



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: Millard School District (Plan #400)
Plan: Premier PPO
Effective Date: 9/1/2018
Benefit Year: Contract
Plan Type: Contributory / Fully Insured

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	80%	80%
Type 2 - Basic Fillings, Oral Surgery	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%
Type 4 - Orthodontics Dependent children up to age (19)	50% after \$250 Deductible	50% after \$250 Deductible
Adults	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)*	Up to 25% Discount	No Discount
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
Specialists	Member pays same as General Dentists	Member pays same as General Dentists
Waiting periods	None	
Type 2 - Basic	Failure to enroll at first opportunity results in a 12 month waiting period.	
Type 3 - Major		
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	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,000.00	
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 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 Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

* Anesthesia is not subject to waiting periods.