

## 2018 SMALL GROUP EXCHANGE DENTAL

## UTAH

### PREMIER 100-80

|   | In Network  | Out Of Network                            |
|---|---|---|
| <b>Type 1 - Preventive</b><br>Oral Exams, Cleanings,<br>Sealants, X-rays, Fluoride  | 100%  | 100%                                      |
| <b>Type 2 - Basic</b><br>Fillings, Oral Surgery   | 80%   | 80%                                       |
| <b>Type 3 - Major</b><br>Crowns, Bridges, Endodontics,<br>Periodontics, Prosthodontics  | See Member<br>Schedule<br>(Discount Only)   | No Coverage                               |
| <b>Type 4 - Orthodontics</b><br>Dependent Children (up to age 19)<br>Adults<br>Orthodontic Discount (All Members)             | No Coverage<br>No Coverage<br>25% Discount  | No Coverage<br>No Coverage<br>No Discount |
| <b>Specialists</b>  | Paid Same As General Dentist  |   |
| <b>Waiting Periods</b><br>Type 2 - Basic<br>Type 3 - Major<br>Type 4 - Orthodontics   | None<br>None<br>None  |   |
| <b>Deductible</b><br>(Adults & dependents age 19+)<br>Per Person<br>Family Max  | In and Out of Network Deductibles<br>are Combined<br>\$0   \$0<br>\$0   \$0                 |   |
| <b>Deductible</b><br>(Dependents to age 19, applies to Type 1 & 2)<br>Per Person<br>Family Max                                | In and Out of Network Deductibles<br>are Combined<br>\$25.00   \$25.00<br>\$75.00   \$75.00 |   |
| <b>Annual Maximum<br/>Per Person</b>  | None  |   |
| <b>Orthodontic<br/>Lifetime Maximum</b>   | N/A   |   |
| <b>Pediatric EHB Annual Max</b><br>Pediatric Individual<br>EHB Out-of-Pocket Max<br>Pediatric Family<br>EHB Out-of-Pocket Max | None<br>\$350.00<br>\$700.00  |   |
| <b>Network / Reimbursement<br/>Schedule</b>   | 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.