

ARIZONA

Premier PPO AZ-1

Plan Coverage

Annual maximum, per person	\$2,500
Deductible, per person/family	\$75 / \$225
Deductible applies to	Type 1, Type 2, Type 3

		In-Network Premier-A (Aetna)	Out-of-Network MAC*
TYPE 1	Preventive Care Oral exams, cleanings, x-rays, fluoride, sealants	100%	75% up to MAC
	Waiting period	None	

TYPE 2	Basic Care Fillings, space maintainers, oral surgery	75%	50% up to MAC
	Waiting period	6 months	

TYPE 3	Major Care Crowns, bridges, prosthodontics, endodontics, periodontics	50%	25% up to MAC
	Waiting period	6 months	
	Type 3 annual maximum, per person	\$1,250	

Monthly Premium

Subscriber	\$49.50
Subscriber +1	\$98.90
Subscriber +2	\$136.10
Subscriber +3	\$192.10

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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:

* 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.

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