Corporate (801)262-7475
Customer Service (800)662-5851
EMIHealth.com

Group:	**Morrison Education dba Sun Valley Academy (Plan #5655)**
Plan:	**Summit Plus PPO**
Underwritten & Administered by:	**EMI Health**
Plan Type:	**Voluntary / Fully Insured**
Effective Date:	**8/1/2024**
Benefit Year:	**Calendar**

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	**100%**	**100% up to MAC***
Type 2 - Basic Fillings, Oral Surgery	**80%**	**80% up to MAC***
Type 3 - Major Crowns, Bridges, Prosthodontics	**50%**	**50% up to MAC***
Type 4 - Orthodontics Dependent children ages 7 through 18	**No Coverage**	**No Coverage**
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 1 - Preventive	Type 1 - Preventive
Space Maintainers	Type 1 - Preventive	Type 1 - Preventive
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	N / A	
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	Type 2 & Type 3
Annual Maximum Per Person	$2,000.00	
Orthodontic Lifetime Maximum	N / A	
Network / Reimbursement Schedule	Summit Plus	MAC
Monthly Rates		
Employee	$40.90	
Employee + Spouse	$85.20	
Employee + Child(ren)	$88.40	
Employee + Spouse + Child(ren)	$136.40	

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 / 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

Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.

* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC).

** Anesthesia is not subject to waiting periods.