

ALL OTHER STATES



INDIVIDUAL DENTAL INSURANCE FOR YOU AND YOUR FAMILY



No Waiting Periods | Choose Your Own Dentist Option | Three Cleanings Per Year
Lifetime Deductible | Up to \$5,000 Calendar Year Maximum Plans Available
Implant Coverage | Optional Vision Coverage | 30 Day Satisfaction Guarantee

Underwritten by:



Distributed by:



The Spirit Network 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 Ameritas Classic network provider and a plan that best fits the needs for you and your family. The Ameritas Classic Network is one of the largest in the nation with more than 100,000 providers at more than 400,000 access points. 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, typical discounted fees can be 30% below the average for your area. To find an Ameritas Classic Network provider near you, visit ameritas-dental.prismisp.com.

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

Spirit Network 3500

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the \$100 deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge (MAB/maximum allowable benefit). These percentages are: 100% for Preventive Services, 65% for Basic, 25% for Major and 10% for Ortho Services in year one. In year two, Basic Services increase to 80%, 50% for Major and 25% for Ortho Services. In year three, Basic Services increase to 90%, Major Services increase to 65% and Ortho Services increase to 50%. Your calendar year maximum benefit amount is \$3,500 each year.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	65%	25%	10%	\$3,500
Year 2	100%	80%	50%	25%	\$3,500
Year 3	100%	90%	65%	50%	\$3,500

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR (Type 3)

- 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% year one, 25% year two and 50% year three with a \$1200 lifetime maximum per child

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The Spirit Network 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 Ameritas Classic network provider and a plan that best fits the needs for you and your family. The Ameritas Classic Network is one of the largest in the nation with more than 100,000 providers at more than 400,000 access points. 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 typical discounted fees can be 30% below the average for your area. To find an Ameritas Classic Network provider near you, visit ameritas-dental.prismisp.com.

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

Spirit Network 1200/2500/5000

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the \$100 deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge (MAB/maximum allowable benefit). These percentages are: 100% for Preventive Services, 50% for Basic, 10% 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 calendar year maximum benefit 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.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	10%	10%	\$1,200
Year 2	100%	60%	30%	25%	\$2,500
Year 3	100%	80%	50%	50%	\$5,000

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- 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 3)

- 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

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The Spirit Network 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 Ameritas Classic network provider and a plan that best fits the needs for you and your family. The Ameritas Classic Network is one of the largest in the nation with more than 100,000 providers at more than 400,000 access points. 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 typical discounted fees can be 30% below the average for your area. To find an Ameritas Classic Network provider near you, visit ameritas-dental.prismisp.com.

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

Spirit Network 1200

This policy pays for covered dental expenses for in-network providers at the contracted fees (MAC) after the \$100 deductible has been satisfied on Preventive, Basic and Major Services. If you use an out-of-network dentist, you pay the difference between what the plan pays and the dentist's actual charge (MAB/maximum allowable benefit). 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 calendar year maximum benefit amount is \$1,200 each year.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	25%	10%	\$1,200
Year 2	100%	65%	50%	25%	\$1,200
Year 3	100%	80%	50%	50%	\$1,200

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR (Type 3)

- 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

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ALL OTHER STATES

SPIRIT NETWORK 3500							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$40.08	\$44.36	\$48.63	\$53.44	\$58.78	\$64.66	\$71.08
Applicant + One	\$81.59	\$90.30	\$99.00	\$108.79	\$119.67	\$131.64	\$144.69
Applicant + Family	\$134.29	\$148.61	\$162.94	\$179.05	\$196.96	\$216.65	\$238.14
SPIRIT NETWORK 1200/2500/5000							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$36.08	\$39.92	\$43.77	\$48.10	\$52.91	\$58.20	\$63.97
Applicant + One	\$73.58	\$81.43	\$89.28	\$98.11	\$107.92	\$118.71	\$130.49
Applicant + Family	\$121.47	\$134.43	\$147.38	\$161.96	\$178.16	\$195.97	\$215.41
SPIRIT NETWORK 1200							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$27.08	\$29.96	\$32.85	\$36.10	\$39.71	\$43.68	\$48.01
Applicant + One	\$55.58	\$61.51	\$67.44	\$74.11	\$81.52	\$89.67	\$98.57
Applicant + Family	\$92.67	\$102.55	\$112.44	\$123.56	\$135.92	\$149.51	\$164.33

