

2017 Individual Marketplace Dental

UTAH

ADVANTAGE CO-PAY

		ADVANTAGE CO-PAY	
		In-Network (Advantage Network) 2,000+ Providers	Out-of-Network Unlimited Providers
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride		100%	See Co-Pay Schedule
Type 2 - Basic Fillings, Oral Surgery		See Co-Pay Schedule	
Type 3 - Major Crowns, Bridges, Prosthodontics		See Co-Pay Schedule	
Type 4 - Orthodontics Children (up to age 19)		Up to 25% Discount	No Coverage
Specialists		20% Discount (Pediatric - See Co-pay Schedule)	
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major		None 6 Month Waiting Period 12 Month Waiting Period	
Type 4 - Orthodontics		N/A	
Deductible (Applies to Type 1, 2 & 3) Per Person		\$25	
Family Max		\$75	
Type 3 - Major Annual Maximum		N/A	
Annual Maximum per Person		No Maximum	
Orthodontic Lifetime Maximum		N/A	
Pediatric EHB Annual Maximum		No Maximum	
Pediatric Individual EHB Out-of-Pocket		\$350	
Pediatric Family EHB Out-of-Pocket Maximum		\$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.