



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: [Weber State University \(Plan #0880\)](#)
Plan: [Premier PPO](#)
Administered by: [Educators Mutual Insurance Association, a Utah Company](#)
Effective Date: [7/1/2024](#)
Benefit Year: [Contract](#)
Plan Type: [Contributory / Self Funded](#)

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	80%	80% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 25	50%	50%
Adults	50%	50%
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 3 - Major	Type 3 - Major
Space Maintainers	Type 2 - Basic	Type 2 - Basic

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	Failure to enroll at first opportunity will result in 24 month waiting period
Type 4 - Orthodontics	

Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A

Annual Maximum Per Person	\$2,000.00
Orthodontic Lifetime Maximum	\$1,500.00

Network / Reimbursement Schedule	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)	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.