



**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:** [Ogden City School District \(Plan #0496\)](#)  
**Plan:** [Premier Co-Pay](#)  
**Administered by:** [Educators Mutual Insurance Association, a Utah Company](#)  
**Effective Date:** [7/1/2020](#)  
**Benefit Year:** [Contract](#)  
**Plan Type:** [Voluntary / Self Funded](#)

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>100%</b>	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	Discount Only (Up to 25%)	No Coverage
Adults	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	No Coverage
<b>Endodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	See Claim Payment Schedule
<b>Waiting periods</b>		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
<b>Deductible</b>		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A
<b>Annual Maximum Per Person</b>		None
<b>Orthodontic Lifetime Maximum</b>		N / A
<b>Network / Reimbursement Schedule</b>	Premier	Premier
<b>Monthly Rates</b>		
Employee		\$23.00
Two-Party		\$47.00
Family		\$81.00

<b>Provisions / Limitations / Exclusions</b>	
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.	
* Anesthesia is not subject to waiting periods.	
Co-Pays are subject to change January 1st of each year.	