

2027 NC: Advantage PPO

Take advantage of more savings.

What is the Advantage PPO Plan?

EMI Health's Advantage 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 Advantage Plus-D network providers using our provider search here: [Provider Search](#)

Plan Summary		Advantage Plus-A Network	Out-of-Network
Services			
Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride		100%	100% up to MAC*
Basic Fillings, Space Maintainers, Oral Surgery		50%	50% up to MAC*
Major Crowns, Bridges, Prosthodontics		25%	25% up to MAC*
Orthodontics (Medically Necessary) (up to age 19**)		50%	50%
Orthodontics (Non-Medically Necessary) (up to age 19**)		Not Covered	Not Covered
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)		N/A	
Deductible (applies to Preventive, Basic, and Major)		In and Out-of-Network Deductibles are Combined	
Individual		\$75	\$100
Family Max		\$225	\$300
Maximums			
Major Annual Max Per Person (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		\$450	
Pediatric Family EHB Out-of-Pocket Max		\$900	

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. NOTICE: Your actual expenses for covered services may exceed the stated coinsurance percentage because actual provider charges may not be used to determine plan and member payment obligations.