

DENTAL-HIGH OPTION

Single - \$39.00
Couple - \$69.00

DENTAL COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

Read Your Policy Carefully - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Plan	Senior Choice PPO (High)		
	Advantage Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	100%	100%
Type 2 - Basic Fillings	80%	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
Oral Surgery - (Type 2)	80%	80%	80%
Endodontics - (Type 3)	50%	50%	50%
Periodontics - (Type 3)	50%	50%	50%
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	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
Type 3 - Major Annual Maximum Per Person	\$750		
Annual Maximum Per Person	\$1,500	\$1,000	
Orthodontic Lifetime Maximum	No Coverage (Eligible for Up to 25% Discount)		
Specialists	Paid same as General Dentist		
Reimbursement Schedule	Advantage	Premier	Premier
Provisions / Limitations / Exclusions			
Exams (including Periodontal) and Cleanings	2 per year		
Fluoride	Not Covered		
Sealants	Not Covered		
Space Maintainers	Not Covered		
Vertical Bitewing X-Rays	Up to 4, twice per year		
Periapical X-Rays	6 per year		
Panoramix X-Ray	1 every 3 years		
Impacted Teeth	Covered in Type 2 - Basic		
Anesthesia (For the extraction of impacted teeth only)	Covered in Type 3 - Major		
Implants	Not Covered		
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth		
Fillings on the same surface	1 every 18 months		
This policy is renewable or will continue in force at the Subscriber's option, as long as the Subscriber continues to pay all due premiums on a timely basis and meets the eligibility requirements as stated in the Policy. However, EMI Health may change the established premium rate, but only if the rate is changed for all policies of this form number. If the established premium rate changes, EMI Health will notify the Subscriber in writing at least 45 days before such change becomes effective.			
All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.			

EHPL.ID.SENIOR.CHOICE HIGH.OUT.A

Single - \$32.00
Couple - \$55.00

DENTAL-LOW OPTION

DENTAL COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

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Plan	Senior Choice PPO (Low)		
Network	Advantage Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	100%	80%
Type 2 - Basic Fillings	80%	70%	60%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
Oral Surgery - (Type 2)	80%	70%	60%
Endodontics - (Type 3)	50%	50%	50%
Periodontics - (Type 3)	50%	50%	50%
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	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
Type 3 - Major Annual Maximum Per Person	\$500		
Annual Maximum Per Person	\$1,250	\$1,000	
Orthodontic Lifetime Maximum	No Coverage (Eligible for Up to 25% Discount)		
Specialists	Paid same as General Dentist		
Reimbursement Schedule	Advantage	Premier	Premier
Provisions / Limitations / Exclusions			
Exams (including Periodontal) and Cleanings	2 per year		
Fluoride	Not Covered		
Sealants	Not Covered		
Space Maintainers	Not Covered		
Vertical Bitewing X-Rays	Up to 4, twice per year		
Periapical X-Rays	6 per year		
Panoramix X-Ray	1 every 3 years		
Impacted Teeth	Covered in Type 2 - Basic		
Anesthesia (For the extraction of impacted teeth only)	Covered in Type 3 - Major		
Implants	Not Covered		
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth		
Fillings on the same surface	1 every 18 months		
This policy is renewable or will continue in force at the Subscriber's option, as long as the Subscriber continues to pay all due premiums on a timely basis and meets the eligibility requirements as stated in the Policy. However, EMI Health may change the established premium rate, but only if the rate is changed for all policies of this form number. If the established premium rate changes, EMI Health will notify the Subscriber in writing at least 45 days before such change becomes effective.			
All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.			

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DENTAL-ADVANTAGE COPAY

Single - \$22.00
Couple - \$39.00

DENTAL COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

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Plan	Senior Advantage Co-pay	
	Advantage Network	Out-of-Network
Network		
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	*See Claim Payment Schedule
Type 2 - Basic Fillings	*See Copay Schedule	*See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	*See Copay Schedule	*See Claim Payment Schedule
Type 4 - Orthodontics All Members (Discount)	Up to 25% Discount	No Coverage
Oral Surgery - (Type 2)	*See Copay Schedule	*See Claim Payment Schedule
Endodontics - (Type 3)	*See Copay Schedule	*See Claim Payment Schedule
Periodontics - (Type 3)	*See Copay Schedule	*See Claim Payment Schedule
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		
In and Out-of-Network Deductibles Combined		
Per Person	\$25.00	\$25.00
Family Max	\$75.00	\$75.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3
Type 3 - Major Annual Maximum Per Person	N/A	
Annual Maximum Per Person	No Maximum	
Orthodontic Lifetime Maximum	N/A	
Specialists	20% Discount	
Reimbursement Schedule	Advantage Fee Schedule	
Provisions / Limitations / Exclusions		
Exams (including Periodontal) and Cleanings	2 per year	
Fluoride	Not Covered	
Sealants	Not Covered	
Space Maintainers	Not Covered	
Vertical Bitewing X-Rays	Up to 4, twice per year	
Periapical X-Rays	6 per year	
Panoramix X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia (For the extraction of impacted teeth only)	Covered in Type 3 - Major	
Implants	Not Covered	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
<p>This policy is renewable or will continue in force at the Subscriber's option, as long as the Subscriber continues to pay all due premiums on a timely basis and meets the eligibility requirements as stated in the Policy. However, EMI Health may change the established premium rate, but only if the rate is changed for all policies of this form number. If the established premium rate changes, EMI Health will notify the Subscriber in writing at least 45 days before such change becomes effective.</p>		
<p>All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.</p>		
<p>*Copay Schedule and Claims Payment Schedule will be mailed with EMI Health Member ID Card</p>		

Single - \$6.00
 Couple - \$9.00

DENTAL-VALUE OPTION

DENTAL COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

The program provides discounts only at certain dental care providers for dental care services. The Program holder is obligated to pay for all dental care services, but will receive a discount from those dental care providers who have contracted with the program.

Plan	Value
	In-Network only
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	Up to 70% Savings (Discount Only)
Type 2 - Basic Fillings	Up to 60% Savings (Discount Only)
Type 3 - Major Crowns, Bridges, Prosthodontics	Up to 50% Savings (Discount Only)
Type 4 - Orthodontics Adults	*Up to 25% Discount

Endodontics	Up to 50% Savings (Discount Only)
Periodontics	Up to 50% Savings (Discount Only)
Sealants	Up to 60% Savings (Discount Only)
Space Maintainers	Up to 60% Savings (Discount Only)

Specialists	20% Discount
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Waiting Periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	N / A

Annual Maximum Per Person	N / A
Orthodontic Lifetime Maximum	N / A
Network / Reimbursement Schedule	Value

The program provides discounts only at certain health care providers for health care services. The Program holder is obligated to pay for all health care services, but will receive a discount from those health care providers who have contracted with the program.

*The discount shown is for participating orthodontists in Utah. Discounts may vary outside of Utah.

Copay schedule for discounts will be mailed with EMI Health Member ID Card