

ARIZONA

Advantage Copay AZ-1

*Benefits apply to services by general and pediatric dentists only.**



| | |
|-------------------------------|-------------|
| Annual maximum, per person | Unlimited |
| Deductible, per person/family | \$25 / \$75 |

| | | In-Network Advantage-A/TDA PPO | Out-of-Network MAC** |
|--------|---|-----------------------------------|----------------------------|
| TYPE 1 | Preventive Care Oral exams, cleanings, x-rays, fluoride, sealants | 100% | See claim payment schedule |
| | Waiting period | None | |

| | | | |
|--------|--|--------------------|----------------------------|
| TYPE 2 | Basic Care Fillings, space maintainers, oral surgery | See copay schedule | See claim payment schedule |
| | Waiting period | 3 months | |

| | | | |
|--------|---|--------------------|----------------------------|
| TYPE 3 | Major Care Crowns, bridges, prosthodontics, endodontics, periodontics | See copay schedule | See claim payment schedule |
| | Waiting period | 3 months | |

Monthly Premium

| | |
|---------------|----------|
| Subscriber | \$38.10 |
| Subscriber +1 | \$74.40 |
| Subscriber +2 | \$103.70 |
| Subscriber +3 | \$147.80 |

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Provisions | Limitations | Exclusions

| | |
|---|---------------------------|
| Exams (including periodontal), cleanings, and fluoride | 2 per year |
| Fluoride | Up to age 19 |
| Sealants | Up to age 19 |
| Space maintainers | Up to age 19 |
| Bitewing x-rays | Up to 4, twice per year |
| Panoramic x-ray | 1 every 3 years |
| Impacted teeth | Covered in Type 2 - Basic |
| Anesthesia (age 8 and over for the extraction of impacted teeth only) | Covered in Type 3 - Major |
| Anesthesia (for children age 7 and under, once per year) | Covered in Type 3 - Major |
| Implants | Covered in Type 3 - Major |
| Crowns, pontics, abutments, onlays and dentures | 1 every 5 years per tooth |
| Fillings on the same surface | 1 every 18 months |

Tips for Getting Started

1. Watch for your EMI Health member ID card in the mail.
2. Create your online account at emihealth.com.
3. Use your preventive benefits — they're covered at 100% in-network with no waiting period.
4. Check that your provider is in-network before each visit at emihealth.com.



Please note:

* This plan covers services performed by general and pediatric dentists only. Specialists are not covered.

** All services are subject to EMI Health's Maximum Allowable Charge (MAC). If you use an out-of-network provider, you are responsible for any charges above the MAC.

- Orthodontic services are not covered under this plan.
- Copays and claim payments may change on January 1 each year.

This summary is for reference only. See your dental policy for full coverage details, limitations, and exclusions. Underwritten by EMI Health.