



## **Advantage PPO**

This plan is likely for you if you want coverage for preventive and common dental needs at an affordable price, with a broad PPO network.

#### **Key Benefits at a Glance**

- \$1,500 annual maximum
- 100% preventive care in-network
- 75% basic services after deductible
- 50% major services after deductible
- Includes an orthodontic discount

### **Monthly Premium**

- Individual: \$31

- Subscriber + 1: \$58

- Subscriber + 2: \$80

- Subscriber + 3 (or more): \$113

#### **HOW IT WORKS**

Coinsurance Plan

Annual Max: \$1,500 per person.

Deductible: \$50/person, \$150/family.

#### **NETWORK INFORMATION**

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

Access to Specialists: Enjoy in-network benefits when you visit dental specialists.

Plan includes out-of-network coverage.

#### **WAITING PERIODS**

Preventive: No waiting period

Basic: 6 months waiting period

Major: 12 months waiting period

#### THINGS TO KNOW

Limited implant coverage.

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



#### **COVERAGE OVERVIEW**

# **Advantage PPO**

Preventative (Type 1) Oral exams, cleanings, X-rays, fluoride, sealants  Basic (Type 2) Fillings, space maintaners  Major (Type 3) Crown, bridges, prosthodontics  Orthodontics (Type 4) Children up to age 19 Adults  Discount Only No Coverage Adults  Discount Only No Coverage  Preventative (Type 3) 50%  Discount Only No Coverage  Town of the coverage		ADVANTAGE	OUT-OF-NETWORK
Oral exams, cleanings, X-rays, fluoride, sealants  Basic (Type 2) Fillings, space maintaners  Major (Type 3) Crown, bridges, prosthodontics  Orthodontics (Type 4) Children up to age 19 Adults  Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Orthodontics (Type 4) Children up to age 19 Adults Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Orthodontics (Type 4) Children up to age 19 Adults Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Town, bridges, prosthodontics  No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Town to MAC*  Town, bridges, prosthodontics  No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Town to MAC*  Town to MAC*  No Waiting  Basic (Type 3) Foreventative (Type 1) No Waiting  Basic (Type 2) Foreventative (Type 3) Foreventative (Type 4)  N/A  EDUCTIBLE  Per Person  \$50.00 Family \$150.00 Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person  \$1,500 (Annually) Major (Type 3) Per Person  \$750 (Annually)	ERVICES		
Basic (Type 2) Fillings, space maintaners  Major (Type 3) Crown, bridges, prosthodontics  Orthodontics (Type 4) Children up to age 19 Adults  Discount Only No Coverage Adults  Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Orthodontics (Type 4) Children up to age 19 Adults  Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Town, bridges, prosthodontics  No Coverage  Discount Only No Coverage  Oral Surgery (Type 2) Fillings, space maintaners  Town or MAC*  Discount Only No Coverage  Town of MaC*  Endodontics (Type 3) Fown of MAC*  Discount Only No Wacting  Town of MAC*  No Waiting  Basic (Type 3) Freventative (Type 1) Fown of Months  Major (Type 3) Fown of Months  No Waiting  Basic (Type 3) Fown of Months  No Waiting  Basic (Type 3) Fown of Months  No Waiting  Town of Months  No Waiting  Town of Months  Town of Mac was a second of Months  No Waiting  Town of Mac was a second of Months  Town of Mac was a second of Mac was a second of Months  Town of Mac was a second of Mac was a s	Preventative (Type 1)		
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Endodontics (Type 3)         50%         25% up to MAC*           Periodontics (Type 3)         50%         25% up to MAC*           /AITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         N/A           EDUCTIBLE         \$50.00           Family         \$150.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$1,500 (Annually)           Major (Type 3) Per Person         \$750 (Annually)	Adults	Discount Only	No Coverage
Periodontics (Type 3)         50%         25% up to MAC*           /AITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         N/A           EDUCTIBLE           Per Person         \$50.00           Family         \$150.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$1,500 (Annually)           Major (Type 3) Per Person         \$750 (Annually)	Oral Surgery (Type 2)	75%	50% up to MAC*
VAITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         N/A           EDUCTIBLE           Per Person         \$50.00           Family         \$150.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$1,500 (Annually)           Major (Type 3) Per Person         \$750 (Annually)	Endodontics (Type 3)	50%	25% up to MAC*
Preventative (Type 1)  Basic (Type 2)  6 Months  Major (Type 3)  12 Months  Orthodontics (Type 4)  N/A  EDUCTIBLE  Per Person  \$50.00  Family  \$150.00  Deductible Applies to  Type 1, Type 2, & Type 3  IAXIMUMS  Per Person  \$1,500 (Annually)  Major (Type 3) Per Person  \$750 (Annually)	Periodontics (Type 3)	50%	25% up to MAC*
Basic (Type 2) 6 Months  Major (Type 3) 12 Months  Orthodontics (Type 4) N/A  EDUCTIBLE  Per Person \$50.00  Family \$150.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$1,500 (Annually)  Major (Type 3) Per Person \$750 (Annually)	VAITING PERIODS		
Major (Type 3)  Orthodontics (Type 4)  Per Person  Family  Deductible Applies to  IAXIMUMS  Per Person  \$1,500 (Annually)  Major (Type 3) Per Person  \$750 (Annually)	Preventative (Type 1)	No Waiting	
Orthodontics (Type 4)  Per Person \$50.00  Family \$150.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$1,500 (Annually)  Major (Type 3) Per Person \$750 (Annually)	Basic (Type 2)	6 Months	
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Per Person \$50.00 Family \$150.00 Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS Per Person \$1,500 (Annually) Major (Type 3) Per Person \$750 (Annually)	Orthodontics (Type 4)	N/A	
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Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$1,500 (Annually)  Major (Type 3) Per Person \$750 (Annually)	Per Person	\$50.00	
Per Person \$1,500 (Annually) Major (Type 3) Per Person \$750 (Annually)	Family	\$150.00	
Per Person \$1,500 (Annually) Major (Type 3) Per Person \$750 (Annually)	Deductible Applies to	Type 1, Type 2, & Type 3	
Major (Type 3) Per Person \$750 (Annually)	NAXIMUMS		
	Per Person	\$1,500 (Annually)	
Orthodontic Lifetime N/A	Major (Type 3) Per Person	\$750 (Annually)	
	Orthodontic Lifetime	N/A	

<sup>\*</sup>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).

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

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