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**Group:** **WEBER STATE UNIVERSITY- (Plan #880)**  
**Plan:** Premier PPO  
**Administered by:** Educators Mutual Insurance Association  
**Plan Type:** Contributory / Self Funded  
**Effective Date:** 7/1/2008  
**Benefit Year:** Contract

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>80%</b>	<b>80%</b>
<b>Type 2 - Basic</b> Fillings, Oral Surgery	<b>80%</b>	<b>80%</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>50%</b>	<b>50%</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age (26)	<b>50%</b>	<b>50%</b>
Adults	50%	50%
Orthodontic Discount (All Members)	25% Discount	No Discount
<b>Endodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Periodontics</b>	Type 2 - Basic	Type 2 - Basic
<b>Sealants</b>	Type 3 - Major	Type 3 - Major
<b>Space Maintainers</b>	Type 2 - Basic	Type 2 - Basic
<b>Specialists</b>	Paid same as General Dentists	Paid same as General Dentists
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	Failure to enroll at first opportunity will result in a 24 month waiting period	
Type 4 - Orthodontics		
<b>Deductible</b>		
Per Person	\$0.00	\$0.00
Family Max	\$0.00	\$0.00
<b>Deductible Applies To</b>	N / A	N / A
<b>Annual Maximum Per Person</b>	\$1,500.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	Premier	Premier
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings and Fluoride	2 per year	
Fluoride	Any age	
Sealants	Dependent children only	
Space Maintainers	Up to age 17	
Bitewing X-Rays	2 per year	
Periapical X-Rays	Covered in Type 1	
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 2 - Basic	
Anesthesia - (For children age 7 and under, once per year)	Covered in Type 2 - Basic	
Implants	Covered in Type 3 (Limited to \$225)	
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.