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Group: UTAH VALLEY STATE COLLEGE
Plan: Premier Indemnity
Administered by: Educators Mutual Insurance Association
Plan Type: Contributory
Effective Date: 7/1/2007
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%
Type 2 - Basic Fillings, Sealants, Space Maintainers	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics, Implants	60%	60%
Type 4 - Orthodontics All Members	50%	50%
All Members (Discount)	25% Discount	No Discount
Oral Surgery - (Type 2)	80%	80%
Endodontics - (Type 2)	80%	80%
Periodontics - (Type 2)	80%	80%
Waiting periods		
Type 1 - Preventive	None	
Type 2 - Basic	None	
Type 3 - Major	12 Month Late Entrant Waiting Period	
Type 4 - Orthodontics	12 Month Late Entrant Waiting Period	
Deductible		
Per Person	\$0	\$0
Family Max	\$0	\$0
Deductible Applies To	N / A	N / A
Annual Maximum Per Person	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,500.00	
Reimbursement Schedule	Premier Fee Schedule	R & C
Provisions / Limitations / Exclusions		
Exams (including Periodontal), Cleanings and Fluoride	2 per plan 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 plan year	
Periapical X-Rays	6 per plan year	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2	
Anesthesia - Covered for the extraction of impacted teeth only	Covered in Type 3	
Implants -- Limited to \$225.00	1 every 5 years per tooth	
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth	
Fillings on the same surface	1 every 18 months	
R & C (Reasonable and Customary charge of most dentists in the same geographic area)		

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 Educators Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

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