

2018 Individual Marketplace Dental

UTAH

ADVANTAGE CO-PAY

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Advantage Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, Sealants X-rays, Fluoride	See Claim Payment Schedule
Type 2 - Basic Fillings, Space Maintainers, Oral Surgery	
Type 3 - Major Crowns, Bridges, Prosthodontics	See Claim Payment Schedule
Type 4 - Orthodontics Children (up to age 19)	No Coverage
All Members (Discount)	No Discount
Specialists	No Coverage
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 12 Month Waiting Period
Type 4 - Orthodontics	N/A
Deductible [Applies to Type 1, 2 & 3] Per Person	\$25
Family Max	\$75
Type 3 - Major Annual Maximum	No Maximum
Annual Maximum per Person	No Maximum
Orthodontic Lifetime Maximum	N/A
Pediatric EHB Annual Maximum	No Maximum
Pediatric Individual EHB Out-of-Pocket Maximum	\$350
Pediatric Family EHB Out-of-Pocket Maximum	\$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.