



Premier PPO (Low)

This plan is likely for you want a strong dental plan with broad provider access, a high annual maximum, and coverage for major dental needs—but at a lower premium than our High Option. This plan does not include orthodontic coverage.

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: \$35
- Subscriber + 1: \$66
- Subscriber + 2: \$90
- Subscriber + 3 (or more): \$128

HOW IT WORKS

Coinsurance Plan

Annual Maximum: \$1,500 per person.

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

NETWORK INFORMATION

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

Includes general dentists and in-network 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

Premier PPO (Low)

	Premier	Out-of-Network
Services		
Preventative (Type 1) Oral exams, cleanings, X-rays, fluoride, sealants	100%	75% up to MAC*
Basic (Type 2) Fillings, space maintainers	75%	50% up to MAC*
Major (Type 3) Crown, bridges, prosthodontics	50%	25% up to MAC*
Orthodontics (Type 4) Children up to age 19 Adults	Discount Only Discount Only	No Coverage No Coverage
Oral Surgery (Type 2)	75%	50% up to MAC*
Endodontics (Type 3)	50%	25% up to MAC*
Periodontics (Type 3)	50%	25% up to MAC*
Waiting Periods		
Preventative (Type 1)	No Waiting	
Basic (Type 2)	6 Months	
Major (Type 3)	12 Months	
Orthodontics (Type 4)	N/A	
Deductible		
Per Person	\$50.00	
Family	\$150.00	
Deductible Applies to	Type 1, Type 2, & Type 3	
Maximums		
Per Person	\$1,500 (Annually)	
Major (Type 3) Per Person	\$750 (Annually)	
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).

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

Underwritten by Educators Health Plans Life, Accident & Health, Inc., © 2025 EMI Health