

	 <p>Spirit Preferred 1500/3000 (PPO)</p>										
Individual:	\$43.04 /mo										
Individual +1:	\$85.77/mo										
Family:	\$136.37/mo										
	ENROLL NOW										
Deductible:	\$100 Lifetime										
Max. Annual Benefit:	Up to \$3,000										
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>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:

04/26/2025

Dentist Search:

 [Dentist Search](#)

Plan Brochure:

 [View Plan Brochure](#)

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