



852 EAST ARROWHEAD LANE
 MURRAY, UT 84107
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EMIHealth.com

Group: **Washington School District - (Plan # 832)**
Plan: **Choice PPO**
 Underwritten & Administered by: Educators Mutual Insurance Association
 Plan Type: Contributory / Self Funded
 Effective Date: 8/1/2017
 Benefit Year: Contract

	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%
Type 2 - Basic Fillings, Oral Surgery	80%	80%	70%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	40%
Type 4 - Orthodontics Dependent children up to age (19)	50%	50%	50%
Adults	No Coverage	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	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
Specialists	Paid same as General Dentists	Paid same as General Dentists	Paid same as General Dentists
Waiting periods	Failure to enroll at first opportunity results in a 12 month waiting period		
Type 2 - Basic			
Type 3 - Major			
Type 4 - Orthodontics			
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	
	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			Covered in Type 3 (Limited to \$225)
Crowns, Pontics, Abutments, Onlays and Dentures			1 every 5 years per tooth
Fillings on the same surface			1 every 18 months
Benefits illustrated are in summary only. Refer to your Dental Handbook for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.			