

# OH: Premier PPO Low



Take advantage of more savings.

## What is the Premier PPO Low 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-D network providers using our provider search here: [Provider Search](#)

| Plan Summary                                                        |  | Premier-D Network       |  | Out-of-Network |  |
|---------------------------------------------------------------------|--|-------------------------|--|----------------|--|
| Services                                                            |  |                         |  |                |  |
| Preventive<br>Oral Exams, Cleanings, Sealants, X-rays, Fluoride     |  | 100%                    |  | 80% up to MAC* |  |
| Basic<br>Fillings, Space Maintainers, Oral Surgery                  |  | 60%                     |  | 50% up to MAC* |  |
| Major<br>Crowns, Bridges, Prosthodontics, Endodontics, Periodontics |  | 50%                     |  | 30% up to MAC* |  |
| Orthodontics (Medically Necessary)<br>(up to age 19**)              |  | 50%                     |  | 50%            |  |
| Orthodontics (Non-Medically Necessary)<br>(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)                            |  | \$1,500                 |  | \$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 Health Plans Life, Accident & Health, Inc. \*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.

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