

2017 SMALL GROUP EXCHANGE DENTAL

UTAH

PREMIER CO-PAY

	In Network	Out Of Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	See Claim Payment Schedule
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	
Type 3 - Major Crowns, Bridges, Prosthodontics		
Type 4 - Orthodontics Adult & Dependent Children (up to age 19)	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	No Coverage
Specialists	You Pay Same As General Dentist	
Waiting Periods Type 2 - Basic Type 3 Major	None None	
Type 4 - Orthodontics	N/A	
Deductible (Adults & dependents age 19+)	In and Out of Network Deductibles are Combined	
Per Person	\$0	\$0
Family Max	\$0	\$0
Deductible (Dependents to age 19, applies to type 1,2 &3)		
Per Person	\$25	\$25
Family Max	\$75	\$75
Annual Maximum Per Person	None	
Orthodontic Lifetime Maximum	N/A	
Pediatric EHB Annual Max	None	
Pediatric Individual EHB Out-of-Pocket Max	\$350	
Pediatric Family EHB Out-of-Pocket Max	\$700	
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.