

## 2011 USEA Dental Plans





852 East Arrowhead Lane - Murray, Utah 84107-5298  
Phone: (800) 662-5851  
[emihealth.com](http://emihealth.com)

# Top 10 Tips for Healthy Teeth



## 1. Get dental check-ups every six months

Visiting the dentist twice a year for professional cleaning is imperative for dental health and to maintain your healthy, beautiful smile.

## 2. Brush twice per day

Brushing is key to good dental health, fighting gum disease, and producing a healthy, beautiful smile for life.

## 3. Floss before brushing

Flossing helps remove food particles that may get stuck between your teeth. It is best to floss before brushing to remove plaque and loosen debris from the tooth surface.

## 4. Limit sodas, coffee, and alcohol

Although these beverages contain high levels of phosphorus, which is a necessary mineral for a healthy mouth, too much phosphorus can deplete the body's level of calcium.

## 5. Put out that cigarette

Smoking stains teeth and interrupts calcium absorption in the body and can also cause potentially life threatening diseases such as oral cancer.

## 6. Visit the dentist before becoming pregnant

Expectant mothers can suffer from pregnancy gingivitis caused by hormonal changes and increased blood flow in the body. Pregnant women should also schedule regular dental check-ups throughout their pregnancy to help diagnose and treat related dental health conditions.

## 7. Increase your calcium intake

After age 30, women experience a 25 percent reduction in bone density. Restore lost calcium with a daily supplement and by eating fruits and vegetables high in calcium, such as dark, leafy greens.

## 8. Take a daily multi-vitamin

Vitamin C and D help support the absorption of healthy mouth minerals such as calcium and phosphorus, which support bone and gum tissue, keeping it healthy. This is an easy way to maintain dental health and fight gum disease.

## 9. Sleep at least 8 hours nightly

Sleep allows the body to be replenished and renewed. Plus, you're more likely to flash your healthy, beautiful smile if you're well rested. Lack of sleep will cause your immune system to become run-down and depleted.

## 10. Use the right toothbrush

It's important to select the correct toothbrush so look for one that will give you the clean you need with comfort and control.

**Take advantage of  
the benefits of USEA  
dental plans now!**



## **Choice Plan**

The EMI Health Choice Plan replaces our Premier Plan. This new Choice Plan enhances the benefits of the Premier Plan by adding the Advantage Network as an option. The enhanced benefits are accessed by using a provider that is on the Advantage Plus Network. By utilizing the Advantage Plus Network, there is no deductible and a significantly higher annual maximum limit.

## **Advantage Plan**

The Advantage Plan gives you the ease of knowing what your out-of-pocket expenses will be before going to an in-network dentist. You will receive quality care, excellent benefits, and low co-payments.

## **Value Discount Plan**

**FREE**

With the Value Discount Program, you and your family can receive quality care at reduced prices, up to 70 percent savings on most dental services. This is a discount program, not an insurance policy.

The Value Plan is a voluntary discount plan that is **FREE** to all USEA Members. This plan can be used to cover additional family members for a small annual amount.

## How do I enroll?

You enroll by using the attached enrollment application:

1. Fill out the enrollment application completely, being sure to select the plan you want and to sign and date the application.
2. Mail the enrollment application to USEA at the address on the application.
3. You must be a USEA member. New USEA members have 60 days from membership application date to enroll in a USEA dental plan.

## What if I am already enrolled in USEA Dental?

1. If you are currently enrolled in one of our USEA dental plans and wish to continue, you do not need to fill out a new enrollment application.
2. If you choose to switch from one plan to another please fill out a new enrollment application and indicate change of plan at the top of the enrollment application.



## USEA Choice (PPO) Dental Benefit at a Glance

- Nearly 1,600 In-network providers to choose from
- Freedom to select any dentist
- No waiting period for preventive care
- 50-80% coverage on major and basic care
- 100% coverage on preventive care\*
- 25% discount on adult & child orthodontics\*

\*In-Network

## New Enhanced Benefit

The EMI Health Choice Plan replaces our Premier Plan. This new Choice Plan enhances the benefits of the Premier Plan by adding the Advantage Network as an option. The enhanced benefits are accessed by using a provider that is on the Advantage Plus Network. By utilizing the Advantage Plus Network, there is no deductible and a significantly higher annual maximum limit.

