

## 2018 SMALL GROUP EXCHANGE DENTAL

## UTAH

### ADVANTAGE CO-PAY

	In Network	Out Of Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	
<b>Type 3 - Major</b> Crowns, Bridges, Endodontics, Periodontics, Prosthodontics	No Coverage No Coverage 25% Discount	No Coverage
<b>Type 4 - Orthodontics</b> Dependent Children (up to age 19) Adults Orthodontic Discount (All Members)		
<b>Specialists</b>	20% Discount Only (Pediatric - See Co-Pay Schedule)	
<b>Waiting Periods</b> Type 2 - Basic Type 3 - Major Type 4 - Orthodontics	None None N/A	
<b>Deductible</b> (Adults & dependents age 19+ Type 2 & 3) Per Person Family Max	In and Out of Network Deductibles are Combined \$0   \$0 \$0   \$0	
<b>Deductible</b> (Dependents to age 19, applies to type 1,2 &3) Per Person Family Max	\$25.00   \$25.00 \$75.00   \$75.00	
<b>Annual Maximum Per Person</b>	None	
<b>Orthodontic Lifetime Maximum</b>	N/A	
<b>Pediatric EHB Annual Max</b>	None	
Pediatric Individual EHB Out-of-Pocket Max	\$350.00	
Pediatric Family EHB Out-of-Pocket Max	\$700.00	
<b>Network / Reimbursement Schedule</b>	Advantage	Advantage

**\*\*All of the benefits outlined above are for services received from general dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists.**

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.