

2018 SMALL GROUP EXCHANGE DENTAL

UTAH

PREMIER 100

	In Network	Out Of Network
Type 1 - Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	100%
Type 2 - Basic Fillings, Oral Surgery	See Member Schedule (Discount Only)	No Coverage
Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics	No Coverage No Coverage 25% Discount	No Coverage No Coverage No Discount
Type 4 - Orthodontics Dependent Children (up to age 19) Adults Orthodontic Discount (All Members)	Paid Same As General Dentist	
Specialists	None None None	
Waiting Periods Type 2 - Basic Type 3 - Major Type 4 - Orthodontics	In and Out of Network Deductibles are Combined	
Deductible (Adults & dependents age 19+)	\$0	\$0
Per Person	\$0	\$0
Family Max	In and Out of Network Deductibles are Combined	
Deductible (Dependents to age 19, applies to Type 1)	\$25.00	\$25.00
Per Person	\$75.00	\$75.00
Family Max	None	
Annual Maximum Per Person	N/A	
Orthodontic Lifetime Maximum	None	
Pediatric EHB Annual Max	\$350.00	
Pediatric Individual EHB Out-of-Pocket Max	\$700.00	
Pediatric Family EHB Out-of-Pocket Max		
Network / Reimbursement Schedule	Premier	Premier

Benefits illustrated are in summary only. Refer to your Dental Handbook 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 Educators Health Plans Life, Accident & Health.