



Utah: Individual Dental Plan Comparison



	CHOICE PPO HIGH PLAN			CHOICE PPO PLAN			ADVANTAGE PPO PLAN		ADVANTAGE COPAY PLAN		Complete Care DHMO	
	Advantage Network	Premier Network	Out of Network	Advantage Network	Premier Network	Out of Network	Advantage Network	Out of Network	Advantage Network	Out of Network	DHMO Network	Out of Network
Services												
Preventive	100%	100%	100% up to MAC	100%	100%	100% up to MAC	100%	100% up to MAC	100%	See Claim Payment Schedule	100%	None
Basic	80%	80%	80% up to MAC	80%	70%	70% up to MAC	50%	50% up to MAC	See CoPay Schedule		80%	None
Major	50%	50%	50% up to MAC	50%	50%	50% up to MAC	25%	25% up to MAC			50%	None
Orthodontics Children (up to age 19)	50%	50%	50%	Up to 25% Discount	Up to 25% Discount	No Coverage	Up to 25% Discount	No Coverage	Up to 25% Discount	No Coverage	25%	None
All Members (Discount)	Up to 25% Discount	Up to 25% Discount	No Coverage	Up to 25% Discount	Up to 25% Discount	No Discount	Up to 25% Discount	No Discount	Up to 25% Discount	No Discount	Up to 25% discount	None
Specialists	Paid Same As General Dentist			Paid Same As General Dentist			Paid Same As General Dentist		20% Discount (Pediatric: See Co-Pay Schedule)	No Coverage	Discount from Provider Fee	
Waiting Periods												
Preventive	None			None			None		None		None	
Basic	6 Month Waiting Period			6 Month Waiting Period			6 Month Waiting Period		6 Month Waiting Period			
Major	15 Month Waiting Period			18 Month Waiting Period			12 Month Waiting Period		12 Month Waiting Period			
Orthodontics	24 Month Waiting Period			Not Applicable			Not Applicable		Not Applicable			
Deductible												
Individual	\$25	\$50	\$50	\$25	\$50	\$50	\$100		\$50		None	
Family Max	\$75	\$150	\$150	\$75	\$150	\$150	\$300		\$150			
Maximums												
Major Annual Max	\$750			\$500			\$500		No Maximum		None	
Annual Max per Person	\$1,500	\$1,000		\$1,500	\$1,000		\$1,000		No Maximum			
Orthodontic Lifetime Max (Medically / Non Medically Necessary)	\$1,000			No Coverage (Eligible for up to 25% Discount)			Not Applicable		Not Applicable			
Pediatric EHB Annual Max	No Maximum			No Maximum			No Maximum		No Maximum			
Pediatric Individual EHB Out-of-Pocket Max	\$350			\$350			\$350		\$350			
Pediatric Family EHB Out-of-Pocket Max	\$700			\$700			\$700		\$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 Maximum Allowable Charge (MAC). 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.

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