



Preferred Care

Individual, Family, Senior & Self-Employed Dental Plan

Underwritten and Managed by:

EMI Health | Total Dental Administrators Health Plan, Inc. (TDAHP)

Retain this document as your enrollment and Membership Plan Booklet

Section I: Plan Information

Welcome to EMI Health | TDA Preferred Care

EMI Health, through its TDA program, offers a comprehensive Prepaid Dental Plan that contracts with established private practicing dentists to provide you convenient, affordable, and quality dental care.

Plan Coverage Includes	Plan Advantages
Diagnostic	Orthodontics
Preventive	No deductibles
Restorative	No claim forms
Endodontics	No annual or lifetime benefit maximums
Periodontics	No industry exclusions
Prosthodontics	Covers pre-existing conditions (except procedures in progress)
Oral Surgery	Covers orthodontics (braces)
TMJ	Local service
Orthodontics	

Refer to the Schedule of Benefits and Copayments on the following pages for a detailed listing of covered procedures.

Low Monthly Rates

Enrollment in the plan is for 12 months and is renewable each year upon your plan anniversary date with continued premium payment(s). Benefits and rates are subject to change. Any notice of change in benefit coverage or premiums will be provided to you in writing with sixty (60) days' advance written notice. Please contact your broker or EMI Health if you have any questions.

Pre-Paid / DHMO Plan Premium	Monthly Installment
Individual	\$16.72
Individual + 1	\$28.47
Individual + 2 or more	\$44.16

How to Enroll

1. Complete the enclosed dental application. Include information about your spouse and/or child(ren) if you are applying for dependent coverage.
2. Select the general dental office you and your dependents wish to use from the Participating Provider Directory. You may obtain a directory by contacting your broker, by calling EMI Health, or by visiting emihealth.com/ProviderSearch.
3. All family members must receive care at the same general dental office. Each participating dental facility has a Provider Number listed to the left of the dental office. Be sure to use the Provider Number CODE to identify

your selection on the dental application. Return your dental application to your broker or to EMI Health for processing.

4. Premium payment is made to EMI Health. Monthly premium payment may be made by credit card (Visa, MasterCard, or Discover) or by checking account bank draft (electronic fund transfer / EFT).

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Sample Cost Comparison

The table below shows examples of how much you can save on common dental procedures with the Preferred Care plan. Actual savings vary by procedure and provider.

ADA Code	Procedure	Usual & Customary Fee*	Plan Copay	Savings (\$)	Savings (%)
PREVENTIVE / DIAGNOSTIC					
D0274	Bitewings, four images	\$8	\$8	\$76	90%
D0150	Initial oral exam	\$5	\$5	\$105	95%
D1110	Adult — prophylaxis (cleaning)	\$12	\$12	\$102	89%
D9430	Office visit	\$0	\$0	\$100	100%
RESTORATIVE					
D2140	Amalgam — one surface	\$205	\$15	\$190	93%
D2150	Amalgam — two surfaces	\$267	\$25	\$242	91%
D2330	Resin — one surface	\$208	\$35	\$173	83%
D2331	Resin — two surfaces	\$257	\$45	\$212	82%
CROWN & BRIDGE					
D2750	Crown, porcelain, high noble metal	\$1,275	\$625**	\$650	51%
D2950	Crown buildup, including any pins	\$335	\$85	\$250	75%
ENDODONTICS					
D3310	Root canal therapy — anterior	\$1,000	\$275	\$725	73%
D3330	Root canal therapy — molar	\$1,350	\$475	\$875	65%
ORAL SURGERY					
D7140	Extraction, erupted tooth or exposed roots	\$225	\$60	\$165	73%
D7220	Soft tissue impaction	\$385	\$120	\$265	69%
PROSTHETICS					
D5110	Complete upper or lower denture	\$2,102	\$800**	\$1,302	62%
D5212	Partial upper or lower denture	\$1,931	\$600**	\$1,331	69%
PERIODONTICS					
D4260	Osseous surgery, per quadrant	\$1,581	\$475	\$1,106	70%

* Usual fee is an average of dental fees throughout the state. Listed copayments include lab fees where marked **. Lab fees may vary; please ask your provider for details.

