



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:



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

Distributed by:



Plan Coordinator:

Direct Benefits, Inc.
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The Spirit 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 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, 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

	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

* **USUAL AND CUSTOMARY** - means the usual, customary and regular charges for the area where such expenses are incurred.

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.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.

The Spirit 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 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, 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

- 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

*** USUAL AND CUSTOMARY** - means the usual, customary and regular charges for the area where such expenses are incurred.

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The Spirit 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 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: 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

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

* **USUAL AND CUSTOMARY** - means the usual, customary and regular charges for the area where such expenses are incurred.

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SPIRIT MAX 3500		
	Area 3	Area 4
Applicant	\$75.08	\$82.50
Applicant + One	\$151.89	\$166.91
Applicant + Family	\$247.56	\$272.04

SPIRIT MAX 1200/2500/5000		
	Area 3	Area 4
Applicant	\$67.57	\$74.25
Applicant + One	\$136.87	\$150.41
Applicant + Family	\$223.53	\$245.64

SPIRIT MAX 1200		
	Area 3	Area 4
Applicant	\$50.71	\$55.73
Applicant + One	\$103.17	\$113.37
Applicant + Family	\$169.61	\$186.38

MONTANA AND RHODE ISLAND AREA (STATE) DEFINITIONS			
Montana		Rhode Island	
590-591, 598	4	All Areas	4
All Others	3		

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

Freedom to Choose Your Own Eye Care Provider

Services Offered:

Lifetime-Per Person Deductible of \$50.00 on Lenses and Frames

Maximum Covered Expense

Examination (once every 12 months with \$10 copay) \$50.00

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 (once every 24 months) \$65.00

Lenses (once every 12 months)

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

Contact Lenses (in lieu of lenses and frames) \$100.00

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

For more information, call Direct Benefits, Inc. at 800-620-5010

LIMITATIONS AND EXCLUSIONS

Please check for availability in your state. 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); photogray 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.

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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.

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?

- 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.



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 8500 independent agents, brokers, consultants and general agents in all 50 states.

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.



5 Reasons to Encourage a Healthy Mouth

The link between oral health and overall health is astonishing. Here are five reasons to start taking oral health seriously.

Healthy Mind

An unhealthy mouth can affect your memory and cognitive skills in a negative way – leading to memory loss and delayed recalls. There are even studies that show a link between gum disease and Alzheimer's.¹

Healthy Joints

Studies have shown gum disease causes inflammation in your joints – causing health issues like rheumatoid arthritis.²

Healthy Heart

Strokes and heart disease are just two of many serious problems gum disease has an effect on due to the inflammation it causes in your heart.³

Healthy Sugars

Those with diabetes have a harder time fighting infections – which in turn can quickly lead to diseases, such as gingivitis – making it more difficult to maintain healthy sugar levels. Keeping your mouth healthy not only will help avoid disease, but may also help maintain proper sugar levels.⁴

Healthy Pregnancy

Poor oral health can lead to premature births and low birth weights due to increased gingivitis during pregnancy.⁵

6 Simple Steps to Keep Your Eyes Healthy and Relieved

If your job requires hours of computer usage, or you like to spend your free time online, your eyes could be affected. Prolonged computer usage can result in a group of eye and vision-related problems, otherwise known as Computer Vision Syndrome.

Computer Vision Syndrome symptoms can include tired eyes, blurred vision, headaches, and neck pain. Luckily, there are steps you can take to help prevent this unwanted strain on your body.

- **Keep blinking.** It washes your eyes in naturally therapeutic tears.¹
- **Remember 20-20-20.** Every 20 minutes, spend 20 seconds looking at something 20 feet away, minimum.²
- **Get the right light.** Good lighting isn't just flattering – it's healthy for your eyes. So, keep bright lighting overhead to a minimum. Keep your desk lamp shining on your desk, not you. Try to keep window light off to the side, rather than in front or behind you. Use blinds and get a glare screen. Position the computer screen to reduce reflections from windows or overhead lights.³
- **Monitor your monitor.** Keep it at least 20 inches from your eyes. Center should be about 4 to 6 inches below your eyes. Also, make sure it's big enough and with just the right brightness and contrast. Adjust the screen so you look at it slightly downward and are about 24 to 28 inches away. Adjust the screen settings to where they are comfortable – contract polarity, resolution, flicker, etc.⁴
- **Wear those computer specs.** Your doctor can prescribe a pair of glasses just for seeing the computer screen. If necessary, wear the appropriate corrective lenses while at the computer.⁵
- **Talk to your doctor.** Have a thorough annual eye examination.

Sources Dental: 1 "Diabetes and Oral Health", NIDCR.NIH.gov 2 "Pregnancy Gingivitis and Pregnancy Tumors", WebMD.com; 3 "A Link Between Gum Disease and Alzheimer's?" MedicineNet.com; 4 "Rheumatoid Arthritis and Gum Disease", ArthritisToday.org; 5 "Gum Disease and Heart Disease", Perio.org

Sources Vision: [1-5] Vision Service Plan (VSP) - <https://www.vsp.com/computer-vision-syndrome.html>

American Optometric Association - <http://www.aoa.org/patients-and-public/caring-for-your-vision/protecting-your-vision/computer-vision-syndrome>

Enroll Online at
www.spiritdental.com



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