

	In-Network (Advantage Plus)	In-Network (Premier Network)	Out-of-Network Unlimited Providers
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100%
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics Children(up to age 19)	50%	50%	50%
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount
Specialists	Member pays same As General Dentists		
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 15 Month Waiting Period		
Type 4 - Orthodontics	24 Month Waiting Period		
Deductible (Applies to Type 1, 2 & 3) Per Person	\$25.00	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
Type 3 - Major Annual Maximum	\$750.00		
Annual Maximum Per Person	\$1,500	\$1,000	
Orthodontic Lifetime Maximum	\$1,000		
Network / Reimbursement Schedule	Advantage	Premier	Premier
Rates	Subscriber \$32.00 Subscriber +1 \$60.00 Subscriber +2 \$79.00 Subscriber +3 \$98.00 Subscriber +4 or more \$134.00		

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.