

# SENIOR DENTAL PLANS



## HIGH OPTION

Plan	Senior Choice PPO (High)		
	Advantage Network	Premier Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-Rays	100%	100%	100%
<b>Type 2 - Basic</b> Fillings	80%	80%	80%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
<b>Specialists</b>	Paid Same As General Dentist		

Waiting Periods	
Type 1 - Preventive	None
Type 2 - Basic	6 Month Waiting Period
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	N/A

Deductible			
Per Person	\$25.00	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
<b>Type 3 Major Annual Maximum</b>	\$750		
<b>Annual Maximum Per Person</b>	\$1,500	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	No Coverage (Eligible for Up to 25% Discount)		
<b>Reimbursement Schedule</b>	Advantage	Premier	Premier
<b>Monthly Rates</b>	Subscriber	\$37	
	Subscriber +1	\$66	

## LOW OPTION

Plan	Senior Choice PPO (Low)		
	Advantage Network	Premier Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-Rays	100%	100%	80%
<b>Type 2 - Basic</b> Fillings	80%	70%	60%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
<b>Specialists</b>	Paid Same As General Dentist		

Waiting Periods	
Type 1 - Preventive	None
Type 2 - Basic	6 Month Waiting Period
Type 3 - Major	12 Month Waiting Period
Type 4 - Orthodontics	N/A

Deductible			
Per Person	\$25.00	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
<b>Type 3 Major Annual Maximum</b>	\$500		
<b>Annual Maximum Per Person</b>	\$1,250	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	No Coverage (Eligible for Up to 25% Discount)		
<b>Reimbursement Schedule</b>	Advantage	Premier	Premier
<b>Monthly Rates</b>	Subscriber	\$30	
	Subscriber +1	\$52	

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.