

2017 Individual Marketplace Dental

UTAH

CHOICE PPO (HIGH)

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		In-Network (Advantage Network) 2,000+ Providers	In-Network (Premier Network) 2,500+ Providers	Out-of-Network Unlimited Providers
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride		100%	100%	100%
<b>Type 2 - Basic</b> Fillings, Oral Surgery		80%	80%	80%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics		50%	50%	50%
<b>Type 4 - Orthodontics</b> Children (up to age 19)		50%	50%	50%
<b>Specialists</b>		Paid Same As General Dentist		
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic Type 3 - Major		None 6 Month Waiting Period 15 Month Waiting Period		
Type 4 - Orthodontics		24 Month Waiting Period		
<b>Deductible</b> (Applies to Type 1, 2 & 3) Per Person		\$25	\$50	\$50
Family Max		\$75	\$150	\$150
<b>Type 3 - Major Annual Maximum</b>		\$750		
<b>Annual Maximum per Person</b>		\$1,500	\$1,000	
<b>Orthodontic Lifetime Maximum</b>		\$1,000		
<b>Pediatric EHB Annual Maximum</b>		No Maximum		
<b>Pediatric Individual EHB Out-of-Pocket</b>		\$350		
<b>Pediatric Family EHB Out-of-Pocket Maximum</b>		\$700		

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Co-Pays/Claim Payments are subject to change January 1st of each year. Underwritten by EMI Health.