Dental Plan: 2024-2025

Southern Utah University offers the following dental plan through Samera Health:

PPO Dental Plan		
Non-Network *	Network	
.00	\$0	Deductible PPY
\$2,000 Per Individual		Maximum Annual Benefit - Dental
Carrier Pays / Member Pays - See Amounts Below		Coinsurance
No Waiting Period		Preventive & Diagnostic Services
100% Covered up to MAF	Covered 100%	Exams, Cleanings, Fluoride, X-Rays
No Waiting Period		Basic Services
80 / 20 up to MAF	80 / 20	Fillings, Non-Surgical Extractions, Oral Surgery
No Waiting Period		Major Services
50 / 50 up to MAF	50 / 50	Bridges, Crowns
Covered under Basic Services		Endodontic & Periodontic Services
\$1,500 Per Individual		Maximum Lifetime Benefit - Orthodontia
No Waiting Period		Orthodontic Services
50 / 50	50 / 50	Dependents Age 7 to 19
50 / 50	50 / 50	Adults
PPO Dental Plan Employee Per Pay Period Rates		
Employer	Employee	Coverage Type
\$13.40	\$3.50	Employee (EE) Two Party
\$23.60	\$6.40	
\$43.90	\$11.80	Family
50 / 50 up to MAF Basic Services r Individual ng Period 50 / 50 50 / 50 yee Per Pay Period Rates Employer \$13.40 \$23.60	50 / 50 Covered under \$1,500 Pe No Waitin 50 / 50 50 / 50 PPO Dental Plan Employe Employee \$3.50 \$6.40	Bridges, Crowns Endodontic & Periodontic Services Maximum Lifetime Benefit - Orthodontia Orthodontic Services Dependents Age 7 to 19 Adults Coverage Type Employee (EE) Two Party

AD: After Deductible

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MAF: Maximum Allowable Fee

* Member will be responsible for amounts billed by non-participating providers in excess of eligible dental expense amount.

To locate a Network provider, please visit **www.samerahealth.com/find-care**. Select Dental Directory and then select **PPO/Indem/PHMO/EPO** when prompted - or call **435-563-0613**.

For a complete description of benefits, limitations and exclusions, consult your benefits summary available from Human Resources or at **www.samerahealth.com**.