If your dentist is a Premier and Advantage provider, your benefits will be paid at the Advantage Fee Schedule and benefit amounts. Premier only providers will be paid at Premier Fee Schedule and benefit amounts.



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Group: Utah School Employees Association  
 Plan: Choice PPO  
 Underwritten and Administered by: Educators Health Plans Life, Accident & Health  
 Plan Type: Voluntary / Fully Insured  
 Effective Date: 9/1/2011  
 Benefit Year: Contract

	In-Network (Advantage Plus Network)	In-Network (Premier Network)	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	100%	100%	60%
<b>Type 2 - Basic</b> Fillings, Oral Surgery	80%	80%	60%
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	50%	50%	30%
<b>Type 4 - Orthodontics</b> Dependent children up to age (19)	50%	50%	50%
Adults	No Coverage	No Coverage	No Coverage
Orthodontic Discount (All Members)	25% Discount	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>Specialists</b>	Paid same as General Dentists	Paid same as General Dentists	Paid same as General Dentists
<b>Waiting periods</b>			
Type 2 - Basic	3 Month Waiting Period		
Type 3 - Major	12 Month Waiting Period		
Type 4 - Orthodontics	12 Month Waiting Period		
<b>Deductible</b>	<i>In and Out of Network Deductibles are Combined</i>		
Per Person	\$0.00	\$50.00	\$100.00
Family Max	\$0.00	\$150.00	\$300.00
<b>Deductible Applies To</b>	N/A Type 1, Type 2 & Type 3		
<b>Annual Maximum Per Person</b>	\$2,000	\$1,200	
<b>All maximums are combined up to limits above</b>			
<b>Orthodontic Lifetime Maximum</b>	\$1,000		
<b>Network / Reimbursement Schedule</b>	Advantage Plus	Premier	Premier
<b>Monthly Rates</b>			
Employee	\$33.40		
Two-Party	\$64.60		
Family	\$100.40		
<b>Provisions / Limitations / Exclusions</b>			
Step Children Certification	50% of Support (food, shelter, etc..)		
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	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.

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health's Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Choice plans are underwritten by Educators Mutual Insurance Association, Advantage plans are underwritten by Educators Health Care and administered by Educators Mutual Insurance Association, Value discount plans are operated by Educators Mutual Insurance Association.

# USEA Advantage (PPO) Dental Benefit at a Glance

- No waiting period for preventive care
- More than 900 In-network providers to choose from
- No annual maximums
- 100% coverage on preventive care\*
- Lowest out of pocket expense
- Set co-pay schedule\*
- 25% discount on orthodontics\*
- Freedom to choose in or out of network providers

\*In-Network

## 2011 Sample Payment Schedule

Advantage

Code	Description	In-network Co-pay	Out-network Claim payment
0120	Period oral evaluation	\$0	\$11
0140	Limited oral evaluation--problem focused	0	12
0150	Comprehensive oral evaluation	0	19
0220	Intraoral--periapical first film	0	9
0272	Bitewings--two films	0	13
0274	Bitewings--four films	0	16
0330	Panoramic film	0	38
1110	Prophylaxis--adult	0	36
1120	Prophylaxis--child	0	24
1203	Topical application of fluoride (including prophylaxis)--child	0	5
1351	Sealant--per tooth	11	5
2140	Amalgam--one surface, primary or perm.	13	32
2150	Amalgam--two surfaces, primary or perm.	20	35
2330	Resin-based composite--one surf. anterior	35	30
2331	Resin-based composite--two surf. anterior	40	35
2391	Resin-based composite--one surf. posterior	35	30
2392	Resin-based composite--two surf. posterior	47	38
2393	Resin-based composite--three surf. posterior	60	45
2740	Crown--porcelain/ceramic substrate	305	170
2750	Crown--porcelain fused to high noble metal	315	185
2751	Crown--porcelain fused to predominantly base metal	290	160
2752	Crown--porcelain fused to noble metal	290	160
2950	Core buildup, including any pins	80	0
3310	Anterior (excluding final restoration)	175	75
3320	Bicuspid (excluding final restoration)	235	85
3330	Molar (excluding final restoration)	305	95
4910	Periodontal maintenance	57	13
6750	Crown--porcelain fused to high noble metal	295	155
7140	Extraction, erupted tooth or exposed root	32	20
9220	Deep sedation/general anesthesia, 30 mins.	150	0
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20	0

This is a sample list only. Refer to your policy for a complete description of benefits, limitations, and exclusions. Co-Pays and Member Fees are subject to change January 1 of each year.



