



# DENTAL-LOW OPTION

**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 (Low)		
Network	Advantage Network	Premier Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-Rays	100%	100%	80%
<b>Type 2 - Basic</b> Fillings	80%	70%	60%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage
<b>Oral Surgery - (Type 2)</b>	80%	70%	60%
<b>Endodontics - (Type 3)</b>	50%	50%	50%
<b>Periodontics - (Type 3)</b>	50%	50%	50%
<b>Waiting Periods</b>			
Type 1 - Preventive	None		
Type 2 - Basic	6 Month Waiting Period		
Type 3 - Major	12 Month Waiting Period		
Type 4 - Orthodontics	N/A		
<b>Deductible</b>			
Per Person	\$25.00	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
<b>Type 3 - Major Annual Maximum Per Person</b>	\$500		
<b>Annual Maximum Per Person</b>	\$1,250	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	No Coverage (Eligible for Up to 25% Discount)		
<b>Specialists</b>	Paid same as General Dentist		
<b>Reimbursement Schedule</b>	Advantage	Premier	Premier
<b>Provisions / Limitations / Exclusions</b>			
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.			