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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: [State of Utah \(Plan #1580\)](#)
Plan: [Choice Indemnity](#)
Underwritten & Administered by: [Educators Health Plans Life, Accident & Health, a Utah Company](#)
Effective Date: [7/1/2025](#)
Benefit Year: [Contract](#)
Plan Type: [Contributory / 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%	100% up to R&C
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to R&C
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50% up to R&C
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Waiting periods			
Type 2 - Basic	None		
Type 3 - Major	None		
Type 4 - Orthodontics	None		
Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$0.00	\$0.00
Family Max	\$0.00	\$0.00	\$0.00
Deductible Applies To	N / A	N / A	N / A
Annual Maximum Per Person	\$2,000.00	\$1,500.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	\$1,500.00		
Network / Reimbursement Schedule	Advantage Plus Dentemax	Premier	R & C (80th)
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
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.			

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