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**DENTAL COVERAGE**  
 BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

**OUTLINE OF COVERAGE**

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

**Group:** [ML Spas \(Plan #1635\)](#)  
**Plan:** **Choice PPO**  
**Underwritten & Administered by:** **Educators Health Plans Life, Accident & Health, a Utah Company**  
**Effective Date:** **1/1/2022**  
**Benefit Year:** **Calendar**  
**Plan Type:** **Contributory / Fully Insured**

	In-Network (Advantage <b>Plus</b> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	60% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	40% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only (Up to 25%)	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	N / A	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	Premier
<b>Provisions / Limitations / Exclusions</b>			
Exams (including Periodontal), Cleanings and Fluoride	2 per year		
Fluoride	Up to age 16		
Sealants	Up to age 16		
Space Maintainers	Up to age 16		
Bitewing X-Rays	Up to 4, twice per year		
Periapical X-Rays	6 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 / Implant Abutments	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		
* 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).			
** Anesthesia is not subject to waiting periods.			