

2018 SMALL GROUP EXCHANGE DENTAL

UTAH

CHOICE PPO

	In Network (Advantage Plus)	In Network (Premier)	Out Of Network
Type 1 - Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	100%	100%
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80%
Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics Dependent Children (up to age 19) Adults Orthodontic Discount (All Members)	50% No Coverage 25% Discount	50% No Coverage 25% Discount	50% No Coverage No Discount
Specialists	Paid Same As General Dentist		
Waiting Periods Type 2 - Basic Type 3 - Major Type 4 - Orthodontics	None 12 Month Waiting Period 12 Month Waiting Period		
Deductible (Adults & dependents age 19+ Type 2 & 3) Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
Deductible (Dependents to age 19, applies to type 1,2 &3) Per Person	\$25.00	\$50.00	\$50.00
Family Max	\$75.00	\$150.00	\$150.00
Annual Maximum Per Person All maximums are combined up to limits above	\$2,000.00	\$1,000.00	
Orthodontic Lifetime Maximum	\$1,000.00		
Pediatric EHB Annual Max	None		
Pediatric Individual EHB Out-of-Pocket Max	\$350.00		
Pediatric Family EHB Out-of-Pocket Max	\$700.00		
Network / Reimbursement Schedule	Advantage Plus	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.

Underwritten by Educators Health Plans Life, Accident & Health.