These Indemnity Dental Insurance Plans help 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 dentist, and a plan that best fits the needs for you and your family.

Both the Indemnity Gold and Silver Option plans include a $100 lifetime deductible combined for Preventive, Basic and Major Services.

Plans also include your choice of:
• $1,200 calendar year maximum benefit per person;
• $2,500 calendar year maximum option; or
• $3,500 calendar year maximum option.

**Gold Option Indemnity Plan**

This Gold Option Indemnity 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: 100% for Preventive Services, 50% for Basic and 10% for Major Services in year one. In year two, Basic Services increase to 65% and 50% for Major. In year three, Basic Services increase to 80%.

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**Covered Services**

<table>
<thead>
<tr>
<th>Year</th>
<th>Preventive Services</th>
<th>Basic Services</th>
<th>Major Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100%</td>
<td>50%</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>100%</td>
<td>65%</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>100%</td>
<td>80%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**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 16

**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.

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**NOTICE**: This provides a very brief description of some of the important features of this 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 IP1000 (and state specifics), or One Life Group Dental Policy that may be issued to the group voluntary trust, GH-1112 (and any state specific). Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.
The following are not covered or available as an alternative benefit:

- Occlusal, athletic, or night guards.
- Full mouth debridement.
- Preventive root canal therapy.
- Codes that are by report.
- Overdentures or precision attachments.
- Items/treatments/services: not listed as an eligible expense on the Coverage Schedule; not prescribed by/performing under the direct supervision of a dental practitioner; not dentally necessary as determined by us; not meeting the accepted standards of dental practice; experimental in nature; that have a questionable prognosis; covered under any medical insurance policy; or performed by a member of your or your spouse’s family (including parents, step-parent, in-laws, spouse or former spouse, domestic partner, children, siblings, aunts, uncles, cousins, nieces, nephews, grandparents, and guardians).
- Services furnished primarily for cosmetic reasons, including but not limited to: specialized techniques, characterizing and personalizing prosthetic devices; making facings on prosthetic devices for any tooth in back of the second bicuspoid; or replacements of restorations performed for cosmetic reasons.
- Charges for any appliance or service that is used to: change vertical dimension; restore or maintain occlusion, except to the extent that this policy covers orthodontic treatment; splint or stabilize teeth for periodontal reasons; or treat disturbances of the temporomandibular joint (TMJ).
- Charges for any service performed as a result of abrasion, attrition, bruxism, erosion or abfraction.
- Charges for any services that are considered to be an integral part of another service, such as pulp capping, surgical trays, or sutures.
- Ridge preservation, augmentation, bone grafts and regeneration procedures performed in edentulous sites.
- Preparation and fitting of preformed dowel or post for root canal tooth; pulp cap either directly or indirectly.
- Duplicate or temporary devices, appliances, and services except as listed as an eligible expense.
- Replacing a lost, stolen or missing appliance or prosthetic device.
- Application of chemotherapeutic agents.
- Oral hygiene, plaque control, diet instruction or infection control.
- Non-emergency services performed outside the USA, Canada & Mexico.
- Treatment which is: due to an on-the-job or job-related illness or injury; or a condition for which benefits are payable by Workers’ Compensation or similar laws, whether or not benefits will be paid.
- Treatment for which no charge is made or for which you are not legally obligated to pay including, but not limited to, treatment (or charges made) by: your covered employer, labor union or similar group, in its dental/medical department/clinic; a facility owned/run by any government body; or any public program, except Medicaid, paid for/sponsored by any government body.
- Treatment resulting from: your participation in a war or an act of war, declared or undeclared; your attempting to commit, or committing, an assault or felony; your unlawful participation in a riot, rebellion, or insurrection; or an intentionally self-inflicted injury while sane or insane.