In this example,
you save $267.50 ($610.00 minus $342.50) by using a participating network provider.

Savings from enrolling in the Spirit Network plan depend on various factors, including how often participants visit the dentist and the cost for services rendered.

Please note: These examples assume that your deductible has been met.
*Usual and Customary: Means the usual and customary charges for the area where such expenses are incurred.

General Information

ELIGIBILITY | The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

DEDUCTIBLE AMOUNT | The deductible is shown in the coverage schedule. The deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

PREDETERMINATION OF BENEFITS | It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.

TERMINATION OF COVERAGE | Coverage terminates on the earliest of the following dates: the last day of the month in which you cease to be eligible for coverage; the last day of the month in which your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.

EFFECTIVE DATE | When you enroll online your coverage can start as soon as the next day. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation. Please note your enrollment may take 4 business days to be processed and accessible through any network providers.

ELIGIBLE EXPENSES | Expenses must be incurred while the policy is in force and the person is covered by the policy. To become an eligible expense, the dental services must be performed by: a licensed provider performing dental services within the scope of their license; or a licensed dental hygienist acting under the supervision and direction of a dentist.

MISSING TOOTH | If an insured has lost one or more teeth prior to this policy effective date, we will not pay for a prosthetic device that replaces such teeth unless the device also replaces one or more natural teeth lost or extracted while covered under this policy. We will pay for fixed bridges or dentures to replace such missing teeth if teeth were extracted within 6 months of this policy effective date if this policy immediately replaces a prior plan. Replacement of congenitally missing teeth is not covered under your plan unless you are replacing a current fixed bridge or denture. This replacement is subject to contract replacement limits.

*Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your dental insurance.

Limitations & Exclusions

Dental

Covered expenses will not include and benefits will not be payable for expenses incurred:

- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the insured person was covered under the policy.
- for any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
    - alter vertical dimension;
    - restore or maintain occlusion; or
    - splint or replace tooth structure lost as a result of abrasion or attrition.
- for any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- if two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Orthodontia

Covered Expenses will not include and no benefits will be payable for expenses incurred:

- for a Program begun on or after the Insured's 19th birthday.
- for a Program which uses a material other than metal brackets for treatment. The benefit will be considered as though metal brackets were applied.
- for a Program begun before the Insured became covered under this section.
- in any quarter of a Program if the Insured was not covered under this section for the entire quarter.
- for a Program more than once in a lifetime.
- if the Insured's insurance under this section terminates.
- for which the Insured is entitled to benefits under any workmen's compensation or similar law, or for charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges the Insured is not legally required to pay or would not have been made had no insurance been in force.
- for services not required for necessary care and treatment or not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- to fix or repair broken or damaged orthodontic appliances.
- to replace lost, missing or stolen orthodontic appliances.
- for expenses incurred as a result of the Insured not being compliant with the Treatment Program.
- for services to alter vertical dimension and/or restore or maintain the occlusion due to, but not limited to the following: equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

***Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your dental insurance.**

Optional Vision Coverage

Indemnity Vision Rider

Monthly Premium	
Applicant	$7.00
Applicant + 1	$14.00
Applicant + Family	$20.00

SERVICES OFFERED | Lifetime per person
Deductible of $50.00 on Lenses and Frames.

EXAMINATION —— **$50.00**
Once every 12 months with $10 deductible

A routine, complete eye examination, refraction, and prescription for eyeglasses. Contact lens examinations require additional fees. If indicated, your doctor may recommend additional procedures, which are the responsibility of the member

FRAMES —— **$65.00**
Once every 24 months

LENSES
Once Every 12 Months

Single	$40.00
Bifocal	$60.00
Trifocal	$70.00
No line bifocal or progressive power	$100.00
Lenticular	$100.00

CONTACT LENSES —— **$100.00**
In lieu of lenses and frames

Limitations and Exclusions

What is not covered? Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Examinations performed or frames or lenses ordered before the Insured was covered under this section.
- Any examination performed or frame or lens ordered after the Insured's coverage under this section ceases, subject to Extension of Benefits.
- Sub-normal vision aids; orthoptic or vision training or any associated testing.
- Non-prescription lenses.
- Replacement or repair of lost or broken lenses or frames except at normal intervals.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Services.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Lenses and frames during the first twelve months that a person is insured under this section, when the person is a Late Entrant, as defined.

Frequently Asked Questions

for Members of Spirit Dental and Vision Plans

Where can I locate my member identification (ID) number?
The number will be located on the front of your ID card.

Who should I contact with questions?
- For dental questions contact Ameritas at 866-619-6095.
- For EyeMed Vision Care contact EyeMed at 866-289-0614 to speak to a customer service representative.

How should a claim be submitted?
- You or your provider should submit an ADA dental claim form or an itemized billing statement which provides the following information:
    - Member's name, address and member ID number
    - Date of service
    - Current ADA procedure code(s)
    - Procedure fee(s)
    - Provider name, address and tax ID number

  The claims mailing address is located on the back of your ID card.

Can I see the dentist I have now?
- Yes, you are always free to visit the dentist of your choice.
- Visit **ameritas.com** and select **Find a Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

What can you tell me about Ameritas, the insurance company underwriting this plan?
- Backed by a foundation of financial strength, Ameritas offers a competitive array of employee benefits. And Ameritas services them in a highly welcoming, ethical and professional manner that builds lasting trust and enduring relationships.

About Spirit Dental & Vision | Spirit Dental & Vision is available exclusively through Direct Benefits, Inc.
Direct Benefits, Inc. is a managing general agency that provides one-stop employee benefits brokerage to over 15,000 agents who provide coverage to over 150,000 Americans.

We're in it for the little people of America. Our mission is to provide individuals and small businesses with the same or better quality insurance products as Fortune 500 employers. By partnering with financially strong insurance carriers like Ameritas we are able to create exclusive niche products like Spirit Dental & Vision.

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