



**Group:** Edge Building Services, Inc. (Plan #4302)  
**Plan:** **Summit Plus PPO**  
**Underwritten & Administered by:** **EMI Health**  
**Plan Type:** **Voluntary / Fully Insured**  
**Effective Date:** **1/1/2026**  
**Benefit Year:** **Calendar**

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>100%</b>	<b>100% up to MAC*</b>
<b>Type 2 - Basic</b> Fillings, Oral Surgery	<b>80%</b>	<b>80% up to MAC*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>50%</b>	<b>50% up to MAC*</b>
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	<b>50%</b>	<b>50%</b>
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	12 Month Waiting Period	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$50.00	\$50.00
Family Max	\$150.00	\$150.00
<b>Deductible Applies To</b>	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,500.00	
<b>Orthodontic Lifetime Maximum</b>	\$2,000.00	
<b>Network / Reimbursement Schedule</b>	Premier C-Plus	MAC
<b>Monthly Rates</b>		
Employee	\$38.00	
Employee + Spouse	\$79.20	
Employee + Child(ren)	\$86.40	
Employee + Spouse + Child(ren)	\$128.90	
<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	Not Covered	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.		
* 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.		