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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: | Canyons School District (Plan #0280) |
| Plan: | Choice PPO |
| Underwritten & Administered by: | Educators Mutual Insurance Association, a Utah Company |
| Effective Date: | 1/1/2026 |
| Benefit Year: | Calendar |
| Plan Type: | Voluntary / Fully Insured |

| | In-Network (Advantage <i>Plus</i> Network) | In-Network (Premier Network) | Out-of-Network |
|--|---|---------------------------------|-----------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 100% | 100% | 80% up to MAC* |
| Type 2 - Basic Fillings, Oral Surgery | 80% | 80% | 70% up to MAC* |
| Type 3 - Major Crowns, Bridges, Prosthodontics | 50% | 50% | 30% up to MAC* |
| Type 4 - Orthodontics Dependent children ages 7 through 18 | 50% | 50% | 50% |
| Adults | 50% | 50% | 50% |
| Endodontics | Type 3 - Major | Type 3 - Major | Type 3 - Major |
| Periodontics | Type 3 - Major | Type 3 - Major | Type 3 - Major |
| Sealants | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Space Maintainers | Type 2 - Basic | Type 2 - Basic | Type 2 - Basic |
| Waiting periods | | | |
| Type 2 - Basic | 3 Month Waiting Period - for New Hires Without Prior Coverage Only | | |
| Type 3 - Major | 12 Month Waiting Period - for New Hires Without Prior Coverage Only | | |
| Type 4 - Orthodontics | 12 Month Waiting Period - for New Hires Without Prior Coverage Only | | |
| Deductible | In and Out of Network Deductibles are Combined | | |
| Per Person | \$0.00 | \$50.00 | \$50.00 |
| Family Max | \$0.00 | \$150.00 | \$150.00 |
| Deductible Applies To | N / A | Type 2 & Type 3 | Type 2 & Type 3 |
| Annual Maximum Per Person | \$2,000.00 | \$1,500.00 | |
| | All maximums are combined up to limits above | | |
| Orthodontic Lifetime Maximum | \$1,000.00 | | |
| Network / Reimbursement Schedule | Advantage Plus | Premier | MAC |
| Monthly Rates | | | |
| Employee | \$41.80 | | |
| Two-Party | \$76.20 | | |
| Family | \$119.30 | | |
| 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 / 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 | | | |