Dental: Advantage Copay

Single - $24.00/month **Couple - $43.00/month**

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

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!

Plan	Senior Advantage Co-pay	
Network	**Advantage Network**	**Out-of-Network**
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	100%	*See Claim Payment Schedule
Type 2 - Basic Fillings	*See Copay Schedule	*See Claim Payment Schedule
Type 3 - Major Crowns, Bridges, Prosthodontics	*See Copay Schedule	*See Claim Payment Schedule
Type 4 - Orthodontics All Members (Discount)	Discount Only	No Coverage
Oral Surgery - (Type 2)	*See Copay Schedule	*See Claim Payment Schedule
Endodontics - (Type 3)	*See Copay Schedule	*See Claim Payment Schedule
Periodontics - (Type 3)	*See Copay Schedule	*See Claim Payment Schedule
Waiting Periods		
Type 1 - Preventive	None	
Type 2 - Basic	6 Month Waiting Period	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	N/A	
Deductible		
Per Person	$25.00	
Family Max	$75.00	
Deductible Applies To	Type 2 & Type 3	
Annual Maximum Per Person	No Maximum	
Orthodontic Lifetime Maximum	N/A	
Specialists	20% Discount	
Reimbursement Schedule	Advantage Fee Schedule	
Provisions / Limitations / Exclusions		
Exams (including Periodontal) and Cleanings	2 per year	
Fluoride	Not Covered	
Sealants	Not Covered	
Space Maintainers	Not Covered	
Vertical Bitewing X-Rays	Up to 4, twice per year	
Periapical X-Rays	6 per year	
Panoramix X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia (For the extraction of impacted teeth only)	Covered in Type 3 - Major	
Implants	Not Covered	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	

This policy is renewable or will continue in force at the Subscriber's option, as long as the Subscriber continues to pay all due premiums on a timely basis and meets the eligibility requirements as stated in the Policy. However, EMI Health may change the established premium rate, but only if the rate is changed for all policies of this form number. If the established premium rate changes, EMI Health will notify the Subscriber in writing at least 45 days before such change becomes effective.

All Services are subject to EMI Health Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

*Copay Schedule and Claims Payment Schedule will be mailed with EMI Health Member ID Card