



**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 PPO  
**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	100%	100% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%
Adults	50%	50%
Orthodontic Discount (All Members)	Up to 25% Discount	No Discount
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>	None	
Type 2 - Basic	None	
Type 3 - Major	6 Month Waiting Period	
Type 4 - Orthodontics	6 Month Waiting Period	
<b>Deductible</b>	None	
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>	\$1,500.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,500.00	
<b>Network / Reimbursement Schedule</b>	Premier	Premier
<b>Monthly Rates</b>		
Employee	\$38.00	
Two-Party	\$74.00	
Family	\$131.00	

**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 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.