

2017 SMALL GROUP EXCHANGE DENTAL

UTAH

CHOICE INDEMNITY

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

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.