

	 Spirit Preventative Plus PPO 1000/1500 (PPO)										
Individual:	\$23.01 /mo										
Individual +1:	\$46.03/mo										
Family:	\$73.64/mo										
	ENROLL NOW										
Deductible:	\$100 Lifetime										
Max. Annual Benefit:	Up to \$1,500										
Cleaning:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
Plan Pays	Year 1	Year 2	Year 3								
100%	100%	100%	100%								
X-ray:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>100%</td><td>100%</td><td>100%</td><td>100%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
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Filling:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
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20%	20%	20%	20%								
Root Canal:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
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Crown:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
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Oral Surgery:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
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Extractions:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
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Dentures Bridges:	<table> <tr> <th>Plan Pays</th><th>Year 1</th><th>Year 2</th><th>Year 3</th></tr> <tr> <td>20%</td><td>20%</td><td>20%</td><td>20%</td></tr> </table> Waiting Period: No Waiting Period!	Plan Pays	Year 1	Year 2	Year 3	20%	20%	20%	20%		
Plan Pays	Year 1	Year 2	Year 3								
20%	20%	20%	20%								
Implants:	No										
Orthodontia:	No										

Vision Benefit:	No		
Plan Highlights:	Annual maximum benefit increases annually: 1000 = year 1, 1500 = year 2+		
Application Fee:	25.00		
Effective Date:	12/17/2025		
Dentist Search:	 Dentist Search		
Plan Brochure:	 View Plan Brochure		
	ENROLL NOW		