

SENIOR DENTAL PLANS



HIGH OPTION

Plan	Senior Choice PPO (High)		
	Advantage Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	100%	100%
Type 2 - Basic Fillings	80%	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
Specialists	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
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
Type 3 Major Annual Maximum	\$750		
Annual Maximum Per Person	\$1,500	\$1,000	
Orthodontic Lifetime Maximum	No Coverage (Eligible for Up to 25% Discount)		
Reimbursement Schedule	Advantage	Premier	Premier
Monthly Rates	Subscriber	\$37	
	Subscriber +1	\$66	

LOW OPTION

Plan	Senior Choice PPO (Low)		
	Advantage Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	100%	80%
Type 2 - Basic Fillings	80%	70%	60%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
Specialists	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
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
Type 3 Major Annual Maximum	\$500		
Annual Maximum Per Person	\$1,250	\$1,000	
Orthodontic Lifetime Maximum	No Coverage (Eligible for Up to 25% Discount)		
Reimbursement Schedule	Advantage	Premier	Premier
Monthly Rates	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.