

	CHOICE PPO HIGH PLAN			CHOICE PPO LOW PLAN			ADVANTAGE PPO PLAN		ADVANTAGE PPO LOW PLAN		ADVANTAGE COPAY PLAN	
	Advantage Network	Premier Network	Out of Network	Advantage Network	Premier Network	Out of Network	Advantage Network	Out of Network	Advantage Network	Out of Network	Advantage Network	Out of Network
Services												
Preventive	100%	100%	100% up to MAC*	100%	100%	80% up to MAC*	100%	100% up to MAC*	100%	100% up to MAC*	100%	See CoPay Schedule
Basic	80%	80%	80% up to MAC*	60%	60%	50% up to MAC*	50%	50% up to MAC*	50%	50% up to MAC*	See CoPay Schedule	
Major	50%	50%	50% up to MAC*	50%	40%	30% up to MAC*	25%	25% up to MAC*	25% / Not Covered (Children up to age 19** / Adults 19+)	25% Up to MAC* / Not Covered (Children up to age 19** / Adults 19+)		
Orthodontics (up to age 19**) Medically Necessary	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Non-Medically Necessary	50%	50%	50%	Discount Only	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered
Waiting Periods												
Preventive	None			None			None		None		None	
Basic	6 Month Waiting Period			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		None		12 Month Waiting Period	
Orthodontics Medically Necessary / Non-Medically Necessary	None / 24 Month Waiting Period			None / Not Applicable			None / Not Applicable		None / Not Applicable		None / Not Applicable	
Deductible (applies to Preventive, Basic, and Major)												
Individual	\$25			\$100			\$100		\$75		\$50	
Family Max	\$75			\$300			\$300		\$225		\$150	
Maximums												
Major Annual Max (age 19 and older)	\$750			\$500			\$500		No Maximum		No Maximum	
Annual Max per Person (age 19 and older)	\$1,500	\$1,000		\$1,500	\$1,000		\$1,000		\$1,000		No Maximum	
Orthodontic Lifetime Max (Medically / Non Medically Necessary)	No Maximum / \$1,000			No Maximum / Not Applicable			No Maximum / Not Applicable		No Maximum / Not Applicable		No Maximum / Not Applicable	
Pediatric EHB Annual Max	No Maximum			No Maximum			No Maximum		No Maximum		No Maximum	
Petriatric Individual EHB Out-of-Pocket Max	\$375			\$375			\$375		\$375		\$375	
Pediatric Family EHB Out-of-Pocket Max	\$750			\$750			\$750		\$750		\$750	

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 Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the MAC. Underwritten by Educators Health Plans Life, Accident & Health. \*\*Through the last day of the month in which the Insured turns 19 years of age.