



DENTAL COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

Group: [Cottonwood Heights City \(Plan #3276\)](#)
Plan: [Choice PPO](#)
Underwritten & Administered by: [Educators Health Plans Life, Accident & Health, a Utah Company](#)
Effective Date: 7/1/2019
Benefit Year: Contract
Plan Type: Contributory / Fully Insured

	In-Network (Advantage <u>Plus</u> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to TOA*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to TOA*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to TOA*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	50%	50%	50%
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
Deductible			
Per Person	\$0.00	\$0.00	\$50.00
Family Max	\$0.00	\$0.00	\$150.00
Deductible Applies To	N / A	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$2,000.00	\$2,000.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	\$1,500.00		
Network / Reimbursement Schedule	Advantage Plus	Premier	Premier
Provisions / Limitations / Exclusions			
Exams (including Periodontal), Cleanings and Fluoride			2 per year
Fluoride			Up to age 16
Sealants			Up to age 16
Space Maintainers			Up to age 16
Bitewing X-Rays			Up to 4, twice per year
Periapical X-Rays			6 per year
Panoramic X-Ray			1 every 3 years
Impacted Teeth			Covered in Type 2 - Basic
Anesthesia- (Age 8 and over for the extraction of impacted teeth only)			Covered in Type 3 - Major**
Anesthesia - (For children age 7 and under, once per year)			Covered in Type 3 - Major**
Implants / Implant Abutments			Covered in Type 3 - Major**
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
* All Services are subject to EMI Health Table of Allowances (TOA). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances (TOA).			
** Anesthesia is not subject to waiting periods.			