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Group: Utah School Employees Association  
 Plan: Advantage PPO  
 Underwritten and Administered by: Educators Health Care / Educators Mutual Insurance Association  
 Plan Type: Voluntary / Fully Insured  
 Effective Date: 9/1/2011  
 Benefit Year: Calendar

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	<b>100%</b>	See Claim Payment Schedule
<b>Type 2 - Basic</b> Fillings, Oral Surgery	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule
<b>Type 4 - Orthodontics</b> Dependent children up to age (19)	No Coverage	See Claim Payment Schedule
Adults	No Coverage	See Claim Payment Schedule
Orthodontic Discount (All Members)	25% Discount	See Claim Payment Schedule
<b>Endodontics</b>	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
<b>Periodontics</b>	Type 3 - See Co-Pay Schedule	Type 3 - See Claim Payment Schedule
<b>Sealants</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
<b>Space Maintainers</b>	Type 2 - See Co-Pay Schedule	Type 2 - See Claim Payment Schedule
<b>Specialists</b> (* See note below)	20% Discount Only (Pediatric - See Co-Pay Schedule)	No Coverage
<b>Waiting periods</b>		
Type 2 - Basic		None
Type 3 - Major		None
Type 4 - Orthodontics		N / A
<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>		None
<b>Orthodontic Lifetime Maximum</b>		N / A
<b>Network / Reimbursement Schedule</b>	Advantage	Advantage
<b>Monthly Rates</b>		
Employee		\$17.60
Two-Party		\$35.70
Family		\$59.30

<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		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 Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health's Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Choice plans are underwritten by Educators Mutual Insurance Association, Advantage plans are underwritten by Educators Health Care and administered by Educators Mutual Insurance Association, Value discount plans are operated by Educators Mutual Insurance Association.

# USEA Value Dental Benefit at a Glance

- Lowest annual cost - FREE for USEA Members
- No waiting period
- No deductibles
- No annual maximums
- Up to 70% savings
- Large provider network

\*Not an insurance product

The Value plan is a voluntary discount plan that is **FREE** to all USEA members. This plan can be used to cover additional family members for a small annual amount.

## 2011 Sample Payment Schedule

Code	Description	Value In-network Fee
0120	Period oral evaluation	\$15
0140	Limited oral evaluation—problem focused	10
0150	Comprehensive oral evaluation	15
0220	Intraoral—periapical first film	6
0272	Bitewings—two films	10
0274	Bitewings—four films	12
0330	Panoramic film	35
1110	Prophylaxis—adult	35
1120	Prophylaxis—child	20
1203	Topical application of fluoride (including prophylaxis)—child	3
1351	Sealant—per tooth	15
2140	Amalgam—one surface, primary or perm.	35
2150	Amalgam—two surfaces, primary or perm.	45
2330	Resin-based composite—one surf. anterior	50
2331	Resin-based composite—two surf. anterior	65
2391	Resin-based composite—one surf. posterior	55
2392	Resin-based composite—two surf. posterior	70
2393	Resin-based composite—three surf. posterior	90
2740	Crown—porcelain/ceramic substrate	390
2750	Crown—porcelain fused to high noble metal	420
2751	Crown—porcelain fused to predominant base metal	420
2752	Crown—porcelain fused to noble metal	420
2950	Core buildup, including any pins	75
3310	Anterior (excluding final restoration)	220
3320	Bicuspid (excluding final restoration)	280
3330	Molar (excluding final restoration)	350
4910	Periodontal maintenance	60
6750	Crown—porcelain fused to high noble metal	395
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	40
9220	Deep sedation/general anesthesia, 30 mins.	150
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	18

This is a sample list only. Refer to your policy for a complete description of benefits, limitations, and exclusions. Co-Pays and Member Fees are subject to change January 1 of each year.



