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Group: **Bonneville Uniserv**
Plan: Advantage EPO - D2
Underwritten & Administered by: Educators Health Care / Educators Mutual Insurance Association
Plan Type: Voluntary / Fully Insured
Effective Date: 9/1/2009
Benefit Year: Contract

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	No Coverage
Type 2 - Basic Fillings, Oral Surgery	See Co-Pay Schedule	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	No Coverage
Type 4 - Orthodontics Dependent children up to age (19)	No Coverage	No Coverage
Adults	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	No Coverage
Endodontics	Type 3 - See Co-Pay Schedule	No Coverage
Periodontics	Type 3 - See Co-Pay Schedule	No Coverage
Sealants	Type 2 - See Co-Pay Schedule	No Coverage
Space Maintainers	Type 2 - See Co-Pay Schedule	No Coverage
Specialists (** See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
Waiting periods		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
Deductible		
Per Person	\$0.00	No Coverage
Family Max	\$0.00	No Coverage
Deductible Applies To	N / A	No Coverage
Annual Maximum Per Person		None
Orthodontic Lifetime Maximum		N / A
Network / Reimbursement Schedule	Advantage	N/A
Monthly Rates		
Employee		\$19.80
Two-Party		\$45.80
Family		\$71.40

Provisions / Limitations / Exclusions

Exams (including Periodontal), 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-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)	Covered in Type 3 - Major
Implants	Not Covered
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 18 months

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 Mutual Table of Allowances. No Out-of-Network Claims will be paid.

** Specialists - All of the benefits outlined above are for services received from general dentists. If participating specialists (including, but not limited to, oral surgeons, endodontists, periodontists, prosthodontists, and orthodontists) are used, members receive a discount only. There is no benefit for non-participating specialists.

Co-Pays are subject to change January 1st of each year.