

Utah: Individual & Family Dental Plan Comparison



	Choice PPO High Plan			Choice PPO Low Plan			Advantage Co-Pay Plan		Value Discount	Complete Care DHMO	
	In-Network (Advantage Plus)	In-Network (Premiere Plus)	Out-of-Network	In-Network (Advantage Plus)	In-Network (Premier Network)	Out-of-Network	In-Network (Advantage Plus)	Out-of-Network	Value Network Only	In-Network (DHMO Network)	
Services											
Type 1- Preventative	100%	100%	100%	100%	100%	80%	100%	See Claim Payment Schedule	Up to 70% Discount	See Co-Pay Schedule	
Type 2- Basic	80%	80%	80%	80%	70%	70%	See Co-Pay Schedule		Up to 60% Discount	See Co-Pay Schedule	
Type 3- Major	50%	50%	50%	50%	50%	50%			Up to 50% Discount	See Co-Pay Schedule	
Type 4- Orthodontics <small>Children (up to age 19)</small>	50%	50%	50%	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	Discount Only	
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount	Up to 25% Discount	Up to 25% Discount	No Discount	Up to 25% Discount	No Discount	Up to 25% Discount	Discount Only	
Specialists	Paid Same As General Dentist			Paid Same As General Dentist			20% Discount	No Coverage	20% Discount	Discount Only	
Waiting Period											
Type 1- Preventative	None			None			None		None	None	
Type 2- Basic	6 Month Waiting Period			6 Month Waiting Period			6 Month Waiting Period		None		
Type 3- Major	15 Month Waiting Period			18 Month Waiting Period			12 Month Waiting Period		None		
Type 4- Orthodontics	24 Month Waiting Period			Not Applicable			Not Applicable		None		
Deductible											
Individual	\$25	\$50	\$50	\$25	\$50	\$75	\$25		None	None	
Family Max	\$75	\$150	\$150	\$75	\$150	\$225	\$75		None		
Maximums											
Major Annual Max	\$750			\$500			No Maximum		Not Applicable		
Annual Max Per Person	\$1,500	\$1,000		\$1,500	\$1,000		No Maximum		None		
Orthodontic Lifetime Max <small>Medically Necessary/Not Medically Necessary</small>	\$1,000			Not Applicable			Not Applicable		Not Applicable		
Network/Reimbursement Schedule	Advantage	Premier	Premier	Advantage	Premier	Premier	Advantage	Advantage	Value		
Monthly Affinity Rates	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		\$32 \$60 \$79 \$98 \$134	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		\$25 \$47 \$62 \$77 \$104	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		\$19 \$35 \$46 \$58 \$81	Participant Participant +1 or more	\$5 \$9

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 Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC). Underwritten by EMI Health.