

Preferred

In-Network

- \$25 per person deductible
- \$1,500 Annual Benefit Max
- \$0 Periodic Oral Exams
- 20% X-rays

To Find Out More:

[Benefit Summary](#)

[Benefit Grids & Summary of Benefits & Coverage](#)

EMI Choice

In-Network

- \$0 per person deductible
- \$2,000 - \$1,500 Annual Benefit Max
- \$0 Preventative Services

Traditional

In-Network

- \$0 per person deductible
- \$1,500 Annual Benefit Max
- \$0 Periodic Oral Exams
- 0% X-rays

Preferred
Dental

Regence
Dental

Traditional
Dental