



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 EPO
Effective Date: 7/1/2020
Benefit Year: Contract
Plan Type: Voluntary / Self Funded

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	No Coverage
Type 2 - Basic Fillings, Oral Surgery	60%	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	40%	No Coverage
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	No Coverage
Adults	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	No Discount
Endodontics	Type 2 - Basic	No Coverage
Periodontics	Type 2 - Basic	No Coverage
Sealants	Type 2 - Basic	No Coverage
Space Maintainers	Type 2 - Basic	No Coverage
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	6 Month Waiting Period	
Type 4 - Orthodontics	6 Month Waiting Period	
Deductible		
Per Person	\$50.00	No Coverage
Family Max	\$150.00	No Coverage
Deductible Applies To	Type 2 & Type 3	No Coverage
Annual Maximum Per Person	\$1,000.00	
Orthodontic Lifetime Maximum	\$1,500.00	N/A
Network / Reimbursement Schedule	Premier	No Coverage
Monthly Rates		
Employee	\$29.00	
Two-Party	\$55.00	
Family	\$98.00	
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	Not Covered	
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 Table of Allowances. No Out-of-Network Claims will be paid.		
* Anesthesia is not subject to waiting periods.		