

Plan	Premier PPO (Low)	
Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride, Sealants	100%	80% up to MAC*
Type 2 - Basic Fillings, Space Maintainers	60%	50% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	40%	30% up to MAC*
Type 4 - Orthodontics (up to age 19**) Medically Necessary	50%	50%
Type 4 - Orthodontics (up to age 19**) Non-Medically Necessary	Discount Only	Not Covered
Oral Surgery - (Type 2)	60%	50% up to MAC*
Endodontics - (Type 3)	40%	30% up to MAC*
Periodontics - (Type 3)	40%	30% up to MAC*
Waiting periods		
Type 1 - Preventive	None	
Type 2 - Basic (age 19 and older)	6 Month Waiting Period	
Type 3 - Major (age 19 and older)	9 Month Waiting Period	
Type 4 - Orthodontics Medically Necessary	None	
Type 4 - Orthodontics Non-Medically Necessary	N/A	
Deductible		
Per Person	\$100.00	
Family Max	\$300.00	
Deductible Applies To	Type 1, Type 2, & Type 3	
Type 3 - Major Annual Maximum Per Person (age 19 and older)	\$500	
Annual Maximum Per Person (age 19 and older)	\$1,000	
Orthodontic Lifetime Maximum Medically Necessary	No Maximum	
Orthodontic Lifetime Maximum Non-Medically Necessary	N/A	
Pediatric EHB Annual Maximum	No Maximum	
Pediatric Individual EHB Out-of-Pocket Maximum	\$450	
Pediatric Family EHB Out-of-Pocket Maximum	\$900	
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Up to age 19**	
Sealants	One sealant per tooth every 36 months. Up to age 19**	
Space Maintainers	Up to age 19**	
Vertical Bitewing X-Rays	Up to 8 films every six months	
Full Series Bitewing X-Rays	Up to 8 per year	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia	Covered in Type 3 - Major (only when medically necessary)	
Implants	Up to age 19**	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months (limit applies to those age 19 and older)	
Temporomandibular/Cranio-mandibular Joint Disorders (TMJ)	Covered in Type 3 - Major (only when medically necessary - not subject to waiting period)	
Orthodontics	Up to age 19**	
*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).		
Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions.		
Underwritten by Companion Life Insurance Company		

**Through the last day of the month in which the Insured turns 19 years of age

EMI.H.MN.ID.PREM PPO LOW.SCH.26