

| Group: | Educational Services, Inc. (Plan # | Educational Services, Inc. (Plan #3823) | |
|---|---|---|--|
| Plan: | Summit Plus Indemnity | | |
| Underwritten & Administered by: | EMI Health | | |
| Plan Type: | Voluntary / Fully Insured | | |
| Effective Date: | 1/1/2021 | | |
| Benefit Year: | Calendar | | |
| | In-Network | Out-of-Network | |
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride | 100% | 100% up to R&C | |
| Type 2 - Basic Fillings, Oral Surgery | 90% | 80% up to R&C | |
| Type 3 - Major Crowns, Bridges, Prosthodontics | 60% | 50% up to R&C | |
| Type 4 - Orthodontics Dependent children ages 7 through 18 | 50% | 50% | |
| Endodontics | Type 2 - Basic | Type 2 - Basic | |
| Periodontics | Type 2 - Basic | Type 2 - Basic | |
| Sealants | Type 2 - Basic | Type 2 - Basic | |
| Space Maintainers | Type 2 - Basic | Type 2 - Basic | |
| Waiting periods | | ····· | |
| Type 2 - Basic | None | | |
| Type 3 - Major | None | | |
| Type 4 - Orthodontics | None | | |
| Deductible | In and Out of Network Deductibles are Combined | | |
| Per Person | \$50.00 | \$50.00 | |
| Family Max | \$150.00 | \$150.00 | |
| Deductible Applies To | Type 2 & Type 3 | Туре 2 & Туре 3 | |
| Annual Maximum Per Person | \$1,500.00 | | |
| Orthodontic Lifetime Maximum | \$1,500.00 | | |
| Network (Utah) | Premier (EMI Health) | N/A | |
| Network (Arizona & Outside Utah) | Summit Plus (Cigna) | N/A | |
| Fee Schedule | Summit Plus | R & C (80th) | |
| Monthly Rates | | | |
| Employee | \$46.00 | | |
| Employee + Spouse | \$95.80 | | |
| Employee + Child(ren) | \$103.20 | | |
| Employee + Spouse + Child(ren) | \$16 | 61.10 | |
| Provisions / Limitations / Exclusions | | - | |
| Exams (including Periodontal), Cleanings and Fluoride Fluoride | | 2 per year | |
| Sealants | | Up to age 16 Up to age 16 | |
| 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) Implants / Implant Abutments | | Covered in Type 3 - Major* Not Covered | |
| Crowns, Pontics, Abutments, Onlays and Dentures | | 1 every 5 years per tooth | |
| Fillings on the same surface | | 1 every 18 months | |
| | nly. Refer to your Dental Handbook for a complete descriptior | | |
| | ler, the insured is responsible for all fees in excess of the Rea | | |
| | * Anesthesia is not subject to waiting periods. | | |