Dental Plan Information

This document explains the benefits, limitations, exclusions, provisions, and conditions of your coverage with EMI Health under the TDA Preferred Care plan. It specifies any rights to benefits you may have. If the information in this document can be interpreted differently from any other plan document, this document shall control. You may examine this document at any time, including before applying, by contacting your broker or EMI Health at:

EMI Health | TDA

5101 S. Commerce Dr., Murray, UT 84107

Phone: (800) 662-5851 | emihealth.com

Find a provider: emihealth.com/ProviderSearch

Customer Support: (800) 662-5851

Please read this document with care so that you have a full understanding of the plan and what it could mean to you and your family. This document is void and of no effect if you are not entitled to or have ceased to be entitled to the dental coverage.

Eligibility

- A. Individuals of any age who live, work, or reside within the state of Arizona and their eligible dependents may enroll in this Individual Prepaid / Dental HMO plan.
- B. Eligible dependents include your spouse and your child(ren) to age 26 (regardless of marital or student status), or a dependent age 26 or older who has been continuously covered under this plan and who, before age 26, was certified by a physician to be incapable of self-support because of physical or mental disability.
- C. Dependents of a subscriber who are in active military service are not eligible for coverage under the plan.

The eligibility of all covered persons for the purpose of receiving benefits under the plan shall, at all times, be contingent upon the applicable monthly premium payment having been made for such covered persons on a current basis.

Section II: Schedule of Benefits and Copays

Plan: TDA Preferred Care

ADA Code	Procedure Description	Copay
DIAGNOSTIC		
D0120	Periodic oral evaluation (2 every 12 months)	\$5
D0120	Periodic oral evaluation (additional)	\$15
D0140	Limited oral evaluation (problem focused)	\$15
D0145	Oral exam for patient under 3 years of age	\$5
D0150	Comprehensive oral exam (2 every 12 months)	\$5
D0150	Comprehensive oral exam (additional)	\$21
D0180	Comprehensive periodontal evaluation (2 every 12 months)	\$15
D0210	Intraoral — complete series of radiographic images (1 every 5 years)	\$12
D0220	Single periapical image	N/C
D0230	Periapical image: each additional image	N/C
D0270	Bitewing single image	N/C
D0272	Bitewings, two images (once in a 12-month period)	\$8
D0274	Bitewings, four images (once in a 12-month period)	\$8
D0277	Vertical bitewings 7 to 8 images (once in a 12-month period)	\$8
D0330	Panoramic image (1 every 5 years)	\$12
D0470	Diagnostic casts	N/C
D9310	Consultation	N/C
D9430	Office visit	N/C
PREVENTIVE		
D1110	Prophylaxis, adult (2 every 12 months)	\$12
D1110	Prophylaxis, adult (additional)	\$39
D1120	Prophylaxis, child (2 every 12 months)	\$12
D1120	Prophylaxis, child (additional)	\$27
D1206	Fluoride treatment (once in 12-month period to age 15)	\$2
D1310	Dietary planning	N/C
D1330	Preventive dental education, home care	N/C
D1351	Sealant, per tooth	\$15
D1510	Space maintainer — fixed unilateral	\$180
D1515	Space maintainer — fixed bilateral	\$185
D1520	Space maintainer — removable unilateral	\$180
D1525	Space maintainer — removable bilateral	\$200
D1550	Recement space maintainer	\$22
RESTORATIVE		
D2140	Amalgam — 1 surface, permanent	\$15
D2150	Amalgam — 2 surfaces, primary or permanent	\$25

