



**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 #0400)  
**Plan:** Premier PPO  
**Underwritten & Administered by:** Educators Mutual Insurance Association, a Utah Company  
**Effective Date:** 9/1/2023  
**Benefit Year:** Contract  
**Plan Type:** Contributory / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	80%	80% 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	Discount Only	No Coverage
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 3 - Major	Type 3 - Major
<b>Space Maintainers</b>	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
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>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	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 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.