



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 in-network.

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)

	PREMIER	OUT-OF-NETWORK
SERVICES		
Preventative (Type 1) Oral exams, cleanings, X-rays, fluoride, sealants	100%	80% up to MAC*
Basic (Type 2) Fillings, space maintainers	80%	60% up to MAC*
Major (Type 3) Crown, bridges, prosthodontics	50%	40% up to MAC*
Orthodontics (Type 4) Children up to age 19 Adults	50% Discount Only	20% 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*
WAITING PERIODS		
Preventative (Type 1)	No Waiting	
Basic (Type 2)	6 Months	
Major (Type 3)	12 Months	
Orthodontics (Type 4)	18 Months	
DEDUCTIBLE		
Per Person	\$75.00	
Family	\$225.00	
Deductible Applies to	Type 1, Type 2, & Type 3	
MAXIMUMS		
Per Person	\$2,500 (Annually)	
Major (Type 3) Per Person	\$1,250 (Annually)	
Orthodontic Lifetime	\$1,250 (Lifetime)	

*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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