



Advantage Copay

This plan is a great fit if you're looking for exceptional value and predictable costs.

With straightforward, upfront pricing through a detailed copay schedule—including major services like crowns, implants, and dentures—you'll know exactly what to expect. There's no annual maximum and no surprises.

Key Benefits at a Glance

- No annual maximum
- Fixed copays for all services
- Preventive coverage on Day 1
- Comprehensive benefits at an unbeatable price
- Includes an orthodontic discount

Monthly Premiums

- Individual: \$24
- Subscriber + 1: \$45
- Subscriber + 2: \$61
- Subscriber + 3 (or more): \$88

HOW IT WORKS

Unlimited annual maximum.

Copays instead of percentages.

Your care is fully covered when delivered by a trusted, in-network general dentist.

NETWORK INFORMATION

Advantage Network with over 3,000+ providers in Utah.

Copays apply in-network only.

WAITING PERIODS

Preventive: 100%, no waiting period

Basic: Copay with 3 month waiting period

Major: Copay with 6 month waiting period

THINGS TO KNOW

Limited implant coverage.

To get the best value from your benefits, use in-network providers.

Waiting periods may be reduced or waived with proof of prior credible coverage.

Sample Copays for Common Services

- Exam: \$0
- Cleaning: \$0
- Filling: \$35-\$40
- Extraction: \$60
- Crown: \$375
- Root Canal: \$295

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions.

COVERAGE OVERVIEW

Advantage Copay

| | ADVANTAGE | OUT-OF-NETWORK |
|---|--------------------------------|----------------------------|
| SERVICES | | |
| Preventative (Type 1) Oral exams, cleanings, X-rays, fluoride, sealants | 100% | See Claim Payment Schedule |
| Basic (Type 2) Fillings, space maintainers | See Co-Pay Schedule | See Claim Payment Schedule |
| Major (Type 3) Crown, bridges, prosthodontics | See Co-Pay Schedule | See Claim Payment Schedule |
| Orthodontics (Type 4) Children up to age 19 Adults | Discount Only Discount Only | No Coverage No Coverage |
| Oral Surgery (Type 2) | See Co-Pay Schedule | See Claim Payment Schedule |
| Endodontics (Type 3) | See Co-Pay Schedule | See Claim Payment Schedule |
| Periodontics (Type 3) | See Co-Pay Schedule | See Claim Payment Schedule |
| WAITING PERIODS | | |
| Preventative (Type 1) | No Waiting | |
| Basic (Type 2) | 3 Months | |
| Major (Type 3) | 6 Months | |
| Orthodontics (Type 4) | N/A | |
| DEDUCTIBLE | | |
| Per Person | \$25.00 | |
| Family | \$75.00 | |
| Deductible Applies to | Type 1, Type 2, & Type 3 | |
| ANNUAL MAXIMUM | | |
| Per Person | UNLIMITED | |
| Major (Type 3) Per Person | UNLIMITED | |
| Orthodontic Lifetime | N/A | |

*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).

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