ADA Code	Procedure Description	Copay
D2160	Amalgam — 3 surfaces, primary or permanent	\$35
D2161	Amalgam — 4 or more surfaces, primary or permanent	\$45
D2330	Resin — 1 surface anterior	\$35
D2331	Resin — 2 surfaces anterior	\$45
D2332	Resin — 3 surfaces anterior	\$60
D2335	Resin — 4 or more surfaces anterior	\$75
D2391	Resin — 1 surface posterior	\$50
D2392	Resin — 2 surface posterior	\$75
D2393	Resin — 3 surface posterior	\$85
D2394	Resin — 4 or more surfaces posterior	\$95
D2510–30	Inlay metallic, 1–4 surfaces	20% discount
D2542–44	Onlay metallic, 2–4 or more surfaces	20% discount
D2710	Acrylic (plastic) crown — lab processed	\$248
D2720–22	Acrylic with metal crown	\$465
D2740–52	Crown — porcelain	\$625
D2750	Crown — porcelain fused to high noble metal	\$625
D2751	Crown — porcelain fused with predominantly base metal	\$595
D2752	Crown — porcelain fused to noble metal	\$595
D2780–83	3/4 metal crown	\$650
D2790–92	Crown — full cast high noble metal	\$650
D2910–20	Recement crown, inlay, facing only	\$35
D2930	Stainless steel crown, primary tooth	\$125
D2932	Prefabricated resin crown	\$175
D2933	Prefabricated stainless steel crown with resin window	\$120
D2934	Prefabricated esthetic coated stainless steel crown — primary tooth	\$150
D2940	Sedative filling	\$35
D2950	Crown buildup, including any pins	\$85
D2951	Pin retention, per tooth	\$20
D2952	Cast post and core	\$135
D2954	Prefabricated post and core	\$135
D2960	Labial veneer laminate — chairside	\$350
D2980	Temporary crown (fractured tooth)	\$100
ENDODONTICS**		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered.</i>		
D3110/20	Pulp capping (direct, indirect)	\$20
D3220	Therapeutic pulpotomy	\$60
D3310	Root canal therapy — anterior	\$275
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$375
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$475

ADA Code	Procedure Description	Copay
D3346-48	Retreat previous RCT (anterior, premolar, molar)	20% discount
D3351-53	Apexification / recalcification (initial, interim, final)	20% discount
D3410	Apicoectomy per tooth (anterior only)	\$350
D3421	Apicoectomy per tooth (bicuspid)	\$400
D3425	Apicoectomy per tooth (molar)	\$450
D3426	Apicoectomy per tooth (each additional)	\$190
D3430	Retro fill, per tooth	\$95
D3450	Root amputation	\$195
D3920	Hemisection	\$165
PERIODONTICS**		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered.</i>		
D4210	Gingivectomy or gingivoplasty, per quadrant	\$265
D4211	Gingivectomy or gingivoplasty, per tooth	\$150
D4240	Gingival flap procedure incl. rt. planning, 4+ teeth	\$295
D4241	Gingival flap procedure incl. rt. planning, 1-3 teeth	\$175
D4260	Osseous surgery / quad (flap entry & closure), 4+ teeth	\$475
D4261	Osseous surgery / tooth (flap entry & closure), 1-3 teeth	\$250
D4320	Provisional splinting — intracoronal	\$150
D4321	Provisional splinting — extracoronal	\$125
D4341	Periodontal scaling & root planing, per quadrant, 4+ teeth	\$95
D4342	Periodontal scaling & root planing, per tooth, 1-3 teeth	\$70
D4355	Full-mouth debridement to enable comprehensive evaluation and diagnosis (sub visit)	\$75
D4381	Localized delivery of antimicrobial agents	\$75
D4910	Periodontal maintenance following active therapy	\$60
REMOVABLE PROSTHODONTICS		
D5110/20	Complete upper/lower dentures (3 adj. within 60 days)	\$800
D5130/40	Immediate upper/lower denture (4 adj. within 60 days)	\$825
D5211/12	Upper or lower partial — resin base	\$600
D5213/14	Upper or lower partial — cast metal base with resin saddles (incl. any conventional clasps, rests & teeth)	\$700
D5281	Removable unilateral partial denture	\$505
D5410/11	Adjust complete denture (maxillary, mandibular)	\$35 plus lab
D5421/22	Adjust partial denture (maxillary, mandibular)	\$35 plus lab
D5511/12	Repair broken complete denture base (mandibular, maxillary)	\$70 plus lab
D5520	Replace missing or broken teeth — complete denture (each tooth)	\$70 plus lab
D5611/12	Repair resin denture base (mandibular, maxillary)	\$70 plus lab
D5621/22	Repair cast framework (mandibular, maxillary)	\$70 plus lab
D5630	Repair or replace broken clasp — per tooth	\$70 plus lab
D5640	Replace broken teeth — per tooth	\$70 plus lab
D5650/60	Add to existing partial denture (tooth, clasp)	\$70 plus lab

