NEW YORK

Spirit DENTAL

INDIVIDUAL DENTAL INSURANCE FOR YOU & YOUR FAMILY

Underwritten by:

Ameritas
fulfilling life

Ameritas Life Insurance Corp. of New York
1350 Broadway Suite 2201
New York, NY 10018

Distributed by:

DIRECT BENEFITS INC.

Plan Coordinator:

Direct Benefits, Inc.
55 E 5th Street, Suite 500
Saint Paul, MN 55101
info@spiritdental.com • 800.620.5010
www.spiritdental.com

S12028 (rev 9.2016)

No Waiting Periods on Preventive, Basic or Major Services

Choose Your Own Dentist Option

Three Cleanings Per Year

Lifetime Deductible

Up to $2,000 Annual Maximum Plans Available

30 Day Satisfaction Guarantee

NETWORK 1200

The Spirit Network 1200 plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Spirit Dental allows you to select your own Ameritas Classic network provider and a plan that best fits the needs for you and your family. The Ameritas Classic network is one of the largest in the nation with more than 111,500 providers at more than 428,000 access points. You will receive immediate network discounts when you see an Ameritas Classic provider as well as 5% to 50% discounts on other dental services. To find an Ameritas Classic provider near you, please visit **ameritas-dental.prismisp.com**.

Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Network 1200

This policy pays for covered dental expenses for the Ameritas Classic Network and non-network providers based on the contracted fee amount negotiated with the Ameritas Classic network providers, after the $100 lifetime deductible has been satisfied on Preventive, Basic and Major Services. These percentages are: 100% for Preventive Services, 50% for Basic and Major Services in year one. In year two, Basic Services increases to 80% and Ortho Services are covered at 50%. Your annual policy maximum benefit amount is $1,200 with a maximum of $600 on Major Services.

Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	50%	0%	$1,200
Year 2	100%	80%	50%	50%	$1,200

PREVENTIVE
- Two exams per calendar year
- Three cleanings per calendar year

BASIC
- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 18

MAJOR
- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
- Restoration services; inlays, onlays and crowns
- Prosthetic services; bridges and dentures
- Basic fillings

ORTHODONTIA
- Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received
- Coverage is 50% beginning year two with a $1200 lifetime maximum per child

SPIRIT NETWORK 1200 *Rates effective 10/1/2016*

	Area 3	Area 4	Area 5	Area 7
Applicant	$32.33	$35.53	$39.08	$47.25
Applicant + One	$67.10	$73.74	$81.11	$98.07
Applicant + Family	$120.91	$132.87	$146.16	$176.72

NEW YORK AREA (STATE) DEFINITIONS

063, 100-119	7
120-126, 130-132	5
127, 129, 136, 147	3
All Others	4

12 MONTH RATE GUARANTEE Your rates are guaranteed for 12 months following your plan's effective date. After that, you will receive at least 30 days' notice (more if required by state law) if your rates change.

NOTICE: This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Indiv. 9000 NY Rev. 07-16. Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product is subject to individual state regulations.

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Covered Services

	Preventive	Basic	Major	Ortho	Max Benefit
Year 1	100%	50%	50%	0%	$2,000
Year 2	100%	80%	50%	50%	$2,000

PREVENTIVE
- Two exams per calendar year
- Three cleanings per calendar year

BASIC
- Space maintainers
- One series of bitewing x-rays per year
- Sealants under age 16
- One topical fluoride per year under age 18

MAJOR
- Simple extractions
- Implants
- One diagnostic x-ray, full or panoramic in any 3 year period
- Oral surgery
- Endodontic treatment
- Periodontic services
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- Prosthetic services; bridges and dentures
- Basic fillings

ORTHODONTIA
- Orthodontic care for the proper alignment of teeth is provided only to dependent children who are under 19 when treatment is received
- Coverage is 50% beginning year two with a $1200 lifetime maximum per child

SPIRIT NETWORK 2000				*Rates effective 10/1/2016*
	Area 3	**Area 4**	**Area 5**	**Area 7**
Applicant	$37.75	$41.48	$45.63	$55.17
Applicant + One	$77.93	$85.64	$94.20	$113.90
Applicant + Family	$138.24	$151.91	$167.10	$202.04

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Why Should You Choose the Spirit Network Plan?

