Spirit DENTAL & VISION

Individual & Family Dental Insurance

Montana | Rhode Island

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 | Senior Preferred Max 3500

The Spirit Senior Preferred Max 3500 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. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

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

Spirit Senior Preferred Max 3500 | This policy pays for covered dental expenses based upon a percentage of the Usual and Customary (U&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 65% for Basic and 10% for Major Services in year one. In year two, Basic Services increase to 80% and 50% for Major Services. In year three, Basic Services increase to 90% and 65% for Major Services. Your benefit year maximum amount is $3,500 each year.

Hearing Benefit

Benefits are available for hearing exams and hearing aids. Each benefit period you receive up to $75 for eligible hearing exams. The plan pays 50% of the hearing aid cost up to the maximum benefit. The maximum benefit is $200 year one, $300 year two, and $400 year three. Five years after using your hearing aid coverage, you are re-eligible for the benefit at the top level. A reduced benefit is available after three years if your current hearing aids can no longer correct your hearing. All benefits assume no break in coverage.

	Preventive	Basic	Major	Max Benefit
Year One	100%	65%	10%	$3,500
Year Two	100%	80%	50%	$3,500
Year Three	100%	90%	65%	$3,500

	Hearing Aids	Max Benefit
Year One	50%	$200
Year Two	50%	$300
Year Three	50%	$400

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

- 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
- Basic fillings

*Usual and Customary - means the usual and customary charges for the area where such expenses are incurred.

Spirit | Pinnacle Max 1200/2500/5000

The Spirit Pinnacle Max 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. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

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

Spirit Pinnacle Max 1200/2500/5000 | This policy pays for covered dental expenses based upon a percentage of the Usual and Customary (U&C)* fees for those covered expenses after the $100 lifetime 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 benefit year
- Sealants under age 16
- One topical fluoride per benefit 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

*Usual and Customary - means the usual and customary charges for the area where such expenses are incurred.

Spirit | Core Max 1200

The Spirit Core Max 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. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

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

Spirit Core Max 1200 | This policy pays for covered dental expenses based upon a percentage of the Usual and Customary (U&C)* fees for those covered expenses after the $100 lifetime 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

- 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
- Basic fillings

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

*Usual and Customary – means the usual and customary charges for the area where such expenses are incurred.

Spirit | Secure Max 750/1000/1250

The Spirit Secure Max 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. Spirit Dental allows you to select your own dentist, and a plan that best fits the needs for you and your family.

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

Spirit Secure Max 750/1000/1250 | This policy pays for covered dental expenses based upon a percentage of the Usual and Customary (U&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic, and Major Services) has been satisfied. These percentages are: 100% for Preventive Services, 50% for Basic, 20% for Major Services in year one. In year two, Basic Services increase to 60%, and 30% for Major Services. In year three, Basic Services increase to 70% and Major Services increase to 40%. 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

*Usual and Customary - means the usual and customary charges for the area where such expenses are incurred.

Max Rates and Area Definitions

Max Rates for: MT, RI

Spirit Senior Preferred Max 3500

	AREA 3	AREA 4
Applicant	$79.71	$87.45
Applicant + 1	$159.12	$174.59
Applicant + Family	$253.73	$278.48

Spirit Pinnacle Max 1200/2500/5000

	AREA 3	AREA 4
Applicant	$70.50	$77.47
Applicant + 1	$142.74	$156.86
Applicant + Family	$232.79	$256.01

Spirit Core Max 1200

	AREA 3	AREA 4
Applicant	$52.83	$58.06
Applicant + 1	$107.42	$118.04
Applicant + Family	$176.45	$193.90

Spirit Secure Max 750/1000/1250

	AREA 3	AREA 4
Applicant	$42.21	$46.39
Applicant + 1	$84.43	$92.78
Applicant + Family	$135.09	$148.45

Area Definitions for: MT, RI

MONTANA

590–591, 598	4
All Others	3

RHODE ISLAND

All Areas	4

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

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 orthodontic treatment under the following provisions:
  - for treatment begun on or after the insured's 19th birthday;
  - for treatment begun before the insured became covered under this section;
- 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.

Hearing

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

- examinations performed before the Insured was covered under this section.
- any examination performed after the Insured's coverage under this section ceases.
- any hearing examination required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants, or tubes in the ears.
- which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing loss caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit, including an occupational hearing loss.
- charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
- any procedure not shown in the Schedule of Hearing Care Services.
- any treatment which is for cosmetic purposes.
- assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- services which are not related to a conductive or sensorineural hearing loss, such as any nonorganic hearing loss or occupational hearing loss.
- charges for a hearing screening performed as a part of or in the course of any non-hearing routine examination.
- because of war or any act of war, declared or not.

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 and vision questions contact Ameritas at 866-619-6095.

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.

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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