



## Premier Choice

Designed to offer immediate coverage and network discounts for preventive care, basic and major services.

### Lower Premium

**\$33.19**

**Preventive Care Services**  
(includes routine cleaning & exams)

**Policy pays 100% day one**

**After Deductible:**

**Basic Services**  
(includes simple fillings & extractions)

**Policy pays 50% day one**  
65% after policy year one  
80% after policy year two

**Major Services**  
(includes crowns, root canals, oral surgery, and bridges)

**Policy pays 10% day one**  
40% after policy year one  
50% after policy year two

**Coverage Amount**  
(per calendar year)

**\$1,500 annual maximum**

**Deductible**  
(per calendar year, family max 3 deductibles per service type)

**\$50 per person**  
(combined basic and major services)

**Most Valuable Feature**

**No Waiting Periods**



## Premier Elite

This plan pays more for major services after a 6-month waiting period. There is no waiting period for preventive care or basic services.

### Higher Level Benefit

**\$37.31**

**Preventive Care Services**  
(includes routine cleaning & exams)

**Policy pays 100% day one**

**After Deductible:**

**Basic Services**  
(includes simple fillings & extractions)

**Policy pays 50% day one**  
65% after policy year one  
80% after policy year two

**Major Services**  
(includes crowns, root canals, oral surgery, and bridges)

**Policy pays 15% after**  
6-month waiting period  
50% after policy year one  
60% after policy year two

**Coverage Amount**  
(per calendar year)

**\$2,000 annual maximum**

**Deductible**  
(per calendar year, family max 3 deductibles per service type)

**\$50 per person**  
(combined basic and major services)

**Most Valuable Feature**

**Higher Major Services coinsurance**

All plans pay non-network provider benefits based on the network negotiated rate. Non-network dentists can bill a patient for any remaining amount up to the billed charge.

ALL PLANS

**\$0**

**Routine Cleaning**  
(Network, day one)

Retail Charge for adult without plan: \$95.47

**Network Pricing Over Time<sup>1</sup>**

	Retail charge	During policy year:	Premier Choice year one	Premier Choice year two	Premier Elite year one	Premier Elite year two
Simple Filling	\$181.14	You pay:	\$28.50	\$19.95	\$28.50	\$19.95
Molar Root Canal	\$1,255.36	You pay:	\$512.10	\$341.40	\$483.65	\$284.50

<sup>1</sup> Service pricing in ZIP Code 752- and assumes any plan waiting period and the deductible have been met. Discounts vary by policy year, type of provider, geographic area, and type of service.



NO WAITING PERIODS  
**PREVENTIVE CARE**



**(239) 205-2047**



OPTION TO ADD  
**VISION BENEFIT**