

Spirit Core PPO 1200

\$43.00 / monthly premium

The Spirit Core PPO 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 Dental Network provider and a plan that best fits the needs for you and your family. 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](https://www.ameritas.com) and select **Find a Health Provider** to find a provider near you. Simply enter your ZIP Code and choose the Classic (PPO) Network to start your search.

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

Spirit Core PPO 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 (MAB/maximum allowable benefit) and the dentist's actual charge.

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%

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

Preventive | Type One

- Two exams per benefit year
 - Three cleanings per benefit year
- * Three cleanings and exams allowed in MD*

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
- 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