NEVADA

SPIRIT NETWORK 3500		
	894-897	All Other Zips
Applicant	\$50.96	\$46.33
Applicant + One	\$103.75	\$94.32
Applicant + Family	\$170.76	\$155.24
SPIRIT NETWORK 1200/2500/5000		
	894-897	All Other Zips
Applicant	\$45.87	\$41.70
Applicant + One	\$93.57	\$85.06
Applicant + Family	\$154.46	\$140.42
SPIRIT NETWORK 1200		
	894-897	All Other Zips
Applicant	\$34.43	\$31.30
Applicant + One	\$70.68	\$64.25
Applicant + Family	\$117.84	\$107.13

AREA (STATE) DEFINITIONS

(Spirit is not available in FL, MA, MD and WA. If your state is not listed, please contact your agent for a state specific brochure or enroll online at www.spiritdental.com)

Alabama All Areas	1	Delaware 199	3	Kentucky 400-402, 410, 422	3	Nebraska 680-681, 685	2	Oklahoma 730-731	3	Virginia 201, 220-225	5
Arizona 851, 855-856	2	All Others	5	403, 405, 411, 421	2	687	3	740-741	2	226, 228-229	3
859, 865	2	Dist Columbia All Areas	7	423-424, 427	2	All Others	1	All Others	1	240-241	3
All Others	3	Hawaii All Areas	5	All Others	1	Nevada 894-897	5	Oregon All Areas	4	230-238	4
Arkansas All Areas	1	Indiana 460-464	3	039-041	5	All Others	4	South Carolina All Areas	2	All Others	2
California 922-925, 932-933	5	All Others	2	042	4	New Hampshire 030-031, 038	6	South Dakota All Areas	2	West Virginia 254, 267	3
936-937, 952-953	5	Iowa 500-503	3	All Others	3	All Others	5	All Others	2	All Others	1
934, 938-939, 942	6	All Others	2	Michigan 480-483	5	New Mexico All Areas	2	Tennessee 370-372	3	Wisconsin 538-539, 542	3
955, 959-961	6	511, 515, 520	2	484-485, 488-492	4	All Others	3	373-374, 377-381	2	545-548	3
All Others	7	522-524, 527-528	2	All Others	3	North Carolina 275-277, 280-282	4	All Others	1	All Others	4
Colorado 800-806, 808-809	5	All Others	1	Minnesota 550-554	4	283-289	2	Utah All Areas	2	Wyoming All Areas	2
All Others	3			All Others	3	All Others	3	All Areas	2		
				Missouri 630-633, 640-641	3	North Dakota 580-581, 585	3	Vermont All Areas	4		
				650-652, 656-658	2	All Others	2				
				All Others	1						

Why Should You Choose the Spirit Network Plan?

In addition to paying lower monthly premiums, the Spirit Network plan can help reduce your out-of-pocket costs. Network providers have contracted fees (MAC/maximum allowable charge) for each service rendered as the basis for payment under the Spirit Dental Plan. This amount is typically significantly less than the amount which could be charged by an out-of-network dentist. These network dentists are prohibited (by contract with the network) from charging you the difference between their typical fee and the amount negotiated with the network.

Dentists not participating in the network are not subject to the negotiated 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 one of Spirit Dental's network plans 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, 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 is:	\$985.00	Dentist's Usual Fee is:	\$985.00
The Network Reduced Fee is:	\$685.00	Usual & Customary Fee is:	\$750.00
Your Plan Pays:		Your Plan Pays:	
50% x \$685 Network Fee	- \$342.50	50% x \$750 R&C	- \$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.

The Spirit Choice 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. This Spirit dental plan gives you the freedom to use any dentist – with the added advantage of utilizing a cost savings coverage rider (or PPO Dental Network) for additional savings. The Ameritas Classic Network is one of the largest in the nation with more than 100,000 providers at more than 400,000 access points. 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, typical discounted fees can be 30% below the average for your area. To find an Ameritas Classic Network provider near you, visit ameritas-dental.prismisp.com.

