

## 2017 SMALL GROUP EXCHANGE DENTAL

## UTAH

### CHOICE PPO

	In-Network (Advantage Plus) 1,600 Providers	In-Network (Premier) 2,100 Providers	Out-Of Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100%
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50%
<b>Type 4 - Orthodontics</b> Adult & Dependent Children (up to age 19)	50%	50%	50%
Orthodontic Discount (All Members)	25% Discount	25% Discount	No Coverage
<b>Specialists</b>	You Pay Same As General Dentist		
<b>Waiting Periods</b> Type 2 - Basic Type 3 Major	None 12 Month Waiting Period		
Type 4 - Orthodontics	12 Month Waiting Period		
<b>Deductible</b> (Adults & dependents age 19+, applies to type 2 & 3) Per Person	\$0	\$50	\$50
Family Max	\$0	\$150	\$150
<b>Deductible</b> (Dependents to age 19, applies to type 1,2 & 3) Per Person	\$25	\$50	\$50
Family Max	\$75	\$150	\$150
<b>Annual Maximum Per Person</b>	\$2,000	\$1,000	
<b>Orthodontic Lifetime Maximum</b>	\$1,000		
<b>Pediatric EHB Annual Max</b>	None		
Pediatric Individual EHB Out-of-Pocket Max	\$350		
Pediatric Family EHB Out-of-Pocket Max	\$700		
<b>Network / Reimbursement Schedule</b>	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. Co-Pays/Claim Payments are subject to change January 1st of each year.

Underwritten by Educators Health Plans Life, Accident & Health.