

Introducing the Choice Dental Plan

EMI Health is pleased to offer the Choice Dental Plan, a coinsurance product that uses both the Advantage and Premier networks.

How does it work?

The Choice Dental Plan provides enrollees with the option of a richer benefit (lower deductible and coinsurance and higher annual maximum) when using the Advantage network, as well as the flexibility to use the broader Premier network. Under the Choice Dental Plan, the Advantage network takes precedence over the Premier network. Dentists who participate on both networks will be reimbursed according to the Advantage Plus fee schedule, based on the richer Advantage Plus benefits of the Choice Dental Plan design.

Patients will typically take advantage of the richer Advantage Plus benefits to receive more dental benefits throughout the year, since their out-of-pocket expenses will be less with lower coinsurance amounts and a higher annual maximum.

What does a typical benefit design look like?

A sample benefit grid is shown at right (actual benefits may vary by group).

How can I identify a patient with the Choice Dental Plan?

All EMI Health members receive identification cards that identify their plans by name similar to the one shown.

	In-Network (Advantage Plus Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100%
Type 2 - Basic Fillings, Oral Surgery	90%	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	50%	50%
Type 4 - Orthodontics Dependent children up to age (19) Adults	50%	50%	50%
Orthodontic Discount (All Members)	No Coverage 25% Discount	No Coverage 25% Discount	No Coverage 50%
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Specialists	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods	Paid same as General Dentists		
Deductible	None		
Per Person	None		
Family Max	None		
Deductible Applies To	In and Out of Network Deductibles are Combined		
Annual Maximum Per Person	\$0.00	\$50.00	\$150.00
Orthodontic Lifetime Maximum	\$2,000.00	Type 2 & Type 3	\$1,000.00
Network / Reimbursement Schedule	All maximums are combined up to limits above		
Provisions / Limitations / Exclusions	Advantage Plus	Premier	Premier
Exams (including Periodontal), Cleanings and Fluoride			
Fillings			
Sealants			
Space Maintainers			
Oral Surgery			
Impacted Teeth			2 per year Up to age 16 Up to age 16 Up to age 16 Up to 4, twice per year 6 per year
Extraction of Impacted Teeth			1 every 3 years Covered in Type 2 - Basic Covered in Type 3 - Major Covered in Type 3 - Major Not Covered 1 every 5 years per tooth 1 every 18 months

