

2018 SMALL GROUP EXCHANGE DENTAL

UTAH

ADVANTAGE PLUS PPO

	In Network	Out Of Network
Type 1 - Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	100%
Type 2 - Basic Fillings, Oral Surgery	80%	80%
Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics	50%	50%
Type 4 - Orthodontics Dependent Children (up to age 19) Adults Orthodontic Discount (All Members)	50% No Coverage 25% Discount	50% No Coverage No Discount
Specialists	Paid Same As General Dentist	
Waiting Periods Type 2 - Basic Type 3 - Major Type 4 - Orthodontics	None 12 Month Waiting Period 12 Month Waiting Period	
Deductible (Adults & dependents age 19+ Type 2 & 3) Per Person Family Max	\$50.00 \$150.00	\$50.00 \$150.00
Deductible (Dependents to age 19, applies to type 1,2 &3) Per Person Family Max	\$20.00 \$60.00	\$20.00 \$60.00
Annual Maximum Per Person	\$1,000.00	
Orthodontic Lifetime Maximum	\$1,000.00	
Pediatric EHB Annual Max	None	
Pediatric Individual EHB Out-of-Pocket Max	\$350.00	
Pediatric Family EHB Out-of-Pocket Max	\$700.00	
Network / Reimbursement Schedule	Advantage Plus	Advantage Plus

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.

Underwritten by Educators Health Plans Life, Accident & Health.