




More Choices More Coverage

Dental Plan Summary

Group: State of Utah
 Plan: #1580
 Choice Indemnity
 Effective Date: 07/01/23
 Benefit Year: Plan Year
 Benefit Type: Contributory/Fully Insured

Services	 In-Network Advantage Plus	 In-Network Premier	 Out-of-Network
	Preventive Oral Exams, Cleanings, Sealants, X-rays, Fluoride	100%	100%
Basic Fillings, Space Maintainers, Oral Surgery	80%	80%	80% up to R&C
Major Crowns, Bridges, Prosthodontics, Implants	50%	50%	50% up to R&C
Orthodontics , Dependent Children (7-18) Adults	50%	50%	50% up to R&C
	25% discount	25% discount	no coverage
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive	Type 1 - Preventive
Waiting Periods	NONE		
Deductibles	NONE		
Annual Maximum Per Person	\$2,000	\$1,500	\$1,500
	All maximums are combined to the limits above.		

Orthodontic Lifetime Maximum	\$1,500		
Network Reimbursement Schedule	Advantage Plus	Premier	R&C (80th)

When using a Non-participating Provider, the insured is responsible for all fees in excess of the reasonable and Customary Charges (R&C).

Provisions/Limitations/Exclusions

Exams (including Periodonal), Cleanings and Fluoride	2 per 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 year
Periapical X-Rays	6 per year
Panoramic X-rays	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/Implant Abutments	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