



Corporate (801)262-7475  
 Customer Service (800)662-5851  
[EMIHealth.com](http://EMIHealth.com)

**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:** [Salt Lake City School District \(Plan #0592\)](#)  
**Plan:** [Choice PPO](#)  
**Administered by:** [Educators Mutual Insurance Association, a Utah Company](#)  
**Effective Date:** 9/1/2024  
**Benefit Year:** Contract  
**Plan Type:** [Contributory / Self Funded](#)

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	80%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
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		
<b>Deductible</b>			
Per Person	\$0.00	\$0.00	\$0.00
Family Max	\$0.00	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A	N / A
<b>Annual Maximum Per Person</b>	\$2,000.00	\$1,000.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>		\$750.00	
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	MAC
<b>Provisions / Limitations / Exclusions</b>			
Exams (including Periodontal), Cleanings and Fluoride	2 per year		
Fluoride	Any Age		
Sealants	Up to Age 26		
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.			