**Southern Utah University**
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|---|---|
| **Group:** | **Southern Utah University - (Plan #144)** |
| Plan: | Premier PPO |
| Administered by: | Educators Mutual Insurance Association |
| Plan Type: | Contributory / Self Funded |
| Effective Date: | 7/1/2011 |
| Benefit Year: | Contract |

| | In-Network | Out-of-Network |
|---|---|---|
| **Type 1 - Preventive**<br>Oral Exams, Cleanings, X-rays, Fluoride | **80%** | **80%** |
| **Type 2 - Basic**<br>Fillings, Oral Surgery | **80%** | **80%** |
| **Type 3 - Major**<br>Crowns, Bridges, Prosthodontics | **50%** | **50%** |
| **Type 4 - Orthodontics**<br>Dependent Children | **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 3 - Major | Type 3 - Major |
| **Space Maintainers** | Type 1 - Preventive | Type 1 - Preventive |
| **Specialists** | Paid same as General Dentists | Paid same as General Dentists |
| **Waiting periods** | | |
| Type 2 - Basic | None | |
| Type 3 - Major | None | |
| Type 4 - Orthodontics | None | |
| **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** | $1,000.00 | |
| **Network / Reimbursement Schedule** | Premier | Premier |

| **Provisions / Limitations / Exclusions** | |
|---|---|
| Periodic Exams, Cleanings and Fluoride | 2 per year |
| Fluoride | Any Age |
| Sealants | Up to age 26 |
| 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 - Major |
| 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 EMI Health Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.