

2025 VA: Premier PPO High

Take advantage of more savings.

What is the Premier PPO High Plan?

EMI Health's Premier PPO Plan is a coinsurance plan, which means we share your costs for covered dental services and procedures. Once you've met your deductible, we'll pay a percentage of your bill.

Search Premier network providers using our provider search here: [Provider Search](#)

| Plan Summary | Premier Network | Out-of-Network |
|---|-------------------------|-----------------|
| Services | | |
| Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride | 100% | 100% up to MAC* |
| Basic Fillings, Space Maintainers, Oral Surgery | 80% | 80% up to MAC* |
| Major Crowns, Bridges, Prosthodontics | 50% | 50% up to MAC* |
| Orthodontics (Medically Necessary) (up to age 19**) | 50% | 50% |
| Orthodontics (Non-Medically Necessary) (up to age 19**) | 50% | 50% |
| Waiting Periods | | |
| Preventive | None | |
| Basic (age 19 and older) | 6 Month Waiting Period | |
| Major (age 19 and older) | 12 Month Waiting Period | |
| Orthodontics (Medically Necessary) | None | |
| Orthodontics (Non-Medically Necessary) | 24 Month Waiting Period | |
| Deductible (applies to Preventive, Basic, and Major) | | |
| Individual | \$25 | |
| Family Max† | \$75 | |
| Maximums | | |
| Major Annual Max (age 19 and older) | \$750 | |
| Annual Max per Person (age 19 and older) | \$1,000 | |
| Orthodontic Lifetime Max (Medically Necessary) | No Maximum | |
| Orthodontic Lifetime Max (Non-Medically Necessary) | \$1,000 | |
| Pediatric EHB Annual Max | No Maximum | |
| Pediatric Individual EHB Out-of-Pocket Max | \$425 | |
| Pediatric Family EHB Out-of-Pocket Max† | \$850 | |

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. Underwritten by Educators Mutual Insurance Association. *All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC). **Through the last day of the month in which the Insured turns 19 years of age. †For enrollment groups with two or more individuals, the per person deductible will apply up until the combined accumulated deductible reaches the family max, and the individual EHB Out-of-Pocket Maximum will apply up until the combined accumulated Pediatric EHB out-of-pocket costs reaches the Pediatric Family EHB Out-of-Pocket Maximum.