



# **Premier PPO (High)**

This is our most comprehensive plan—designed for those who want top-tier coverage and peace of mind. It includes our richest benefits, featuring a high annual maximum, orthodontic coverage, and access to a large network of providers—including both general dentists and specialists. Perfect for those who use dental services regularly and value flexibility and robust protection.

## **Key Benefits at a Glance**

- \$2,500 annual maximum
- 100% preventive care in-network
- 80% basic services after deductible
- 50% major services after deductible
- 50% orthodontics coverage

# **Monthly Premium**

- Individual: \$48

- Subscriber + 1: \$90

Subscriber + 2: \$124

- Subscriber + 3 (or more): \$174

#### **HOW IT WORKS**

Coinsurance Plan

Annual Maximum: \$2,500 per person. Deductible: \$75/person, \$225/family.

#### **NETWORK INFORMATION**

Premier PPO Network with over 4,000 providers in Utah.

Includes general dentists and in-network specialists.

You may see any dentist, but save more innetwork.

#### **WAITING PERIODS**

Preventive: No waiting period

Basic: 6 months waiting period

Major: 12 months waiting period

Orthodontics: 18 months waiting period

### THINGS TO KNOW

Limited implant coverage.

Includes our best orthodontic coverage, making it an excellent option for families.

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

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



### **COVERAGE OVERVIEW**

# **Premier PPO (High)**

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  Oral Surgery (Type 2) Endodontics (Type 3) Feriodontics (Type 3)  Preventative (Type 3)  Preventative (Type 1)  Basic (Type 2)  Preventative (Type 1)  Major (Type 3)  Orthodontics (Type 4)  Preventative (Type 1)  Major (Type 3)  Orthodontics (Type 4)  Preventative (Type 4)  Orthodontics (Type 4)  Preventative (Type 1)  Basic (Type 2)  Family  Per Person  \$75.00  Family  Deductible Applies to  Type 1, Type 2, & Type 3		PREMIER	OUT-OF-NETWORK
Oral exams, cleanings, X-rays, fluoride, sealants         100%         80% up to MAC*           Basic (Type 2)         80%         60% up to MAC*           Fillings, space maintaners         50%         40% up to MAC*           Major (Type 3)         50%         40% up to MAC*           Orthodontics (Type 4)         50%         20%           Children up to age 19         50%         20%           Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           VAITING PERIODS         Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE         Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	ERVICES		
Seelants   Seelants	Preventative (Type 1)		
### Fillings, space maintaners    Major (Type 3)	•	100%	80% up to MAC*
Major (Type 3)         50%         40% up to MAC*           Orthodontics (Type 4)         50%         20%           Children up to age 19         50%         20%           Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           VAITING PERIODS         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Basic (Type 2)	80%	60% up to MAC*
Crown, bridges, prosthodontics         50%         40% up to MAC*           Orthodontics (Type 4)         20%           Children up to age 19         50%         20%           Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           /AITING PERIODS         Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           PEDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Fillings, space maintaners		
Crown, bridges, prosthodontics         7           Orthodontics (Type 4)         20%           Children up to age 19         50%         20%           Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           //AITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Major (Type 3)	50%	40% up to MAC*
Children up to age 19         50%         20%           Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           VAITING PERIODS         Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Crown, bridges, prosthodontics		
Adults         Discount Only         No Coverage           Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           VAITING PERIODS         Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Orthodontics (Type 4)		
Oral Surgery (Type 2)         80%         60% up to MAC*           Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           //AITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           *EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Children up to age 19		
Endodontics (Type 3)         50%         40% up to MAC*           Periodontics (Type 3)         50%         40% up to MAC*           /AITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Adults	Discount Only	No Coverage
Periodontics (Type 3)         50%         40% up to MAC*           VAITING PERIODS         Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           **EDUCTIBLE*           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           **IAXIMUMS*           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Oral Surgery (Type 2)	80%	60% up to MAC*
VAITING PERIODS           Preventative (Type 1)         No Waiting           Basic (Type 2)         6 Months           Major (Type 3)         12 Months           Orthodontics (Type 4)         18 Months           EDUCTIBLE           Per Person         \$75.00           Family         \$225.00           Deductible Applies to         Type 1, Type 2, & Type 3           IAXIMUMS           Per Person         \$2,500 (Annually)           Major (Type 3) Per Person         \$1,250 (Annually)	Endodontics (Type 3)	50%	40% up to MAC*
Preventative (Type 1)  Basic (Type 2)  6 Months  Major (Type 3)  12 Months  Orthodontics (Type 4)  18 Months  PEDUCTIBLE  Per Person  \$75.00  Family  \$225.00  Deductible Applies to  Type 1, Type 2, & Type 3  IAXIMUMS  Per Person  \$2,500 (Annually)  Major (Type 3) Per Person  \$1,250 (Annually)	Periodontics (Type 3)	50%	40% up to MAC*
Basic (Type 2) 6 Months  Major (Type 3) 12 Months  Orthodontics (Type 4) 18 Months  PEDUCTIBLE  Per Person \$75.00  Family \$225.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$2,500 (Annually)  Major (Type 3) Per Person \$1,250 (Annually)	VAITING PERIODS		
Major (Type 3)  Orthodontics (Type 4)  18 Months  EDUCTIBLE  Per Person  Family  Deductible Applies to  IAXIMUMS  Per Person  \$2,500 (Annually)  Major (Type 3) Per Person  \$1,250 (Annually)	Preventative (Type 1)	No Waiting	
Orthodontics (Type 4)  PEDUCTIBLE  Per Person \$75.00  Family \$225.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$2,500 (Annually)  Major (Type 3) Per Person \$1,250 (Annually)	Basic (Type 2)	6 Months	
Per Person \$75.00 Family \$225.00 Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS Per Person \$2,500 (Annually) Major (Type 3) Per Person \$1,250 (Annually)	Major (Type 3)	12 Months	
Per Person \$75.00  Family \$225.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$2,500 (Annually)  Major (Type 3) Per Person \$1,250 (Annually)	Orthodontics (Type 4)	18 Months	
Family \$225.00  Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$2,500 (Annually)  Major (Type 3) Per Person \$1,250 (Annually)	EDUCTIBLE		
Deductible Applies to Type 1, Type 2, & Type 3  IAXIMUMS  Per Person \$2,500 (Annually)  Major (Type 3) Per Person \$1,250 (Annually)	Per Person	\$75.00	
Per Person \$2,500 (Annually) Major (Type 3) Per Person \$1,250 (Annually)	Family	\$225.00	
Per Person \$2,500 (Annually) Major (Type 3) Per Person \$1,250 (Annually)	Deductible Applies to	Type 1, Type 2, & Type 3	
Major (Type 3) Per Person \$1,250 (Annually)	NAXIMUMS		
	Per Person	\$2,500 (Annually)	
Orthodontic Lifetime \$1,250 (Lifetime)	Major (Type 3) Per Person	\$1,250 (Annually)	
	Orthodontic Lifetime	\$1,250 (Lifetime)	

<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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