

 <p>Spirit Senior Preferred PPO 1500/3000 (PPO)</p>										
Individual:	\$44.00 /mo										
Individual +1:	\$87.69/mo										
Family:	\$139.44/mo										
	ENROLL NOW										
Deductible:	\$100 Lifetime										
Max. Annual Benefit:	\$3,000.00										
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>Waiting Period: No Waiting Period!</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>65%</td><td>100%</td><td>100%</td><td>100%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	65%	100%	100%	100%		
Plan Pays	Year 1	Year 2	Year 3								
65%	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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
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20%	50%	50%	50%								
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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
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>50%</td><td>50%</td><td>50%</td></tr> </table> <p>Waiting Period: No Waiting Period!</p>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
Plan Pays	Year 1	Year 2	Year 3								
20%	50%	50%	50%								
Implants:	Yes										
Orthodontia:	No										

Vision Benefit:	Available - See Brochure for Details		
Plan Highlights:	Hearing Aid Benefit 50% up to \$200 max benefit in Year 1		
Application Fee:	25.00		
Effective Date:	04/24/2024		
Dentist Search:	 Dentist Search		
Plan Brochure:	 View Plan Brochure		
	ENROLL NOW		