

## SENIOR DENTAL PLANS

|  | SENIOR CHOICE PPO (High)   |                      |                | SENIOR CHOICE PPO (Low)  |                      |                | SENIOR ADVANTAGE CO-PAY  |                            | VALUE DISCOUNT*              |
|--|--|----------------------|----------------|--|----------------------|----------------|--|----------------------------|------------------------------|
|  | In-Network (Advantage)   | In-Network (Premier) | Out-of-Network | In-Network (Advantage)   | In-Network (Premier) | Out-of-Network | In-Network (Advantage)   | Out-of-Network             | Value Network Only           |
| <b>Type 1 - Preventive</b><br>Oral Exams, Cleanings, X-rays, Fluoride                                      | 100%   | 100%                 | 100%           | 100%   | 100%                 | 80%            | 100%   | See Claim Payment Schedule | Up to 70% Discount           |
| <b>Type 2 - Basic</b><br>Fillings, Oral Surgery  | 80%  | 80%                  | 80%            | 80%  | 70%                  | 60%            | See Co-Pay Schedule  |                            | Up to 60% Discount           |
| <b>Type 3 - Major</b><br>Crowns, Bridges, Prosthodontics   | 50%  | 50%                  | 50%            | 50%  | 50%                  | 50%            |  |                            | Up to 50% Discount           |
| <b>Type 4 - Orthodontics</b><br>Children (up to age 19)  | Up to 25% Discount   | Up to 25% Discount   | No Discount    | Up to 25% Discount   | Up to 25% Discount   | No Coverage    | Up to 25% Discount   | No Coverage                | Up to 25% Discount           |
| <b>Specialists</b>   | Paid Same As General Dentist                                     |                      |                | Paid Same As General Dentist                                     |                      |                | 20% Discount (Pediatric - See Co-Pay Schedule)                   |                            | 20% Discount                 |
| <b>Waiting Periods</b><br>Type 1 - Preventive<br>Type 2 - Basic<br>Type 3 - Major<br>Type 4 - Orthodontics | None<br>6 Month Waiting Period<br>12 Month Waiting Period<br>N/A |                      |                | None<br>6 Month Waiting Period<br>12 Month Waiting Period<br>N/A |                      |                | None<br>6 Month Waiting Period<br>12 Month Waiting Period<br>N/A |                            | None<br>None<br>None<br>None |
| <b>Deductible</b><br>[Applies to Type 2 & 3]<br>Per Person   | \$25   | \$50                 | \$50           | \$25   | \$50                 | \$50           | \$25   | \$25                       | \$0                          |
| Family Max   | \$75   | \$150                | \$150          | \$75   | \$150                | \$150          | \$75   | \$75                       | \$0                          |
| <b>Type 3 - Major Annual Maximum</b>   | \$750  |                      |                | \$500  |                      |                | None   |                            | N/A                          |
| <b>Annual Maximum Per Person</b>   | \$1,500  | \$1,000              |                | \$1,250  | \$1,000              |                | None   |                            | None                         |
| <b>Orthodontic Lifetime Maximum</b>  | No Coverage (Eligible for Up to 25% Discount)                    |                      |                | No Coverage (Eligible for Up to 25% Discount)                    |                      |                | N/A  |                            | N/A                          |
| <b>Network / Reimbursement Schedule</b>  | Advantage  | Premier              | Premier        | Advantage  | Premier              | Premier        | Advantage  |                            | Value                        |
| <b>Monthly Rates</b>   | Subscriber   |                      | \$35           | Subscriber   |                      | \$28           | Subscriber   | \$20                       | Subscriber \$6               |
|  | Subscriber +1 or more  |                      | \$62           | Subscriber +1 or more  |                      | \$49           | Subscriber +1 or more  | \$35                       | Subscriber +1 or more \$9    |

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.