EMI HEALTH

2025 Texas Individual Plan Dental Comparison

	Premier PPO (High)		Premier PPO (Low)		Ultimate Value Advantage Copay		Advantage PPO	
Network	Premier	Out-of-Network	Premier	Out-of-Network	Advantage	Out-of-Network	Advantage Plus	Out-of-Network
Preventive (Type 1)	100%	100% up to MAC*	100%	100% up to MAC*	100%	100%	100%	75% up to MAC*
Basic (Type 2)	80%	80% up to MAC*	50%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	50%	50% up to MAC*
Major (Type 3)	50%	50% up to MAC*	50%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
Orthodontics (Type 4) Children up to age 19	50%	50%	Discount Only	No Coverage	Discount Only	No Coverage	Discount Only	No Coverage
Adults	Discount Only	No Coverage	Discount Only	No Coverage	N/A	N/A	Discount Only	No Coverage
Oral Surgery (Type 2)	80%	80% up to MAC*	50%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	50%	50% up to MAC*
Endodontics (Type 3)	50%	50% up to MAC*	50%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
Periodontics (Type 3)	50%	50% up to MAC*	50%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
	Waiting Period		**Waiting Period**		**Waiting Period**		**Waiting Period**	
Preventive	No Waiting		No Waiting		No Waiting		No Waiting	
Basic	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period	
Major	15 Month Waiting Period		18 Month Waiting Period		12 Month Waiting Period		12 Month Waiting Period	
Orthodontics	24 Month Waiting Period		N/A		N/A		N/A	
	Deductible		**Deductible**		**Deductible**		**Deductible**	
Per Person	$25.00		$50.00		**$25.00**		$100.00	
Family Max	$75.00		$150.00		**$75.00**		$300.00	
Deductible Applies to	Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3	
	Annual Maximum		**Annual Maximum**		**Annual Maximum**		**Annual Maximum**	
Major (Type 3) Per Person	$750		$500		**UNLIMITED**		$500	
Per Person	$1,500		$1,000		**UNLIMITED**		$1,000	
Orthodontic Lifetime	$1,000		N/A		N/A		N/A	
COST per month								
Subscriber	**$44.80**		**$35**		**$30.40**		**$24.50**	
Subscriber +1	**$84.00**		**$65.80**		**$56.00**		**$46.10**	
Subscriber +2	**$110.60**		**$86.80**		**$73.60**		**$60.80**	
Subscriber +3	**$137.20**		**$107.80**		**$92.80**		**$75.50**	
Subscriber +4 or more	**$187.60**		**$145.60**		**$129.60**		**$101.90**	

For more details go to emihealth.com/individual/Plans/TX or info.emihealth.com/texas-individual-family-plans

*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 (MA
Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions.