

Utah: Individual & Family Dental Plan Comparison – Affinity Plans



	CHOICE PPO HIGH PLAN			CHOICE PPO LOW PLAN			ADVANTAGE CO-PAY PLAN		VALUE DISCOUNT
	In-Network (Advantage Plus)	In-Network (Premier Network)	Out-of-Network	In-Network (Advantage Plus)	In-Network (Premier Network)	Out-of-Network	In-Network Advantage Plus	Out of Network	This is not an insurance product Value Network Only
Services									
Type 1 – Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100%	100%	100%	80%	100%	See Claim Payment Schedule	Up to 70% Discount
Type 2 – Basic Fillings, Oral Surgery	80%	80%	80%	80%	70%	70%	See CoPay Schedule		Up to 60% Discount
Type 3 – Major Crowns, Bridges, Prosthodontics	50%	50%	50%	50%	50%	50%			Up to 50% Discount
Type 4 – Orthodontics Children (up to age 19)	50%	50%	50%	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	25% Discount	No Discount	25% Discount	25% Discount	No Discount	25% Discount	No Discount	25% Discount
Specialists	You Pay Same As General Dentist			You Pay Same As General Dentist			20% Discount	No Coverage	20% Discount
Waiting Periods									
Type 1 Preventive	None			None			None		None
Type 2 Basic	6 Month Waiting Period			6 Month Waiting Period			6 Month Waiting Period		None
Type 3 Major	15 Month Waiting Period			18 Month Waiting Period			12 Month Waiting Period		None
Type 4 Orthodontics	24 Month Waiting Period			Not Applicable			Not Applicable		None
Deductible (applies to Preventive, Basic, and Major)									
Individual	\$25	\$50	\$50	\$25	\$50	\$75	\$25		None
Family Max	\$75	\$150	\$150	\$75	\$150	\$225	\$75		None
Maximums									
Major Annual Max	\$750			\$500			No Maximum		Not Applicable
Annual Max per Person	\$1,500	\$1,000		\$1,500	\$1,000		No Maximum		None
Orthodontic Lifetime Max (Medically / Non Medically Necessary)	\$1,000			Not Applicable			Not Applicable		Not Applicable
Network/Reimbursement Schedule	Advantage	Premier	Premier	Advantage	Premier	Premier	Advantage	Advantage	Value
Monthly Affinity Rates	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		\$31 \$58 \$76 \$94 \$129	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		\$24 \$45 \$60 \$74 \$100	Subscriber Subscriber +1 Subscriber +2 Subscriber +3 Subscriber +4 or more		Participant \$4 Participant +1 or more \$8

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to the EMI Health fee schedule, which is subject to change on January 1st each year. . When using a Non-participating Provider, the insured is responsible for all fees in excess of the fee schedule. Co-Pays/Claim Payments are subject to change January 1st of each year. Insured plans are underwritten by Educators Health Plans Life, Accident & Health.