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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: [Washington County School District \(Plan #0832\)](#)
Plan: **Choice PPO**
Administered by: **Educators Mutual Insurance Association, a Utah Company**
Effective Date: 8/1/2020
Benefit Year: Contract
Plan Type: **Contributory / Self Funded**

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	80%	80%	70% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	70% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	40% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only (Up to 25%)	Discount Only (Up to 25%)	No Coverage
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 3 - Major	Type 3 - Major	Type 3 - Major
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods	None		
Type 2 - Basic	None		
Type 3 - Major	Failure to enroll at first opportunity results in a 12 month waiting period		
Type 4 - Orthodontics	Failure to enroll at first opportunity results in a 12 month waiting period		
Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$50.00	\$50.00	\$50.00
Family Max	\$150.00	\$150.00	\$150.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 1, Type 2 & Type 3
Annual Maximum Per Person	\$2,000.00	\$1,500.00	\$1,500.00
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	\$1,000.00		
Network / Reimbursement Schedule	Advantage Plus	Premier	Premier
Provisions / Limitations / Exclusions			
Exams (including Periodontal), Cleanings and Fluoride	2 per year		
Fluoride	Any age		
Sealants	Dependent children only		
Space Maintainers	Up to age 17		
Bitewing X-Rays	2 per year		
Periapical X-Rays	Covered in Type 1		
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 2 - Basic**		
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 2 - Basic **		
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 (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).			
** Anesthesia is not subject to waiting periods.			