

2018 Individual Marketplace Dental

UTAH

CHOICE PPO

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		Advantage Network	Premier Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Sealants X-rays, Fluoride		100%	100%	100%
Type 2 - Basic Fillings, Space Maintainers, Oral Surgery		80%	70%	70%
Type 3 - Major Crowns, Bridges, Prosthodontics		50%	50%	50%
Type 4 - Orthodontics Children (up to age 19)		Up to 25% Discount	Up to 25% Discount	No Coverage
All Members (Discount)		Up to 25% Discount	Up to 25% Discount	No Discount
Specialists		Paid Same As General Dentist		
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major		None		
Type 4 - Orthodontics		6 Month Waiting Period		
		18 Month Waiting Period		
		N/A		
Deductible (Applies to Type 1, 2 & 3) Per Person		\$25	\$50	\$50
Family Max		\$75	\$150	\$150
Type 3 - Major Annual Maximum		\$500		
Annual Maximum per Person		\$1,500	\$1,000	
Orthodontic Lifetime Maximum		No Coverage (Eligible for up to 25% Discount)		
Pediatric EHB Annual Maximum		No Maximum		
Pediatric Individual EHB Out-of-Pocket Maximum		\$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. Underwritten by EMI Health.