

# Florida: Individual & Family Dental Plan Comparison



	PREMIER PPO HIGH PLAN		PREMIER PPO LOW PLAN		ADVANTAGE CO-PAY PLAN		ADVANTAGE PPO PLAN	
	Premier Network	Out-of-Network	Premier Network	Out-of-Network	Advantage Network	Out-of-Network	Advantage Network	Out-of-Network
Services								
Preventive	100%	100% up to MAC*	100%	80% up to MAC*	100%	See Co-Pay Schedule	100%	100% up to MAC*
Basic	80%	80% up to MAC*	60%	50% up to MAC*	See Co-Pay Schedule		50%	50% up to MAC*
Major	50%	50% up to MAC*	50%	40% up to MAC*			25%	25% up to MAC*
Orthodontics (Children age 7 through 18)	50%	50%	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage
Orthodontic Discount (All members)	Discount Only	No Coverage						
Specialists	You Pay Same As General Dentist		You Pay Same As General Dentist		20% Discount Only	No Coverage	You Pay Same As General Dentist	
Waiting Periods								
Preventive	None		None		None		None	
Basic	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period	
Major	15 Month Waiting Period		18 Month Waiting Period		12 Month Waiting Period		12 Month Waiting Period	
Orthodontics	24 Month Waiting Period		Not Applicable		Not Applicable		Not Applicable	
Deductible (applies to Preventive, Basic, and Major services)								
Individual	\$25		\$50		\$25		\$100	
Family Max	\$75		\$150		\$75		\$300	
Maximums								
Major Annual Max	\$750		\$500		No Maximum		\$500	
Annual Max per Person	\$1,500		\$1,000		No Maximum		\$1,000	
Orthodontic Lifetime Max	\$1,000		Not Applicable		Not Applicable		Not Applicable	
Monthly Rates								
Monthly Rates	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more	\$54.40 \$102.00 \$134.30 \$166.60 \$227.80	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more	\$35.00 \$65.80 \$86.80 \$107.80 \$145.60	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more	\$28.50 \$52.50 \$69.00 \$87.00 \$121.50	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more	\$24.50 \$46.10 \$60.80 \$75.50 \$101.90

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. Advantage Copay schedules are subject to change on January 1st of each year. All Services are subject to EMI Health Maximum Allowable Charge (MAC). \*When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge. Underwritten by Educators Health Plans Life, Accident & Health.