ADA Code	Procedure Description	Copay
D5670/71	Replace all teeth and acrylic — cast metal	20% discount
D5710–21	Rebase (upper, lower, complete or partial)	\$150
D5730–41	Reline chairside (upper, lower, complete or partial)	\$125
D5750–61	Reline lab (upper, lower, complete or partial)	\$195
D5850	Tissue reconditioning per denture	\$25
FIXED PROSTHODONTICS		
D6010–95	Implant procedures	20% discount
D6100–99	Implant procedures continued	20% discount
D6210	Pontic — cast high noble metal	\$595
D6211	Pontic — cast predominantly base metal	\$575
D6212	Pontic — cast noble metal	\$575
D6240	Pontic — porcelain fused to high noble metal	\$595
D6241	Pontic — porcelain fused to predominantly base metal	\$575
D6242	Pontic — porcelain fused with noble metal	\$575
D6245	Porcelain ceramic pontic	\$595
D6250	Pontic — resin with high noble metal	\$595
D6251	Pontic — resin with predominantly base metal	\$575
D6252	Pontic — resin with noble metal	\$575
D6720	Retainer crown, resin with high noble metal	\$380
D6721	Retainer crown, resin with predominantly metal base	\$380
D6722	Retainer crown, resin with noble metal	\$495
D6740	Porcelain ceramic crown retainer	\$625
D6750	Retainer crown — porcelain fused with high noble metal	\$595
D6751	Retainer crown — porcelain fused with predominantly metal base	\$575
D6752	Retainer crown — porcelain fused with noble metal	\$575
D6780	Retainer crown — 3/4 cast with high noble metal	\$595
D6781	Retainer crown — 3/4 cast predominantly base metal	\$575
D6782	Retainer crown — 3/4 cast noble metal	\$575
D6783	Retainer crown — 3/4 porcelain/ceramic	\$595
D6790	Retainer crown — full cast high noble metal	\$595
D6791	Retainer crown — full cast predominantly base metal	\$575
D6792	Retainer crown — full cast noble metal	\$575
D6920	Connector bar	\$90
D6930	Recement bridge — per cemented unit	\$30
D6940	Stress breaker, simple	\$145
D6950	Precision attachment	\$260
D6980	Bridge repair	\$100
ORAL SURGERY**		
<i>Treatment from a plan specialist MUST be pre-approved by the plan PRIOR to any services rendered.</i>		

ADA Code	Procedure Description	Copay
D7111	Extraction, coronal remnants — primary tooth	\$50
D7140	Extraction, erupted tooth or exposed roots	\$60
D7210	Surgical extraction	\$90
D7220	Soft tissue impaction	\$120
D7230	Partial bony impaction	\$160
D7240	Complete bony impaction	\$190
D7250	Surgical root recovery	\$100
D7270	Tooth reimplantation & stabilization	\$220
D7280	Surgical exposure of impacted tooth	\$230
D7286	Biopsy of oral tissue — soft	\$175
D7310	Alveoloplasty / quad with extraction, 1–3 teeth	\$125
D7311	Alveoloplasty / quad with extraction, 4 or more teeth	\$85
D7320	Alveoloplasty / quad without extraction, 1–3 teeth	\$250
D7321	Alveoloplasty / quad without extraction, 4 or more teeth	\$135
D7471	Removal of exostosis — maxilla or mandible	\$500
D7510	Intraoral I & D or abscess	\$145
D7960	Frenectomy	\$230
ORTHODONTICS		
D8030	Limited ortho treatment (adolescent dentition)	\$2,900
D8040	Limited ortho treatment (adult dentition)	\$3,300
D8080	Comprehensive ortho treatment (adolescent dentition)	\$4,100
D8090	Comprehensive ortho treatment (adult dentition)	\$4,300
D8210	Removable appliance therapy	\$750
D8220	Fixed appliance therapy	\$750
D8660	Pre-ortho treatment visit	\$75
D8670	Periodic orthodontic treatment visit	\$125
D8680	Orthodontic retention — removal of appliance, construct and place retainer(s)	\$225
D8690	Orthodontic treatment (alter bill contract)	\$125
D8691	Repair of orthodontic appliance	\$75
D8692	Replacement of lost or broken retainer	\$175
D8693	Rebonding / recementing and/or repair as required of fixed retainers	\$75
D8999	Unspecified orthodontic procedure	20% discount
TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ)		
—	TMJ treatment	15–20% discount
OTHER SERVICES		
D9110	Emergency palliative treatment	\$20
D9222	Deep sedation / general anesthesia — first 15 minutes	\$110
D9223	Deep sedation / general anesthesia — each additional 15-minute increment	\$110
D9210	Local anesthetic	N/C

