



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: Canyons School District (Plan #0280)
Plan: Advantage Co-Pay
Underwritten & Administered by: Educators Mutual Insurance Association, a Utah Company
Effective Date: 1/1/2024
Benefit Year: Calendar
Plan Type: Voluntary / Fully Insured

| | In-Network | Out-of-Network |
|---|---|----------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 100% | See Claim Payment Schedule |
| Type 2 - Basic Fillings, Oral Surgery | See Co-Pay Schedule | See Claim Payment Schedule |
| Type 3 - Major Crowns, Bridges, Prosthodontics | See Co-Pay Schedule | See Claim Payment Schedule |
| Type 4 - Orthodontics Dependent children ages 7 through 18 | Discount Only | No Coverage |
| Adults | Discount Only | No Coverage |
| Endodontics | Type 3 - See Co-Pay Schedule | See Claim Payment Schedule |
| Periodontics | Type 3 - See Co-Pay Schedule | See Claim Payment Schedule |
| Sealants | Type 2 - See Co-Pay Schedule | See Claim Payment Schedule |
| Space Maintainers | Type 2 - See Co-Pay Schedule | See Claim Payment Schedule |
| Specialists (** See note below) | 20% Discount Only (Pediatric - See Co-Pay Schedule) | No Coverage |
| **All of the benefits outlined above are for services received from general and pediatric dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, insureds receive a discount only. There is no benefit for non-participating specialists. | | |
| Waiting periods | | |
| Type 2 - Basic | None | |
| Type 3 - Major | None | |
| Type 4 - Orthodontics | N / A | |
| Deductible | In and Out of Network Deductibles are Combined | |
| Per Person | \$0.00 | \$0.00 |
| Family Max | \$0.00 | \$0.00 |
| Deductible Applies To | N / A | N / A |
| Annual Maximum Per Person | None | |
| Orthodontic Lifetime Maximum | N / A | |
| Network / Reimbursement Schedule | Advantage | Advantage |
| Monthly Rates | | |
| Employee | \$19.90 | |
| Two-Party | \$36.00 | |
| Family | \$56.50 | |

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 Maximum Allowable Charge. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge.

* Anesthesia is not subject to waiting periods.

Co-Pays are subject to change January 1st of each year.