



D 5 - Choice Plan Premiere and Advantage Dentists		
	In-Network	Out-Of-Network
Type I Preventative	100%	80% (Premier)
Type II Basic	80%	60% (Premier)
Type III Major	50%	50% (Premier)
Type IV Orthodontics	<b>Discount Only</b>	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III - Major	
Deductible	\$100 Lifetime Per Person \$300 Per Family Per Year	
Waiting Periods on Type III	<b>12 Month; However waived if first chance to sign up or if transferring from D2,D3, Peak, Elite, Mac or Comp.</b>	
Employee 2 Party Family	\$37.40 monthly rate \$85.80 monthly rate \$148.60 monthly rate	

D 2 - Advantage Co-Pay Plan Advantage Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	Based Upon Fee schedule
Type III Major	Based Upon Fee schedule
Type IV Orthodontics	<b>Discount Only</b>
Annual Maximum	Unlimited
Specialists	20% Discount
Endodontics Periodontics	Based Upon Fee schedule
Deductible	None
Waiting Periods	None
Employee 2 Party Family	\$26.10 monthly rate \$60.60 monthly rate \$94.50 monthly rate

D 3 Premiere PPO (100) Premiere Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	See Member Schedule (Discount Only)
Type III Major	See Member Schedule (Discount Only)
Type IV Orthodontics	<b>Discount Only</b>
Annual Maximum	Unlimited
Specialists	Same as General Dentist
Endodontics Periodontics	See Member Schedule (Discount Only)
Deductible	None
Waiting Periods	None
Employee 2 Party Family	\$19.10 monthly rate \$38.60 monthly rate \$63.60 monthly rate

2024-2025 COPAY FEE EXAMPLES - In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	Type II	2 surface anterior
2394	Porcelain filling	Type II	4 surface posterior
4210	Gingivectomy	Type III	(periodontics)
3330	Molar	Type III	Root Canal
2750	Porcelain Crown	Type III	
0120	Office Visit	Type I	

2024-2025 COPAY FEE EXAMPLES In-Network (subject to change January 1st of ea. Yr.) (Specialists are 20% Discount only)			
2331	Porcelain filling	\$46	2 surface anterior
2394	Porcelain filling	\$82	4 surface posterior
4210	Gingivectomy	\$245	(periodontics)
3330	Molar	\$362	Root Canal
2750	Porcelain Crown	\$355	
0120	Office Visit	\$0	

2024-2025 COPAY FEE EXAMPLES In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	\$88	2 surface anterior
2394	Porcelain filling	\$146	4 surface posterior
4210	Gingivectomy	\$274	periodontics)
3330	Molar	\$563	root Canal
2750	Porcelain Crown	\$669	
0120	Office Visit	\$ 0	