

	In-Network (Advantage Plus)	Out-of-Network Unlimited Providers
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	
Type 3 - Major Crowns, Bridges, Prosthodontics		
Type 4 - Orthodontics Children(up to age 19)	No Coverage	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	No Discount
Specialists	20% Discount	No Coverage
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 12 Month Waiting Period	
Type 4 - Orthodontics	N/A	
Deductible (Applies to Type 1, 2 & 3) Per Person	\$25.00	\$25.00
Family Max	\$75.00	\$75.00
Type 3 - Major Annual Maximum	None	
Annual Maximum Per Person	None	
Orthodontic Lifetime Maximum	N/A	
Network / Reimbursement Schedule	Advantage	Advantage
Rates	Subscriber \$19.00 Subscriber +1 \$35.00 Subscriber +2 \$46.00 Subscriber +3 \$58.00 Subscriber +4 or more \$81.00	

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Co-Pays/Claim Payments are subject to change January 1st of each year. Underwritten by Educators Health Plans Life, Accident & Health.