

Spirit Triple Option Quote Process

You can run a quote for 2+ groups with Spirit Triple Option on our website. Below is the step by step process on how to walk through the group quoting tool. <https://www.directbenefits.com/instant-quote-calcs>

Running a Quote:

Spirit Triple Option Group Dental

Spirit DENTAL & VISION

Rates valid STARTING Jan 1, 2015 through June 30, 2015 effective dates
For Agents Use Only:

Agent Information:

Preparing Agent/Agency:

Agent/Agency Email: *

Phone Number:

Enter in the following:

1. Agency Name
2. Agent's email
3. Phone number

Group Information:

Employer Name:

State:

Zip Code: *

Enter in the following:

5. Employer Name
6. State
7. Zip Code

Dental Plan Design:

Plan Base:

Employee Enrollment:

Participation:

Choose a deductible:

You can choose either:

1. Triple Option – Network & Indemnity
2. Indemnity Only

Choose the correct number of employees "enrolling"

Choose either 75% or Voluntary

- If it is less than 75% participation quote voluntary

Select a deductible

Annual Maximum:

- \$1,000 (+0%)
- \$1,000 (+0%)
- \$1,500 (+10%)
- \$2,000 (+15%)
- \$3,000 (+25%)
- \$5,000 (+50%)

Select the annual maximum. Annual maximum per calendar year/per person.

Add Options:

- 100% Family-related (+15% applies to Dental & Vision)
- \$1,500 Lifetime Child & Adult Orthodontia (+flat rate)
- Endo/Perio to Basic Services (+15%)
- Posterior Composite (White) Fillings (+4%)
- Year 3 Benefits for Major Services (+25%) (for groups without prior coverage)

All options generate a rate load and are included in final rates.

Add Spirit EyeMed Vision:

\$15 monthly billing fee waived if Spirit Dental & Spirit Vision is sold together.

Employee Enrollment:

- Select --
- Select --
- 2-4 Employees Enrolled
- 5-9 Employees Enrolled
- 10-149 Employees Enrolled
- Select --

Select the correct number of employees wanting vision coverage

Participation:

- Select --
- Select --
- 75% or more (+0%)
- Voluntary, less than 75% (+5%)

Choose either 75% or Voluntary - If less than 75% participation, quote voluntary

Additional Vision Options Available:

[Spirit VSP](#) or [Avesis](#)

Vision Plan:

- Select --
- Select --
- Plan A - 12/12/12 \$0/\$0
- Plan B - 12/24/24 \$0/\$0
- Plan C - 12/12/12 \$10/\$10
- Plan D - 12/24/24 \$10/\$10
- Plan E - 12/12/12 \$10/\$20
- Plan F - 12/24/24 \$10/\$20
- Plan G - Materials Only \$10











Select the vision plan based on frequency of materials & co-pays

Calculate Reset

Click Calculate to retrieve the Quote

 [Download Enrollment Packets](#)

Click here to download the enrollment materials.

 2015 Spirit Dental Group Enrollment Packet All Other States.pdf			
 2015 Spirit Group Enrollment Packet_New York.pdf	116.59 KB	01/25/2015 11:22:53	  
 Security Life Admin_Group FAQ.pdf	66.91 KB	01/23/2015 13:18:57	  

Example of Quote

Download this quote

Email me this quote



ABC Company

Presented By: Test
MN, 55304



Spirit Triple Option Proposal Underwritten & Administered by Security Life Insurance Company of America				
\$3,000 Annual Maximum per person/per calendar year				
Service	Benefit Summary	Benefits are based on provider at time service		
		Network Options		Indemnity
		Careington www.careington.com	DHA Premier www.premier-dental.com	R&C 90th percentile of U&C
Preventive Services No Waiting Period	<ul style="list-style-type: none"> Routine Exams (2 per calendar year) and Cleanings (3 per calendar year) Fluoride treatment - One topical fluoride per year to age 16 Biteewing X-Rays (1 series per calendar year to age 19 and every 2 years for adults) 	100%	100%	100%
Basic Services No Waiting Period	<ul style="list-style-type: none"> Space Maintainers Sealants (children to age 16) Posterior composite (white) fillings 	100%	90%	80%
Major Services No Waiting Period	<ul style="list-style-type: none"> One diagnostic x-ray, full or panoramic in any 5 year period Simple Extractions Oral surgery Crown, inlays and onlays Prosthetic services: bridges and dentures Implants (endosteal only) up to the allowance for the lowest Cost Covered traditional procedure Endodontic treatment Periodontic services 	65%	60%	50%
Orthodontic Services Graded Benefit	<ul style="list-style-type: none"> Child and Adult orthodontia \$750 Calendar year maximum, up to \$1,500 lifetime maximum per person No deductible applies Benefit is not offset by payment from prior plan 	Graded Benefit 1st Year - 10% 2nd Year - 25% 3rd Year - 50%		



ABC Company

Presented By: Test

