

Illinois Premier PPO (Low) Dental Plan

What is the Premier PPO Dental Insurance Plan?

The Companion Life EMI Health 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% | 80% up to MAC* |
| Basic Fillings, Space Maintainers, Oral Surgery | 60% | 50% up to MAC* |
| Major Crowns, Bridges, Prosthodontics | 40% | 30% up to MAC* |
| Orthodontics (Medically Necessary) (up to age 19**) | 50% | 50% |
| Orthodontics (Non-Medically Necessary) (up to age 19**) | Discount Only | Not Covered |
| Waiting Periods | | |
| Preventive | None | |
| Basic (age 19 and older) | 6 Month Waiting Period | |
| Major (age 19 and older) | 18 Month Waiting Period | |
| Orthodontics (Medically Necessary) | None | |
| Orthodontics (Non-Medically Necessary) | N/A | |
| Deductible (applies to Preventive, Basic, and Major) | | |
| Individual | \$100 | |
| Family Max | \$300 | |
| Maximums | | |
| Major Annual Max (age 19 and older) | \$500 | |
| Annual Max per Person (age 19 and older) | \$1,000 | |
| Orthodontic Lifetime Max (Medically Necessary) | No Maximum | |
| Orthodontic Lifetime Max (Non-Medically Necessary) | N/A | |
| Pediatric EHB Annual Max | No Maximum | |
| Pediatric Individual EHB Out-of-Pocket Max | \$425 | |
| Pediatric Family EHB Out-of-Pocket Max | \$850 | |

Insurance plans may not be available in all states and may vary by state. These insurance policies have limitations, exclusions, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage please call (800)662-5851. *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. †Coverage limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting criteria for medical necessity.

Underwritten by Companion Life Insurance Company.

EMIH.IL.ID.PREM PPO LOW.MKT.25

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