Additionally, when you utilize 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 Choice 3500

This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) amount negotiated with Ameritas and non-network providers 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, 65% for Basic, 25% for Major Services and 10% for Ortho Services in year one. In year two, Basic Services increase to 80%, 50% for Major and 25% for Ortho Services. In year three, Basic Services increase to 90%, 65% for Major and Ortho Services increase to 50%. Your calendar year maximum benefit amount is \$3,500 each year.

	Covered Services				Max Benefit
	Preventive	Basic	Major	Ortho	
Year 1	100%	65%	25%	10%	\$3,500
Year 2	100%	80%	50%	25%	\$3,500
Year 3	100%	90%	65%	50%	\$3,500

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR (Type 3)

- 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

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

Spirit Choice 1200/2500/5000

This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) amount negotiated with Ameritas and non-network providers 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, 10% 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 calendar year maximum benefit 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.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	10%	10%	\$1,200
Year 2	100%	60%	30%	25%	\$2,500
Year 3	100%	80%	50%	50%	\$5,000

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- 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 3)

- 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

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Spirit Choice 1200

This policy pays for covered dental expenses for network providers based on the contracted fee (MAC) amount negotiated with Ameritas and non-network providers 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: 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 calendar year maximum benefit amount is \$1,200 each year.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	25%	10%	\$1,200
Year 2	100%	65%	50%	25%	\$1,200
Year 3	100%	80%	50%	50%	\$1,200

PREVENTIVE (Type 1)

- Two exams per calendar year
- Three cleanings per calendar year

BASIC (Type 2)

- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 16

MAJOR (Type 3)

- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
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ALL OTHER STATES

SPIRIT CHOICE 3500							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$54.96	\$60.82	\$66.68	\$73.28	\$80.61	\$88.67	\$97.46
Applicant + One	\$111.35	\$123.23	\$135.11	\$148.47	\$163.32	\$179.65	\$197.47
Applicant + Family	\$181.91	\$201.31	\$220.71	\$242.54	\$266.79	\$293.47	\$322.58
SPIRIT CHOICE 1200/2500/5000							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$49.47	\$54.75	\$60.02	\$65.96	\$72.56	\$79.81	\$87.73
Applicant + One	\$100.37	\$111.08	\$121.79	\$133.83	\$147.21	\$161.93	\$177.99
Applicant + Family	\$164.33	\$181.86	\$199.39	\$219.11	\$241.02	\$265.12	\$291.42
SPIRIT CHOICE 1200							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7
Applicant	\$37.13	\$41.09	\$45.05	\$49.51	\$54.46	\$59.91	\$65.85
Applicant + One	\$75.70	\$83.77	\$91.85	\$100.93	\$111.02	\$122.13	\$134.24
Applicant + Family	\$124.85	\$138.17	\$151.49	\$166.47	\$183.12	\$201.43	\$221.41

NEVADA

SPIRIT CHOICE 3500		
	894-897	All Other Zips
Applicant	\$69.88	\$63.53
Applicant + One	\$141.59	\$128.72
Applicant + Family	\$231.31	\$210.28
SPIRIT CHOICE 1200/2500/5000		
	894-897	All Other Zips
Applicant	\$62.91	\$57.19
Applicant + One	\$127.63	\$116.03
Applicant + Family	\$208.97	\$189.97
SPIRIT CHOICE 1200		
	894-897	All Other Zips
Applicant	\$47.22	\$42.93
Applicant + One	\$96.26	\$87.51
Applicant + Family	\$158.76	\$144.33

AREA (STATE) DEFINITIONS

(Spirit is not available in FL, MA, MD and WA. If your state is not listed, please contact your agent for a state specific brochure or enroll online at www.spiritdental.com)

