

Single - \$6.00
 Couple - \$9.00

DENTAL-VALUE OPTION

DENTAL COVERAGE BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

The program provides discounts only at certain dental care providers for dental care services. The Program holder is obligated to pay for all dental care services, but will receive a discount from those dental care providers who have contracted with the program.

Plan	Value
	In-Network only
Type 1 - Preventive Oral Exams, Cleanings, X-Rays	Up to 70% Savings (Discount Only)
Type 2 - Basic Fillings	Up to 60% Savings (Discount Only)
Type 3 - Major Crowns, Bridges, Prosthodontics	Up to 50% Savings (Discount Only)
Type 4 - Orthodontics Adults	*Up to 25% Discount

Endodontics	Up to 50% Savings (Discount Only)
Periodontics	Up to 50% Savings (Discount Only)
Sealants	Up to 60% Savings (Discount Only)
Space Maintainers	Up to 60% Savings (Discount Only)

Specialists	20% Discount
-------------	--------------

Waiting Periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None

Deductible	
Per Person	\$0.00
Family Max	\$0.00
Deductible Applies To	N / A

Annual Maximum Per Person	N / A
Orthodontic Lifetime Maximum	N / A
Network / Reimbursement Schedule	Value

The program provides discounts only at certain health care providers for health care services. The Program holder is obligated to pay for all health care services, but will receive a discount from those health care providers who have contracted with the program.

*The discount shown is for participating orthodontists in Utah. Discounts may vary outside of Utah.

Copay schedule for discounts will be mailed with EMI Health Member ID Card