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Group: Utah School Employees Association  
 Plan: Value  
 Underwritten and Administered by: Educators Mutual Insurance Association  
 Plan Type: Voluntary / Fully Insured  
 Effective Date: 9/1/2011  
 Benefit Year: Calendar

	<b>In-Network Only</b>
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride	Up to 70% Savings - See Member Schedule (Discount Only)
<b>Type 2 - Basic</b> Fillings, Oral Surgery	Up to 60% Savings - See Member Schedule (Discount Only)
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	Up to 50% Savings - See Member Schedule (Discount Only)
<b>Type 4 - Orthodontics</b> Dependent children up to age (19)	25% Discount
Adults	25% Discount
Orthodontic Discount (All Members)	25% Discount
<b>Endodontics</b>	Up to 50% Savings - See Member Schedule (Discount Only)
<b>Periodontics</b>	Up to 50% Savings - See Member Schedule (Discount Only)
<b>Sealants</b>	Up to 60% Savings - See Member Schedule (Discount Only)
<b>Space Maintainers</b>	Up to 60% Savings - See Member Schedule (Discount Only)
<b>Specialists</b>	20% Discount
<b>Waiting periods</b>	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	None
<b>Deductible</b>	
Per Person	\$0.00
Family Max	\$0.00
<b>Deductible Applies To</b>	N / A
<b>Annual Maximum Per Person</b>	N / A
<b>Orthodontic Lifetime Maximum</b>	N / A
<b>Network / Reimbursement Schedule</b>	Value
<b>Annual Rate</b>	
Member	<b>FREE</b>
Two-Party	\$36.00
Family	\$60.00

The Program provides discounts only at certain health care providers for health care services; the Program holder is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the Program.

Member Fees are subject to change January 1st of each year.

Benefits illustrated are in summary only. Refer to your Dental Policy for a complete description of benefits, limitations and exclusions. All Services are subject to EMI Health's Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Choice plans are underwritten by Educators Mutual Insurance Association, Advantage plans are underwritten by Educators Health Care and administered by Educators Mutual Insurance Association, Value discount plans are operated by Educators Mutual Insurance Association.

## USEA Dental Plan Terms

Upon acceptance of your enrollment, you will receive an insurance or discount card, depending on the plan you select. Just present that card to providers who have contracted with the program when receiving services. You can locate contracted providers by visiting our web site at [emihealth.com.com](http://emihealth.com.com).

**Discount Plans Only:** The Value Discount Dental and RxBlitz Prescription Discount Card programs are operated by Educators Mutual Insurance Association. Prescriptions are filled through Medco Health. The discount program is not an insurance policy, but provides discounts when using certain providers. The program holder is obligated to pay for all services, but will receive a discount from those providers who have contracted with the program.

Should you have a dispute with the program, you may send a written request for review to the EMI Health Review Committee. The Review Committee will inform you in writing of its decision.

If you do not agree with the findings of the Review Committee, the subject dispute shall be submitted for resolution through binding arbitration. Such arbitration is mandatory and shall be the exclusive method of resolving any such dispute. You may initiate arbitration by giving written notice to EMI Health within 30 days after the delivery in writing of the final decision of the Review Committee.

### Questions?

Please call USEA  
(801) 269-9320 or (800) 662-6544

### EMI Health's Online Provider Search

For the most current list of dental providers, visit us online at [emihealth.com](http://emihealth.com) or contact our customer service department at 800.662.5851.



## Free RxBlitz Prescription Discount Card

### Save up to 86% on Prescription drugs with the RxBlitz Prescription Discount Card!

EMI Health offers a prescription discount program that allows plan participants to enjoy savings up to 86% or more on retail and mail order prescriptions at over 41,000 locations nationwide.

