



Bonneville Uniserv
 39 South 400 West
 Orem, UT 84058
 801-224-2055

852 East Arrowhead Lane
 Murray, Utah 84107-5298
 (801)262-7475 / (800)662-5851
 Fax (801)269-9734
www.educatorsmutual.com

Group: Bonneville Uniserv
Plan: Premier PPO - (100) - D3
Underwritten & Administered by: 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%	100%
Type 2 - Basic Fillings, Oral Surgery	See Member Schedule (Discount Only)	No Coverage
Type 3 - Major Crowns, Bridges, Prosthodontics	See Member Schedule (Discount Only)	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 Discount
Endodontics	Type 3 - Major - (Discount Only)	No Coverage
Periodontics	Type 3 - Major - (Discount Only)	No Coverage
Sealants	Type 2 - Basic - (Discount Only)	No Coverage
Space Maintainers	Type 2 - Basic - (Discount Only)	No Coverage
Specialists	Paid same as General Dentists	Paid same as General Dentists
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	None	
Deductible		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
Deductible Applies To	N / A	N / A
Annual Maximum Per Person	None	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	Premier	Premier
Monthly Rates		
Employee	\$14.50	
Two-Party	\$29.10	
Family	\$48.10	

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	See Member Schedule (Discount Only)
Anesthesia- (Age 8 and over for the extraction of impacted teeth only)	See Member Schedule (Discount Only)
Anesthesia - (For children age 7 and under, once per year)	See Member Schedule (Discount Only)
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. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.

Member Fees are subject to change January 1st of each year.