



Southern Utah University
 351 West University Blvd.
 Cedar City, Utah 84720

852 East Arrowhead Lane
 Murray, Utah 84107-5298
 (801)262-7475 / (800)662-5851
 Fax (801)269-9734
www.emihealth.com

Group: **Southern Utah University - (Plan #144)**
Plan: Premier PPO
Administered by: Educators Mutual Insurance Association
Plan Type: Contributory / Self Funded
Effective Date: 7/1/2014
Benefit Year: Contract

| | In-Network | Out-of-Network |
|---|-------------------------------|-------------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 80% | 80% |
| Type 2 - Basic Fillings, Oral Surgery | 80% | 80% |
| Type 3 - Major Crowns, Bridges, Prosthodontics | 50% | 50% |
| Type 4 - Orthodontics 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.