



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

Group: Educational Services, LLC (Plan #3823)
Plan: Summit Plus Indemnity
Underwritten & Administered by: EMI Health
Plan Type: Voluntary / Fully Insured
Effective Date: 1/1/2026
Benefit Year: Calendar

	In-Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride	100%	100% up to R&C
Type 2 - Basic Fillings, Oral Surgery	90%	80% up to R&C
Type 3 - Major Crowns, Bridges, Prosthodontics	60%	50% up to R&C
Type 4 - Orthodontics Dependent children ages 7 through 18	50%	50%
Endodontics	Type 2 - Basic	Type 2 - Basic
Periodontics	Type 2 - Basic	Type 2 - Basic
Sealants	Type 2 - Basic	Type 2 - Basic
Space Maintainers	Type 2 - Basic	Type 2 - Basic
Waiting periods		
Type 2 - Basic	None	
Type 3 - Major	None	
Type 4 - Orthodontics	None	
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	\$1,500.00	
Orthodontic Lifetime Maximum	\$1,500.00	
Network / Reimbursement Schedule	Summit Plus	R & C (80th)
Monthly Rates		
Employee	\$52.80	
Employee + Spouse	\$109.90	
Employee + Child(ren)	\$118.60	
Employee + Spouse + Child(ren)	\$184.90	
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	
Benefits illustrated are in summary only. Refer to your certificate for a complete description of benefits, limitations and exclusions.		
When using a Non-participating Provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).		
* Anesthesia is not subject to waiting periods.		