In addition to paying lower monthly premiums, the Spirit Network plan can help reduce your out-of-pocket costs. Network dentists have agreed to accept a set contracted amount for each service rendered as the basis for payment under the Spirit Dental Plan. This amount is typically significantly less than the amount which could be charged by an out-of-network dentist. These network dentists are prohibited (by contract with the network) from charging you the difference between their typical fee and the amount negotiated with the network.

Dentists not participating in the network are not subject to the negotiated amounts and are permitted to charge any fee for services they provide. This may lead to greater out-of-pocket costs for you and your family members. The sample comparison chart below will give you an idea of how you can save money by selecting one of Spirit Dental's network plans and visiting an in-network dentist for services. It compares the charges between visiting in-network and out-of-network dentists.

Network Savings Example

Your Dentist says you need a Crown, a Major Service –

- Network Fee: $685.00
- Reasonable & Customary Fee: $750.00
- Dentist's Usual Fee: $985.00

SPIRIT NETWORK When you receive care from a participating network dentist		SPIRIT CHOICE When you receive care from a dentist of your choice	
Dentist's Usual Fee is:	$985.00	Dentist's Usual Fee is:	$985.00
The Network Reduced Fee is:	$685.00	Reasonable & Customary Fee is:	$750.00
Your Plan Pays:		**Your Plan Pays:**	
50% x $685 Network Fee	- $342.50	50% x $750 R&C	- $375.00
Your Out-of-Pocket Cost:	$342.50	Your Out-of-Pocket Cost:	$610.00

In this example, you save $267.50 ($610.00 minus $342.50) by using a participating network dentist.

Savings from enrolling in the Spirit Network plan depend on various factors, including how often participants visit the dentist and the cost for services rendered.

Please note: These examples assume that your deductible has been met.

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CHOICE 1200

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Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

Spirit Choice 1200

This policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 50% for Preventive, Basic and Major Services in year one. In year two, Preventive Services increases to 100% and Basic Services increases to 80%. Your annual policy maximum benefit amount is $1,200 with a maximum of $600 on Major Services.

Covered Services

	Preventive	Basic	Major	Max Benefit
Year 1	50%	50%	50%	$1,200
Year 2	100%	80%	50%	$1,200

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BASIC
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--Sealants under age 16
--One topical fluoride per year under age 18

MAJOR
--Simple extractions
-- Implants
--One diagnostic x-ray, full or panoramic in any 3 year period
--Oral surgery
--Endodontic treatment
--Periodontic services
--Restoration services; inlays, onlays and crowns
--Prosthetic services; bridges and dentures
--Basic fillings

*** REASONABLE AND CUSTOMARY** - means the usual, customary and regular charges for the area where such expenses are incurred.

SPIRIT CHOICE 1200				*Rates effective 10/1/2016*
	Area 3	**Area 4**	**Area 5**	**Area 7**
Applicant	$46.04	$50.59	$55.65	$67.28
Applicant + One	$92.07	$101.18	$111.30	$134.57
Applicant + Family	$147.32	$161.89	$178.08	$215.31

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Plan includes a $100 lifetime deductible combined for Preventive, Basic and Major Services. Lifetime deductible is per person covered by the plan.

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This policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C)* fees for those covered expenses after the $100 lifetime deductible (combined for Preventive, Basic and Major Services) has been satisfied. These percentages are: 50% for Preventive, Basic and Major Services in year one. In year two, Preventive Services increases to 100% and Basic Services increases to 80%. Your annual policy maximum benefit amount is $2,000 with a maximum of $1,000 on Major Services.

Covered Services

	Preventive	Basic	Major	Max Benefit
Year 1	50%	50%	50%	$2,000
Year 2	100%	80%	50%	$2,000

PREVENTIVE
- Two exams per calendar year
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- Prosthetic services; bridges and dentures
- Basic fillings

*** REASONABLE AND CUSTOMARY** - means the usual, customary and regular charges for the area where such expenses are incurred.

