



Corporate (801)262-7475  
Customer Service (800)662-5851  
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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 Indemnity  
**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
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to R&C
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80% up to R&C
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	50%	50%	50%
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
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		
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	N / A	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,500.00	\$2,000.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	R & C (90th)
<b>Monthly Rates</b>			
Employee	\$48.40		
Two-Party	\$88.30		
Family	\$138.00		
<b>Provisions / Limitations / Exclusions</b>			
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
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).			
* Anesthesia is not subject to waiting periods			