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Plan	Advantage Co-Pay	
Network	Advantage Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride, Sealants	100%	100%
Type 2 - Basic Fillings, Space Maintainers	See Co-Pay Schedule	See Co-Pay Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Co-Pay Schedule
Type 4 - Orthodontics Dependent children ages 7 through 18	Discount Only	Not Covered
Oral Surgery - (Type 2)	See Co-Pay Schedule	See Co-Pay Schedule
Endodontics - (Type 3)	See Co-Pay Schedule	See Co-Pay Schedule
Periodontics - (Type 3)	See Co-Pay Schedule	See Co-Pay Schedule
Specialists (** See note below)	Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage

**All of the benefits outlined above are for services received from general dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.

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
Family Max	$75.00
Deductible Applies To	Type 1, Type 2, & Type 3
Type 3 - Major Annual Maximum Per Person	No Maximum
Annual Maximum Per Person	No Maximum
Orthodontic Lifetime Maximum	N/A

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings and Fluoride	2 per year
Fluoride	Up to age 19
Sealants	Up to age 19
Space Maintainers	Up to age 19
Bitewing X-Rays	Up to 4, twice per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in Type 2 - Basic
Anesthesia- (Age 8 and over for the extraction of impacted teeth only	Covered in Type 3 - Major
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 3 - Major
Implants	Covered in Type 3 - Major
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

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 Charges. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charges.

Underwritten by Educators Health Plans Life, Accident and Health, Inc.