ADA Code	Procedure Description	Copay
D9230	Analgesia / nitrous oxide	\$40
D9310	Consultation	N/C
D9440	Office visit (after regular scheduled hours)	\$40
D9940	Nightguard — occlusal guard (limited to 1 in a 12-month period)	\$250
D9951	Occlusal adjustment — limited per visit	\$45
D9952	Occlusal adjustment — complete	\$250
D9972	Cosmetic bleaching, per arch	25% discount
D9973	Cosmetic bleaching, per tooth	25% discount
D9986	Missed / cancelled appointment (without 24 hours' notice)	\$25
D9999	Unspecified adjunctive procedure, by report	\$25

Special Limitations

This Schedule of Benefits and Copayments is for non-precious metals only. If gold is used, there will be an additional charge according to the current market value of gold. Procedures or services not listed will be provided at usual and customary fees.

* Specialty care services performed by a plan specialist (endodontist, periodontist, or oral surgeon), where available, are NOT provided at the listed copay within the Schedule of Benefits and Copays. The member shall instead be responsible to pay the plan specialist the participating provider's negotiated EMI Health | TDA fee schedule amount for the covered service.

** Orthodontic procedures or services not listed, including Invisalign® and Ortho Clear® braces, shall be provided at the dentist's regular fees. Orthodontic diagnostic x-rays, study models, or other related services are not covered if provided by an out-of-network radiology facility or any other type of out-of-network facility.

Plan Provisions

Section III: Copayments

The copay amounts listed in the Schedule of Benefits and Copays are payable by you directly to the dental office as treatment is received. You should discuss all future payments and costs before new appointments are made. The dental office staff will help you plan your dental treatment and payments.

Section IV: Specialty Care

If your selected dentist identifies a problem that is best treated by a specialist, he or she will refer you to a fully qualified dental specialist, where available, who participates in the EMI Health | TDA network.

Specialty care services performed by a plan specialist (endodontist, periodontist, or oral surgeon), where available, are NOT provided at the listed copay within the Schedule of Benefits and Copays. The member shall instead be responsible to pay the plan specialist the participating provider's negotiated EMI Health | TDA fee schedule amount for the covered service.

Section V: Effective Date of Coverage

- A. If enrollment information is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month.
- B. If a spouse and child(ren) are newly acquired through marriage and are to be covered by the member's dental plan, the member must notify EMI Health within thirty (30) days of the marriage. If notification is received prior to the twentieth (20th) day of the month, coverage will begin on the first day of the following month. If coverage for the spouse and child(ren) results in additional premium becoming due, coverage will begin on the first day of the month following receipt of revised premium payment agreement.
- C. Newborn natural children, adopted children, and the addition of children required to be covered under a court or administrative order are automatically covered from the child's date of birth, adoption, adoption placement, or court/administrative order, provided you have dependent coverage in force. However, you must notify EMI Health within sixty (60) days from the date of birth, adoption, placement, or court order for coverage to continue if coverage for the child results in additional premium becoming due. Family members who do not enroll during the initial enrollment period cannot enroll until the next annual open enrollment period.

Section VI: Participating Dental Offices

- A. Benefits Obtained from Plan Providers — Except for emergency care, benefits are available only from your selected plan provider.
- B. List of Plan Providers — You may obtain a current list of plan providers by calling EMI Health at (800) 662-5851 or visiting emihealth.com/ProviderSearch.
- C. Choosing a Plan Provider — You may choose any plan provider from the list. Upon request, EMI Health will assist you in selecting a plan dentist but may not recommend any particular dentist. All covered family members must go to the same plan provider. You must choose a plan provider at the time you enroll, and you must have a plan provider to receive benefits.
- D. Changing Plan Providers — You may change plan providers. If you notify EMI Health, in writing, by the twentieth (20th) day of the month, the change will be effective on the first of the following month. Should your plan provider stop participation, EMI Health reserves the right to temporarily transfer you to another plan provider until you inform us of your new provider selection.
- E. All plan providers (dentists) furnishing services to a member do so as independent contractors. EMI Health shall not be liable for any claim or demand for damages arising out of or in any manner connected with any injuries suffered by a member while receiving dental services.

