

2018 SMALL GROUP EXCHANGE DENTAL

UTAH

PREMIER CO-PAY

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