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DENTAL COVERAGE
 BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Group: City of West Wendover (Plan #2999)
Plan: Choice PPO
Administered by: Educators Health Plans Life, Accident & Health, a Utah Company
Effective Date: 1/1/2026
Benefit Year: Calendar
Plan Type: Contributory / Self Funded

	In-Network (Advantage <i>Plus</i> Network)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	100% up to MAC*
Type 2 - Basic Fillings, Oral Surgery	80%	80%	80% up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	70%	70%	70% up to MAC*
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only	Discount Only	No Coverage
Endodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
Waiting periods	None		
Type 2 - Basic	None		
Type 3 - Major	12 Month Waiting Period		
Type 4 - Orthodontics	12 Month Waiting Period		
Deductible	In and Out of Network Deductibles are Combined		
Per Person	\$25.00	\$25.00	\$25.00
Family Max	\$75.00	\$75.00	\$75.00
Deductible Applies To	Type 2 & Type 3	Type 2 & Type 3	Type 2 & Type 3
Annual Maximum Per Person	\$1,500.00	\$1,500.00	
	All maximums are combined up to limits above		
Orthodontic Lifetime Maximum	\$1,500.00		
Network / Reimbursement Schedule	Advantage Plus	Premier	MAC
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	Not Covered		
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth		
Fillings on the same surface	1 every 18 months		
* 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.			