SPIRIT CHOICE 2000 *Rates effective 10/1/2016*

	Area 3	Area 4	Area 5	Area 7
Applicant	$53.93	$59.26	$65.19	$78.82
Applicant + One	$107.85	$118.52	$130.37	$157.63
Applicant + Family	$172.56	$189.63	$208.59	$252.21

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GENERAL INFORMATION

ELIGIBILITY: Who is eligible to purchase the plan? The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas dental plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

DEDUCTIBLE AMOUNT: The deductible is shown in the coverage schedule. The deductible is an amount of covered dental charges incurred by an insured person for which no benefits will be paid.

PREDETERMINATION OF BENEFITS: It is recommended that a treatment plan/course of treatment be submitted when the total cost of eligible expenses for any insured is expected to exceed the amount shown on the coverage schedule. This should be submitted to us before the work is started. If actual services submitted do not agree with the treatment plan, or if a treatment plan is not sent in, we will base our payment on treatment consistent with reasonable and customary charges. Predetermination of benefits is not a guarantee of what we will pay. The estimated benefit payment is based on your current eligibility and benefits in effect at the time of the completed service. Submission of other claims or changes in eligibility or this policy may alter final payment.

TERMINATION OF COVERAGE: Coverage terminates on the earliest of the following dates: the last day of the month in which You cease to be eligible for coverage; the last day of the month in which Your dependent is no longer a dependent, as defined; subject to the Grace Period, the last day of the month for which a premium has been paid by You or on your behalf; or the date the policy ends.

EFFECTIVE DATE: When you enroll on-line your coverage may start as soon as tomorrow. Do not cancel any other insurance or assume you are insured under this plan until you receive written confirmation from Direct Benefits. Please note your enrollment may take 2-3 business days to be processed and accessible through any network providers.

ELIGIBLE EXPENSES: Expenses must be incurred while the policy is in force and the person is covered by the policy. To become an eligible expense, the dental services must be performed by: a licensed physician performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a dentist.

EXPENSES INCURRED: An eligible expense is considered incurred on the following dates: for full and partial dentures - on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays - on the date the teeth are first prepared; for root canal therapy - on the date the pulp chamber is opened; for peridontal surgery - on the date surgery is performed; for all other services - on the date the service is performed.

ALTERNATE BENEFIT: If we determine that a less expensive procedure, service, treatment plan/course of treatment that is customarily used to treat the dental problem and recognized by the dental profession to be appropriate according to broadly accepted standards of dental practice, then the maximum we will allow will be the charge for the less expensive treatment.

ADDITIONAL BENEFITS FOR SPIRIT DENTAL MEMBERS

MEMBER SAVINGS

You may receive additional savings that can reduce out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials).
- Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required).
- Access to emergency vision provider referrals when traveling outside the U.S. through AXA Assistance.

WORLDWIDE SUPPORT

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist members traveling abroad.

Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

30-DAY CUSTOMER SATISFACTION GUARANTEE

All Spirit Individual Dental plans come with our 30-day Customer Satisfaction Guarantee.

You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid, minus the enrollment fee*, will be fully refunded provided no covered services have been rendered.

If services have been provided, you may still cancel your policy, however, the premium paid will not be eligible for reimbursement.

**Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your dental insurance.*

EXCLUSIONS & LIMITATIONS

No coverage is available under this Policy for the following:

A. Aviation.
We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care.
We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

C. Cosmetic Services.
We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

D. Elimination Period.
We do not cover Dental Expenses in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. There will be no longer than a 12 month wait for benefits.

