



Dental Plan Comparison

Value

Advantage

Premier 80

Premier 90

	Network Providers		Non-Network Providers		Network Providers		Non-Network Providers		Network Providers		Non-Network Providers	
Deductible	Individual	\$0	Individual	\$0	Individual	\$0	Individual	\$50	Individual	\$50	Individual	\$50
	Family	\$0	Family	\$0	Family	\$0	Family	\$150	Family	\$150	Family	\$150
Maximum Benefit	No maximum		No maximum		No maximum		\$1,500 per person per year		\$1,500 per person per year		\$1,500 per person per year	

Type of Network	In Network Only	In Network Only	Out of Network	In Network Only	Out of Network	In Network Only	Out of Network
Preventative Oral exams, cleanings (2x per year), fluoride (up to age 16), and x-rays	Up to 70% Savings - Refer to Co-Pay Schedule	Covered 100% Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	Covered 100%	Covered 100% of of Reasonable & Customary (R&C)	Covered 100%	Covered 100% of of Reasonable & Customary (R&C)
Basic Fillings and oral surgery	Up to 60% Savings- Refer to Co-Pay Schedule	Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	20% after deductible	20% of R&C after deductible	10% after deductible	10% of R&C after deductible
Major Crowns, bridges, and prosthodontics	Refer to Co-Pay Schedule	Refer to Co-Pay Schedule	Refer to Claim Payment Schedule	50% after deductible	50% of R&C after deductible	40% after deductible	40% of R&C after deductible
Specialists	20% Discount	20% Discount	None	Paid Same as General Dentist	Paid Same as General Dentist	Paid Same as General Dentist	Paid Same as General Dentist
Pediatric Dentist	Refer to Co-Pay Schedule	Refer to Co-Pay Schedule	None				
Orthodontics							
Children under 19	25% Discount Only	25% Discount Only	None	25% Discount, then covered 50% up to \$1,000 lifetime maximum	50% up to \$1,000 lifetime maximum	25% Discount, then covered 50% up to \$1,000 lifetime maximum	50% up to \$1,000 lifetime maximum
Adults	25% Discount Only	25% Discount Only	None	25% Discount	N/A	25% Discount	N/A
Waiting Periods							
Basic	None	None	None	None	None	None	None
Major	None	None	None	12 Months	12 Months	12 Months	12 Months
Orthodontia	None	None	None	12 months	12 Months	12 months	12 Months

These benefits are illustrated in summary form only. They should not be construed as complete in and of themselves. They are only for comparison and, in the case of discrepancy, the plan documents apply. Please refer to the summary plan description or co-pay schedule for a complete description of benefits, limitations and exclusion at www.helpside.com/mdv-plan-info.

To identify In-Network Providers, go to www.emihealth.com Plan name for Value is Value, Advantage is Advantage/Advantage Plus (Choice) and Premier 80/90 is Premier (Choice). Orthodontic discount shown applies to participating orthodontists in Utah. Discounts may vary outside of Utah.

