

	<b>In-Network</b> (Advantage Plus)	<b>In-Network</b> (Premier Network)	<b>Out-of-Network</b> Unlimited Providers
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	80%
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	70%	70%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> Children(up to age 19)	No Coverage	No Coverage	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount
<b>Specialists</b>	Member pays same As General Dentists		
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 18 Month Waiting Period		
Type 4 - Orthodontics	N/A		
<b>Deductible</b> (Applies to Type 1, 2 & 3) Per Person	\$25.00	\$50.00	\$75.00
Family Max	\$75.00	\$150.00	\$225.00
<b>Type 3 - Major Annual Maximum</b>	\$500.00		
<b>Annual Maximum</b> Per Person	\$1,500	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	N/A		
<b>Network / Reimbursement Schedule</b>	Advantage	Premier	Premier
<b>Rates</b>	Subscriber \$25.00 Subscriber +1 \$47.00 Subscriber +2 \$62.00 Subscriber +3 \$77.00 Subscriber +4 or more \$104.00		

*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.*