Section VII: Emergency Care

A. You should attempt to obtain emergency care from your plan provider when you are within the area served by your designated plan provider. If you are seeking emergency care during normal business hours and your selected plan provider is not accessible, please contact EMI Health for assistance at (800) 662-5851.

B. If your plan provider is not accessible or when the emergency occurs outside the area served by your plan provider, you should seek emergency dental care from a licensed dental health professional to control bleeding, relieve pain (including local anesthesia), or eliminate acute infection. Medications prescribed by the dentist but obtained through a pharmacy are excluded. A written itemized statement for these services must be presented to EMI Health for reimbursement. If additional treatment is necessary, it must be done by your designated plan provider.

C. The maximum allowable reimbursement for a dental emergency is \$50.00 less any member costs that you would normally be charged for the procedure.

Section VIII: Scheduling an Appointment

After your plan becomes effective, you can schedule an appointment by contacting your selected participating provider. Your dentist will offer you an appointment generally within thirty (30) days of your call, or within 24 hours for emergency care. Most dental appointments are scheduled Monday through Friday during regular working hours. Each plan provider is an independent practitioner who establishes his or her own hours. Some have evening and/or weekend hours. Call your plan provider to ask about office hours and the availability of emergency dental services.

Section IX: Plan Identification Card

Although an ID card will be issued to you, it is not necessary in order to receive dental care from your plan provider. Your name will appear on an eligibility list, which is sent to your selected dentist each month.

Section X: Workers' Compensation Exclusion

Expenses for which payment is required under applicable workers' compensation statutes are not eligible for payment under this dental plan.

Section XI: Third-Party Exclusion

Expenses for services that are the result of an injury for which a third party is liable are not eligible for payment under this dental plan. This third-party liability exclusion does not apply to individuals who are or who have been victims of domestic violence. Individuals that provide counseling, shelter, protection, or other services to victims of domestic violence are also exempt from this third-party liability exclusion.

Section XII: Termination

Benefits under this plan shall cease upon any of the following events:

- A. On the date of the expiration of the period for which the last payment of the contract was made.
- B. On the date the plan contract terminates, if not renewed.

Section XIII: Dental Records

The dental records of the member and/or subscriber concerning services performed herein shall remain the property of the plan dentist.

Section XIV: Customer Service Inquiries

Customer Service is available by calling EMI Health at (800) 662-5851 during normal business hours (Monday through Friday, 9:00 AM to 5:00 PM Mountain Time). All Individual Dental Plan inquiries, including grievance procedures, are handled by EMI Health.

Section XV: Grievance and Appeal

A complaint is any oral or written expression of concern or dissatisfaction regarding a plan service or procedure, whether dental or non-dental in nature. In the event you have a complaint, an initial attempt should be made to resolve it by communicating with EMI Health's Customer Service Department. If a resolution cannot be reached in this manner, the following Formal Grievance and Appeal process should be used.

Section XVI: Formal Grievance and Appeal

Levels of Review: Members may ask EMI Health to review its decisions involving requests for service or requests to have claims paid. The Arizona State Legislature has established four levels of review. Companies that perform utilization review activities after services are provided (EMI Health is in this category) are not required to provide Level 1 and Level 2 reviews. Members have two levels of review available: Level 3, Formal Appeal, and Level 4, External, Independent Review.

Level 1. Expedited Dental Review — EMI Health is not required to perform this review because its utilization review activities are performed on services already provided.

Level 2. Informal Reconsideration — EMI Health is not required to perform this review because its utilization review activities are performed on services already provided.

