



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: [Choice Indemnity](#)
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 (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to R&C
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to R&C
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	50%	50%	50%

Endodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
Periodontics	Type 3 - Major	Type 3 - Major	Type 3 - Major
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	3 Month Waiting Period - for New Hires Without Prior Coverage Only
Type 3 - Major	12 Month Waiting Period - for New Hires Without Prior Coverage Only
Type 4 - Orthodontics	12 Month Waiting Period - for New Hires Without Prior Coverage Only

Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
Deductible Applies To	N / A	Type 2 & Type 3	Type 2 & Type 3

Annual Maximum Per Person	\$2,500.00	\$2,000.00	
All maximums are combined up to limits above			

Orthodontic Lifetime Maximum	\$1,000.00		
-------------------------------------	------------	--	--

Network / Reimbursement Schedule	Advantage Plus	Premier	R & C (90th)
----------------------------------	----------------	---------	--------------

Monthly Rates	
Employee	\$42.70
Two-Party	\$78.00
Family	\$121.90

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
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).	
* Anesthesia is not subject to waiting periods.	