

**2017 Individual Marketplace Dental**

**UTAH**

**CHOICE PPO**

	<b>CHOICE PPO</b>		
	<b>In-Network</b> (Advantage Network) 2,000+ Providers	<b>In-Network</b> (Premier Network) 2,500+ Providers	<b>Out-of-Network</b> Unlimited Providers
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100%
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	70%	70%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> Children (up to age 19)	Up to 25% Discount	Up to 25% Discount	No Discount
<b>Specialists</b>	Paid Same As General Dentist		
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 18 Month Waiting Period		
Type 4 - Orthodontics	N/A		
<b>Deductible</b> (Applies to Type 1, 2 & 3) Per Person	\$25	\$50	\$50
Family Max	\$75	\$150	\$150
<b>Type 3 - Major Annual Maximum</b>	\$500		
<b>Annual Maximum per Person</b>	\$1,500	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	\$1,000		
<b>Pediatric EHB Annual Maximum</b>	None		
<b>Pediatric Individual EHB Out-of-Pocket</b>	\$350		
<b>Pediatric Family EHB Out-of-Pocket Maximum</b>	\$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. Co-Pays/Claim Payments are subject to change January 1st of each year. Underwritten by EMI Health.*