



## 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

- 100% preventive care in-network.
- 75% basic services after deductible.
- 50% major services after deductible. (includes implants)
- \$1,500 annual maximum per adult.
- No waiting periods for preventive care.

### Monthly Premium Estimates

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

### HOW IT WORKS

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

Annual Max: \$1,500 per adult.

Coinsurance: 100% preventive, 75% basic (6 mo wait), 50% major (12 mo wait).

Pediatric coverage: 100% / 80% / 50%, no wait, no max.

### NETWORK INFORMATION

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

Includes general dentists and in-network specialists.

### WHAT'S COVERED

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Preventive: 100%, no wait.

Basic: 75% after deductible, 6 months wait.

Major: 50% after deductible, 12 months wait.

### THINGS TO KNOW

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Annual max applies to adults only.

Out-of-network charges may exceed plan allowances.

COVERAGE OVERVIEW

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	PREMIER	OUT-OF-NETWORK
<b>SERVICES</b>		
<b>Preventative (Type 1)</b> Oral exams, cleanings, X-rays, fluoride, sealants	100%	75% up to MAC*
<b>Basic (Type 2)</b> Fillings, space maintainers	75%	50% up to MAC*
<b>Major (Type 3)</b> Crown, bridges, prosthodontics	50%	25% up to MAC*
<b>Orthodontics (Type 4)</b> Children up to age 19 Adults	Discount Only Discount Only	No Coverage No Coverage
<b>Oral Surgery (Type 2)</b>	75%	50% up to MAC*
<b>Endodontics (Type 3)</b>	50%	25% up to MAC*
<b>Periodontics (Type 3)</b>	50%	25% up to MAC*
<b>WAITING PERIODS</b>		
Preventative (Type 1)	No Waiting	
Basic (Type 2)	6 Months	
Major (Type 3)	12 Months	
Orthodontics (Type 4)	N/A	
<b>DEDUCTIBLE</b>		
Per Person	\$50.00	
Family	\$150.00	
Deductible Applies to	Type 1, Type 2, & Type 3	
<b>ANNUAL MAXIMUMS</b>		
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.

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