E. Experimental or Investigational Treatment.
We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

F. Felony Participation.
We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

G. Foot Care.
We do not Cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

H. Government Facility.
We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

I. Medical Services.
We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

J. Medically Necessary.
In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

K. Medicare or Other Governmental Program.
We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

L. Military Service.
We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

M. No-Fault Automobile Insurance.
We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

N. Pre-Existing Conditions.
For a period of 12 months from the enrollment date, We do not Cover any conditions for which medical advice was given, treatment was recommended by or received from a Physician within six (6) months before the effective date of Your coverage. The 12-month exclusionary period may be shortened by crediting the time You were covered under creditable coverage. We will credit the time You were covered under another dental plan, if You were enrolled in the prior coverage within 63 days before enrolling in this Policy. We will not treat genetic information as a pre-existing condition in the absence of a diagnosis of the condition related to such information. There will be no longer than a 12 month wait for benefits.

O. Services Not Listed.
We do not Cover services that are not listed in this Policy as being Covered.

P. Services Provided by a Family Member.
We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.

Q. Services Separately Billed by Hospital Employees.
We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

R. Services with No Charge.
We do not Cover services for which no charge is normally made.

S. War.
We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

T. Workers' Compensation.
We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

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Ameritas®
PO Box 82520, Lincoln, NE 68501-2520
Claims: 877-667-6127
ameritas.com

Customer Service (other than claims): 866.619.6095
Fax: 717.481.7175
email: spiritadmin@ameritas.com
(for enrollment changes or payment questions)

Frequently Asked Questions for Members of Spirit Individual Dental Plans

How quickly can I start my coverage?

- The Spirit Dental Individual Insurance plans provide four options for effective dates. Choose the one that works best for you and your family. You will receive an email confirmation immediately following your enrollment to verify this information. Your policy will arrive within 10 business days of enrollment.

  IMPORTANT NOTICE: Your enrollment may take 2-3 business days before it becomes accessible in the carrier's system. To verify benefits your dentist can go to **http://www.securitylife.com/vob** or call Customer Service at **866-619-6095**.

Where can I locate my member identification (ID) number?

- The number will be located on the front of your ID card.

Who should I contact with questions?

- For claims questions contact Ameritas at **877-667-6127**; for non-claims questions contact customer service at **866-619-6095**.

How should a claim be submitted for review?

- You or your provider should submit an ADA dental claim form or an itemized billing statement which provides the following information:
  - Member's name, address and member ID number
  - Date of service
  - Current ADA procedure code(s)
  - Procedure fee(s)
  - Provider name, address and tax ID number

The claims mailing address is located on the back of your ID card.

Where can I go to find a dental provider?

- Your plan allows you to go to a network or non-network provider. For an Ameritas Network provider near you visit: **www.ameritas-dental.prismisp.com**

How do I make status changes or request a new ID card?

- Many changes can be made by using the self-service tool called MyPortal. With MyPortal you have access to your policy information on any device, anytime, anywhere. MyPortal gives you the ability to:
  - View and edit personal and dependent information
  - View and edit payment information
  - View and add or delete dependents
  - Request to terminate coverage
  - Request an ID card
- Registering online is easy! You just need your Member ID, located on your ID card. Get started by registering at: **www.securitylife.com/myportal**.
- You can also make changes by using a paper Change Form. You can obtain a paper form by calling customer service at: **866-619-6095**.
- Please note that changes in coverage may decrease or increase your premium with any increase amount due at the time of change.

What can you tell me about Ameritas Life Insurance, the insurance company underwriting this plan?

- For more than 30 years, Ameritas Life Insurance Corp. of New York (Ameritas Life of NY) has been committed to providing insurance products and services to the New York market.

Standard & Poor's A+ (Strong) for insurer financial strength. This is the fifth highest of Standard & Poor's 21 ratings.

A.M. Best Company A (Excellent) for financial strength and operating performance. This is the third highest of A.M. Best's 15 ratings.

About Spirit Dental

Spirit Dental is available exclusively through Direct Benefits, Inc.

Direct Benefits, Inc. is a managing general agency that provides one-stop employee benefits brokerage to over 8500 independent agents, brokers, consultants and general agents in all 50 states.

We're in it for the little people of America. Our mission is to provide individuals and small businesses with the same or better quality insurance products as Fortune 500 employers. By partnering with financially strong insurance carriers like Ameritas we are able to create exclusive niche products like Spirit Dental.

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