



## INDIVIDUAL AND FAMILY PLANS

ALASKA | GEORGIA | LOUISIANA | MISSISSIPPI

### Why Spirit Dental?

- Annual maximum up to \$5,000
- No waiting on major services
- Guaranteed acceptance
- Everyday effective dates
- Preventive 100% covered
- \$100 lifetime deductible
- Coverage for crowns, bridges, implants\*, dentures and root canals

[www.spiritdental.com](http://www.spiritdental.com)

### ALASKA, GEORGIA, LOUISIANA & MISSISSIPPI | CHOICE COVERAGE

	SPIRIT SECURE PLAN \$750/\$1000/\$1250 Year 1   Year 2   Year 3	SPIRIT CORE PLAN \$1200 Year 1   Year 2   Year 3	SPIRIT PINNACLE PLAN \$1200/\$2500/\$5000 Year 1   Year 2   Year 3	SPIRIT SENIOR PREFERRED PLAN \$3500 Year 1   Year 2   Year 3
PREVENTIVE	100%   100%   100%	100%   100%   100%	100%   100%   100%	100%   100%   100%
BASIC	50%   60%   70%	50%   65%   80%	50%   60%   80%	65%   80%   90%
MAJOR	20%   30%   40%	25%   50%   50%	25%   30%   50%	10%   50%   65%
ORTHO		10%   25%   50%	10%   25%   50%	
HEARING				\$200   \$300   \$400

Choice Plans: The Choice plan gives you the freedom to use any dentist. If you visit an out-of-network dentist, covered benefits are paid at the 90th percentile of usual and customary (90th U&C) charges. This means we expect 9 out of 10 charges from dental providers to be within the amount insurance pays for a covered procedure. You pay the difference between what the plan pays and the dentist's actual charge. If you visit a network provider, payments are based on the dentist's contracted fees (MAC/maximum allowable charge), which may result in lower out-of-pocket costs.

Visit [ameritas.com](http://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.

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

\*The Secure plan does not include implant coverage.

**Spirit Secure Plan**

\$750/\$1000/\$1250 Annual Maximums

**Preventive**

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

**Basic**

- Basic fillings
- Space maintainers
- Bitewing X-rays (1 per year)
- Sealants under age 16
- One topical fluoride per benefit year under age 16

**Major**

- 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 Plan**

\$1200 Annual Maximum

**Preventive**

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

**Basic**

- Space maintainers
- Bitewing X-rays (1 per 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
- 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

**Spirit Pinnacle Plan**

\$1200/\$2500/\$5000 Annual Maximum

**Preventive**

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

**Basic**

- Basic fillings
- Space maintainers
- Bitewing X-rays (1 per 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 Senior Preferred Plan**

\$3500 Annual Maximum

**Preventive**

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

**Basic**

- Bitewing X-rays (1 per 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

**Hearing**

- 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 day 1, \$300 after year 1, and \$400 after year 2.