



**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:** [Gossner Foods \(Plan #4757\)](#)  
**Plan:** **Choice PPO**  
**Underwritten & Administered by:** **Educators Health Plans Life, Accident & Health, a Utah Company**  
**Effective Date:** 10/1/2021  
**Benefit Year:** Calendar  
**Plan Type:** Voluntary / Fully Insured

	In-Network (Advantage <b>Plus</b> Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	80% up to MAC*
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	80% up to MAC*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	50% up to MAC*
<b>Type 4 - Orthodontics</b> Dependent children ages 7 through 18	50%	50%	50%
Adults	Discount Only (Up to 25%)	Discount Only (Up to 25%)	No Coverage
Orthodontic Discount (All Members)	Up to 25% Discount	Up to 25% Discount	No Discount
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major	Type 3 - Major
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic	Type 2 - Basic
<b>Waiting periods</b>			
Type 2 - Basic		None	
Type 3 - Major		None	
Type 4 - Orthodontics		None	
<b>Deductible</b>	In and Out of Network Deductibles are Combined		
Per Person	\$0.00	\$50.00	\$50.00
Family Max	\$0.00	\$150.00	\$150.00
<b>Deductible Applies To</b>	N / A	Type 2 & Type 3	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$1,500.00	\$1,000.00	
	All maximums are combined up to limits above		
<b>Orthodontic Lifetime Maximum</b>	\$2,000.00		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	Premier
<b>Monthly Rates</b>			
Employee		\$25.60	
Two-Party		\$54.30	
Family		\$93.70	
<b>Provisions / Limitations / Exclusions</b>			
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.			