

# DENTAL

## EMI HEALTH - CHOICE INDEMNITY DENTAL PLAN

	In-Network Advantage <u>Plus</u> Network	In-Network Premier Network	Out-of-Network*
<b>Deductible:</b> Individual / Family	None	\$50 / \$150	\$50 / \$150
<b>Plan Pays</b>			
<b>Preventive Services**</b> Routine Exams, Cleanings, Topical Fluoride, X-rays	Covered 100%	Covered 100%	Covered 100% up to R&C
<b>Basic Services**</b> Fillings, Oral Surgery, Endodontics, Periodontics, Sealants, Space Maintainers	80%	80% AD	80% AD up to R&C
<b>Major Services**</b> <i>Waiting Period: 12 Months</i> Crowns, Bridges, Dentures	50%	50% AD	50% AD up to R&C
<b>Annual Maximum Per Person</b>	\$2,000	\$1,500	
<b>Orthodontia</b> <i>Waiting Period: 12 Months</i> Children Ages 7-18 Adults	50% Discount Only	50% Discount Only	50% No Discount
<b>Orthodontic Lifetime Maximum</b>		\$1,200	

R&C: Reasonable & Customary charge. Based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services, or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by EMI.

\*You pay the difference between billed and allowed charges (R&C), if any. The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by an in-network provider. To receive the maximum benefits from the plan you should always use in-network providers. To find an in-network provider, visit <https://emihealth.com/ProviderSearch>

\*\* Limitations or exclusions may apply based on age, frequency, and more. Please see plan summary for details.



### DENTAL COST

EMI Health - Choice Indemnity Dental Plan	Employer Contribution Per Month	Employee Cost Per Pay Period (26)
Employee Only	\$32.50	\$3.75
Two-Party	\$54.17	\$6.25
Family	\$79.08	\$9.00