

|                      |  <p><b>Spirit Preventative Plus PPO</b><br/><b>750/1000</b><br/><b>(PPO)</b></p>                                          |           |        |        |        |      |      |      |      |  |  |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|--------|--------|------|------|------|------|--|--|
| Individual:          | <b>\$23.67</b> /mo                                                                                                                                                                                         |           |        |        |        |      |      |      |      |  |  |
| Individual +1:       | \$47.35/mo                                                                                                                                                                                                 |           |        |        |        |      |      |      |      |  |  |
| Family:              | \$75.76/mo                                                                                                                                                                                                 |           |        |        |        |      |      |      |      |  |  |
|                      | <a href="#">ENROLL NOW</a>                                                                                                                                                                                 |           |        |        |        |      |      |      |      |  |  |
| Deductible:          | \$100 Lifetime                                                                                                                                                                                             |           |        |        |        |      |      |      |      |  |  |
| Max. Annual Benefit: | Up to \$1,000                                                                                                                                                                                              |           |        |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p> | 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> <p><b>Waiting Period: No Waiting Period!</b></p> | Plan Pays | Year 1 | Year 2 | Year 3 | 100% | 100% | 100% | 100% |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 100%                 | 100%                                                                                                                                                                                                       | 100%      | 100%   |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | Plan Pays | Year 1 | Year 2 | Year 3 | 20%  | 20%  | 20%  | 20%  |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | Plan Pays | Year 1 | Year 2 | Year 3 | 20%  | 20%  | 20%  | 20%  |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 20%                  | 20%                                                                                                                                                                                                        | 20%       | 20%    |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | Plan Pays | Year 1 | Year 2 | Year 3 | 20%  | 20%  | 20%  | 20%  |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 20%                  | 20%                                                                                                                                                                                                        | 20%       | 20%    |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | Plan Pays | Year 1 | Year 2 | Year 3 | 20%  | 20%  | 20%  | 20%  |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 20%                  | 20%                                                                                                                                                                                                        | 20%       | 20%    |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | Plan Pays | Year 1 | Year 2 | Year 3 | 20%  | 20%  | 20%  | 20%  |  |  |
| Plan Pays            | Year 1                                                                                                                                                                                                     | Year 2    | Year 3 |        |        |      |      |      |      |  |  |
| 20%                  | 20%                                                                                                                                                                                                        | 20%       | 20%    |        |        |      |      |      |      |  |  |
| 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> <p><b>Waiting Period: No Waiting Period!</b></p>     | 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: 750 = year 1, 1000 = year 2                                               |  |  |
| Application Fee: | 25.00                                                                                                                |  |  |
| Effective Date:  | 07/18/2025                                                                                                           |  |  |
| Dentist Search:  |  <a href="#">Dentist Search</a>     |  |  |
| Plan Brochure:   |  <a href="#">View Plan Brochure</a> |  |  |
|                  | <a href="#">ENROLL NOW</a>                                                                                           |  |  |