

 Spirit Preferred 1500/3000 (PPO)											
Individual:	\$47.48 /mo										
Individual +1:	\$94.65/mo										
Family:	\$150.58/mo										
ENROLL NOW											
Deductible:	\$100 Lifetime										
Max. Annual Benefit:	\$3,000.00										
Cleaning:	<table border="1"> <thead> <tr> <th>Plan Pays</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Plan Pays	Year 1	Year 2	Year 3	100%	100%	100%	100%		
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100%	100%	100%	100%								
Waiting Period: No Waiting Period!											
X-ray:	<table border="1"> <thead> <tr> <th>Plan Pays</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>65%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	Plan Pays	Year 1	Year 2	Year 3	65%	100%	100%	100%		
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Crown:	<table border="1"> <thead> <tr> <th>Plan Pays</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>50%</td> <td>50%</td> <td>50%</td> </tr> </tbody> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
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Oral Surgery:	<table border="1"> <thead> <tr> <th>Plan Pays</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>50%</td> <td>50%</td> <td>50%</td> </tr> </tbody> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
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Dentures Bridges:	<table border="1"> <thead> <tr> <th>Plan Pays</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>50%</td> <td>50%</td> <td>50%</td> </tr> </tbody> </table>	Plan Pays	Year 1	Year 2	Year 3	20%	50%	50%	50%		
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Waiting Period: No Waiting Period!											
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: 04/03/2025

Dentist Search:  [Dentist Search](#)

Plan Brochure:  [View Plan Brochure](#)

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