Level 3. Formal Appeal

Level 4. External, Independent Review

To receive a Formal Grievance and Appeals Brochure, or to submit a request for Formal Appeal, send a written request to:

EMI Health | TDA

Grievance and Appeals Coordinator
5101 S. Commerce Dr., Murray, UT 84107
Phone: (800) 662-5851 | emihealth.com

Section XVII: Principal Exclusions and Limitations

1. Sealants are covered to age fifteen (15) and are limited to once per permanent molars only.
2. Periodontal treatment (sub-gingival curettage and root planing) is limited to four quadrants in any thirty-six (36) consecutive months.
3. Replacement of a restoration is covered only when it is dentally necessary.
4. Fixed bridgework shall be covered only when a partial cannot satisfactorily restore the case. If fixed bridges are used when a partial could satisfactorily restore the case, it is considered optional treatment.
5. Replacement of existing bridgework is covered only when it cannot be made satisfactory by repair.
6. Partial dentures are not to be replaced within any five (5) year period from the date of last placement, regardless of whether the last placement occurred while covered under this plan, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
7. Full upper and/or lower dentures are not to exceed one each in any five (5) year period from the date of last placement, regardless of whether the last placement occurred while covered under this plan. Replacement shall be provided by the plan for an existing full or partial denture only if it is unsatisfactory and cannot be made satisfactory by either relines or repair.
8. Denture relines are limited to two (2) in any year.
9. Services for injuries or conditions covered under Workers' Compensation or Employers' Liability laws are not covered.
10. Services of a pedodontist (children's dentist) are not covered except as provided herein.
11. Services that, in the opinion of the attending dentist, are not necessary for the patient's dental health are not covered.
12. Temporomandibular joint treatment (TMJ), except as provided herein.
13. Elective or cosmetic dentistry, except as provided herein.
14. Oral surgery requiring the setting of fractures or dislocations.
15. Orthognathic surgery or extractions solely for orthodontic purposes are not covered.
16. Treatment of malignancies, cysts, neoplasms, or congenital malformations, except congenital anomaly of a tooth or teeth covered from birth, adoption, or placement for adoption.
17. Dispensing of drugs is not covered.
18. Hospital charges of any kind are not covered.
19. Loss or theft of dentures or bridgework is not covered.
20. Any procedure of implantation or of an experimental nature (i.e., a service, procedure, drug, or treatment for a specific diagnosis from the appropriate governmental regulatory body) is not covered.
21. General anesthesia or IV/conscious sedation, except as provided herein.
22. Fees incurred for broken or missed appointments (without 24 hours' notice) are the member's responsibility.
23. Dental expenses incurred in connection with any dental procedure started prior to the effective date of coverage are the member's responsibility and are not covered.
24. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage are the member's responsibility and are not covered.
25. Any procedure performed for the purpose of correcting contour, contact, or occlusion, except as provided herein, is not covered.
26. Any procedure to correct tooth structure lost due to attrition, erosion, or abrasion.
27. Any procedure that is not specifically listed as a covered benefit is not covered.
28. Provider may refuse treatment to any patient who continually fails to follow a prescribed course of treatment.
29. Any dental treatment that, in the opinion of the plan's dental consultant, has a poor prognosis is not covered.
30. Night guard (occlusal guard) is limited to one each twenty-four (24) months.
31. Services performed by a dentist who is not a participating dentist are not covered, except for emergency care provided herein.

Orthodontic Plan Exclusions and Limitations

1. No benefits will apply for a treatment program that began before the member/subscriber enrolled in the orthodontic plan.
2. No benefits will apply for lost or broken appliances.
3. Extractions are not included as a benefit.
4. Additional fees, for which you are responsible, may be charged by the dentist for: (a) care required in excess of twenty-four (24) months from the time of banding; (b) gross non-cooperation; (c) accidents occurring during the period of treatment; (d) cases involving surgical orthodontics; (e) cases involving myofunctional therapy of TMJ.
5. If the member and/or subscriber relocates to an area and is unable to receive treatment from a member orthodontist, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the usual and customary fee of the orthodontist where the treatment is completed.
6. Choice of an orthodontist is limited to orthodontists participating in the plan or to orthodontists who will accept the fees outlined in the plan.
7. If the member and/or subscriber becomes ineligible for benefits under the plan for treatment, coverage under the plan ceases and it becomes the obligation of the member and/or subscriber to pay the remaining balance to the orthodontist.

For More Information

Call: (800) 662-5851

Monday through Friday, 9:00 AM to 5:00 PM MT

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— *Retain this document for your records* —