

## 2018 SMALL GROUP EXCHANGE DENTAL

## UTAH

### PREMIER 100-80

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