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Group: **UTAH VALLEY UNIVERSITY - (Plan #128)**
Plan: Premier Indemnity
Administered by: Educators Mutual Insurance Association
Plan Type: Contributory / Self Funded
Effective Date: 7/1/2009
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%
Type 2 - Basic Fillings, Oral Surgery	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	60%
Type 4 - Orthodontics Dependent children up to age (26)	50%	50%
Adults	50%	50%
Orthodontic Discount (All Members)	25% Discount	No Discount
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic
Specialists	Paid same as General Dentists	Paid same as General Dentists
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	12 Month Late Entrant 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	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,500.00	
Network / Reimbursement Schedule	Premier	R & C

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	Covered in Type 3 (Limited to \$225)
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

Benefits illustrated are in summary only. Refer to your Dental Handbook for a complete description of benefits, limitations and exclusions. All Services are subject to Educators Mutual Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.