Alabama		Delaware		Kentucky		Nebraska		Oklahoma		Virginia
All Areas	1	199	3	400-402, 410, 422	3	680-681, 685	2	730-731	3	201, 220-225
Arizona		All Others	5	403, 405, 411, 421	2	687	3	740-741	2	226, 228-229
851, 855-856	2	Dist Columbia		423-424, 427	2	All Others	1	All Others	1	240-241
859, 865	2	All Areas	7	All Others	1	Nevada		Oregon		230-238
All Others	3	Hawaii		Maine		894-897		All Areas	4	All Others
Arkansas		All Areas	5	039-041	5	All Others		South Carolina		West Virginia
All Areas	1	Indiana		042	4	New Hampshire		All Areas	2	254, 267
California		460-464	3	All Others	3	030-031, 038	6	South Dakota		All Others
922-925, 932-933	5	All Others	2	Michigan		All Others	5	All Areas	2	Wisconsin
936-937, 952-953	5	Iowa		480-483	5	New Mexico		Tennessee		538-539, 542
934, 938-939, 942	6	500-503	3	484-485, 488-492	4	All Areas	2	370-372	3	545-548
955, 959-961	6	511, 515, 520	2	All Others	3	North Carolina		373-374, 377-381	2	All Others
All Others	7	522-524, 527-528	2	Minnesota		275-277, 280-282	4	All Others	1	Wyoming
Colorado		All Others	1	550-554	4	283-289	2	Utah		All Areas
800-806, 808-809	5			All Others	3	All Others	3	All Areas	2	
All Others	3			Missouri		North Dakota		Vermont		
				630-633, 640-641	3	580-581, 585	3	All Areas	4	
				650-652, 656-658	2	All Others	2			
				All Others	1					

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 on-line your coverage may start as soon as 4-5 business days. 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 physician performing dental services within the scope of his 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.

DENTAL LIMITATIONS & EXCLUSIONS

Dental Expenses will not include, and benefits will not be payable, for any of the following:

- Covered Dental Expenses for appliances, restorations, or procedures to do any of the following:
 - Alter vertical dimension.
 - Restore or maintain occlusion.
 - Splint or replace tooth structure lost as a result of abrasion or attrition.
- Covered Dental Expenses for any procedure begun after the insured person's insurance under this contract terminates.
- Covered Dental Expenses to replace lost or stolen appliances.
- Covered Dental Expenses for any treatment which is for cosmetic purposes.
- Covered Dental Expenses for any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
- Covered Dental Expenses for orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
- Covered Dental Expenses for 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 dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment (unless prohibited by state regulations).
- Covered Dental Expenses for charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
- Covered Dental Expenses for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Covered Dental Expenses because of war or any act of war, declared or not.
- Alternative Procedures – Occasionally two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care. In this case, the amount of the Covered Expense will be equal to the charge for the least expensive procedure. This provision is NOT intended to dictate a course of treatment. This provision is designed to determine the amount of the plan allowance for a submitted treatment when an adequate and appropriate alternative procedure is available. You may choose to apply the alternate benefit amount determined under this provision toward payment of the received treatment.

30-DAY CUSTOMER SATISFACTION GUARANTEE

All Spirit Individual/One-Life Dental plans come with our 30-day Customer Satisfaction Guarantee.

You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid, minus the enrollment fee*, will be fully refunded provided no covered services have been rendered.

If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

*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 Insurance



Spirit's optional vision plan utilizes the EyeMed Vision Care network. EyeMed is a leading vision benefits company, offering the following features:

- Savings on eye care and eyewear.
- Quality standards for care and materials.
- Access to thousands of providers nationwide including independent providers and major retail chains.

Eye Examinations

Annual eye exams do more than check vision. Exams can detect a variety of conditions, including diabetes, high blood pressure and glaucoma. Early detection and treatment can minimize the effect of these conditions on long-term health. Spirit Vision Insurance covers annual eye exams for maximum health benefits.

Using The Plan

- Locate a provider at www.eyemedvisioncare.com. Register to use the secure member site once enrolled, or choose **Access** from the locator drop-down box.
- Present your ID card which includes your member ID number.
- The provider will do the rest! There are no claim or authorization forms necessary for in-network benefits.
- For the most accurate information, remember your Plan Number: **V00830**



This EyeMed vision plan is not available in AK, FL, KS, ID, MD, MA, MT, NY, OH, PA, RI, TX or WA. Please visit spiritdental.com to see the vision plan available in your state.

In-Network Benefits

EYE EXAMINATIONS

\$10 copay (once every 12 months)

Eye examinations include dilation as determined by the doctor.

EXAM OPTIONS

Contact lens wearers will pay up to \$55 for standard contact lens exam, including fit and follow-up, or receive 10% off retail price for premium contact lens exam, fit and follow-up.

EYEGLASS LENSES

\$20 copay (once every 24 months)

Plan covers standard plastic single vision, bifocal or trifocal lenses of any size or power. Lens options are available at additional cost.

FRAMES

\$0 copay (once every 24 months)

Plan covers a \$130 retail allowance that can be applied toward the purchase of any frame available at the provider location. The member will also receive a 20% discount off the balance if selecting a frame that costs more than \$130.

CONTACT LENSES (instead of lenses and frame)

\$20 copay (once every 24 months)

Plan covers a \$130 retail allowance that can be applied toward the purchase of conventional or disposable contact lenses. If the member chooses conventional contact lenses with a retail price over \$130, member will receive 15% off the balance. Medically necessary contact lenses are paid in full after the copay.

Replacement contact lenses can be ordered online and conveniently delivered to members' homes through www.eyemedcontacts.com.

ADDITIONAL DISCOUNTS

Spirit Vision members will also receive unlimited additional discounts on purchases made at participating provider locations, including:

- 40% off additional complete pairs of eyeglasses
- 15% off additional purchases of conventional contact lenses
- 20% off non-covered items like cleaning cloths or nonprescription sunglasses

Based on applicable laws, reduced costs may vary by doctor location.

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

Out-of-Network Benefits

Members receive the richest benefits when using a participating EyeMed provider. However, the plan includes an out-of-network benefit for services and materials obtained through non-network providers.

REIMBURSEMENT LEVELS

Eye Examination - Up to \$25	Frames - Up to \$40
Single Vision Lenses - Up to \$20	Bifocal Lenses - Up to \$30
Trifocal Lenses - Up to \$40	Contact Lenses - Up to \$60

USING OUT-OF-NETWORK BENEFITS

Members must file claims for out-of-network benefits. Members can obtain an out-of-network claim form from EyeMed's Web site, www.eyemedvisioncare.com, or by calling **866-723-0513**. Members will pay for all services and materials in full, then submit the completed claim form with receipts for reimbursement.

Limitations and Exclusions

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- 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 Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

NOTICE: This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Indiv. 9000 Rev. 07-16 and/or Vision Policy Form Indiv. 9000 Ed. 07-16-V. Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations.

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GLASSES.COM AND CONTACTSDIRECT.COM

Members can use glasses.com and contactsdirect.com as an in-network option to purchase frames and contacts.

For glasses:

- Simply send a picture of the prescription. Lenses are available for most prescriptions, including progressives and multifocals.
- Orders are fulfilled and shipped free the following day.
- Once received if you need an adjustment visit any LensCrafters.

For contacts:

- Select your lenses from a wide selection of top selling brands.
- Contacts will ship as soon as the prescription is verified – most that same day – and for free.

OTHER EYEMED VISION DISCOUNTS

Coatings and lens treatments can be added for the costs below:

Lens Option	Member cost
Polycarbonate lenses	\$40
Scratch-Resistant coating	\$15
Solid or gradient tint	\$15
Ultraviolet coating	\$15
Anti-Reflective coating	\$45
Standard progressive (add-on to bifocal)	\$65
Lens options not listed	20% off retail price

Based on applicable laws, reduced costs may vary by doctor location.



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 800-521-3605 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. The Ameritas Dental Network offers more than 400,000 access points nationwide for dental care, which means you benefit from credentialed dentists who offer a discount on services provided.
- Find a Provider at: ameritas-dental.prismisp.com (choose the Classic Network after inputting zip code).

What can you tell me about Ameritas, the insurance company underwriting this plan?

- Ameritas Life Insurance Corp. and its affiliated companies have a proud and rich heritage dating back to the late 1880s. This tradition is deeply rooted in our commitment to our customers, a foundation of integrity and trust and a legacy of financial strength to deliver on our promises.



Enroll Online at
www.MyNISI.com



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