For example:

DRUG NAME	DISCOUNT PRICE	% SAVINGS
Alprazolam (Xanax Generic)	\$3.46	86.3%
Fluoxetine (Prozac Generic)	\$7.37	90.6%
Cephalexin	\$10.19	74.8%
Celebrex	\$116.77	12.2%
Lipitor	\$135.30	12.4%
Acyclovir	\$15.58	86.2%
Ambien CR	\$178.22	12.7%

*Prices as of October 2010 for a 30-day supply at a retail pharmacy. Savings are based on a comparison of the cash price and the discount card price. Prices may vary by drug strength and by pharmacy.*

*The RxPerk Prescription Discount Card program is operated by Educators Mutual Insurance Association. The RxPerk Prescription Discount Card program is not an insurance policy. The program provides discounts when using certain pharmacy providers; the program holder is obligated to pay for all services, but will receive a discount from those providers who have contracted with the program.*

To sign up for RX Blitz, go to [emihealth.com](http://emihealth.com). Click on the "Members" tab, then "Edge Discount", then "Prescription."

## Plan Provisions and Exclusions

The benefits represented in this brochure are summaries only. All benefits are subject to the terms, limitations, and exclusions set forth in the policy. EMI Health Dental Plans do not pay for any of the following:

1. Services received before the policy became effective or after coverage has terminated.
2. Expenses for preparing dental reports, itemized bills, or claim forms.
3. Illness or injury caused by the negligent or wrongful act of another, or for which the insured is covered by any workers' compensation or similar law.
4. Illness or injury that an insured incurred either (1) while in the service of an employer that was obligated by law to provide workers' compensation insurance that would have covered such illness or injury, or, (2) while in the service of an employer that had elected to exclude workers' compensation coverage for such insured.
5. Illness or injury for which the insured is covered by other responsible insurance including, but not limited to, coverage under a government sponsored health plan, except as otherwise provided herein, or as otherwise provided by law.
6. Charges for services related to cosmetic surgery or dentistry for solely cosmetic reasons including, but not limited to, bonding and veneers.
7. Any procedure started prior to the date the patient became covered for such services under this policy.
8. Medical care, confinement, treatment, services, use of facilities, or supplies for which charges are made by a facility, including freestanding nursing home, rest home, or similar establishment.
9. Plaque control programs, oral hygiene instruction, and dietary instruction.
10. Myofunctional therapy.
11. Lab costs for an oral tissue biopsy (discount only).
12. Treatment to correct problems with the way teeth meet or to adjust bite (alter vertical dimensions or restore or equilibrate occlusion) except as covered under orthodontia.
13. Treatment, supplies, appliances, aids, devices, or drugs that are not FDA approved.
14. Any loss caused, or contributed to, by the insured attempting to commit, an act of aggression or an illegal act. This exclusion does not apply to benefits for victims of domestic violence or for insureds with mental health conditions.
15. Care, treatment, operations, or supplies that are illegal, experimental, investigational, or for research purposes by the United States medical profession that are not recognized or proven to be effective for treatment of illness or injury in accordance with generally accepted dental/medical practices.
16. Expenses in connection with transportation or mileage reimbursement.
17. Expenses for air fare, meals, accommodations, and car rental.
18. Medications labeled "Caution, Limited by Federal Law to Investigational Use" or experimental drugs. Twelve months must have passed after FDA approval, before the Plan will consider coverage.
19. Services that are not medically necessary including veneers, special techniques, precious metals used for removable appliances other than orthodontics, precision attachments for partial dentures or bridges, and personal characterization.
20. Any procedure or appliance to correct or treat temporomandibular joint dysfunction (TMJ).
21. Dental implants, transplants, reimplantations, and associated appliances or services rendered in conjunction with implants; this exclusion does not apply to otherwise covered crowns].
22. Hospital services.
23. Habit-breaking devices or appliances.
24. Temporary restorations, appliances, or procedures, except that temporary restorations are covered when included in the charge for the restoration process.
25. Replacement of lost, stolen, or damaged dentures, except once every five years.
26. Procedures, appliances, or restorations, other than those for replacement of structure loss from caries, that are necessary to alter, restore, or maintain occlusion by any of the following: realignment of teeth, periodontal splinting, gnathological recordings, equilibration, treatment of disturbances of the temporomandibular joint (TMJ), or orthognathic procedures

27. Hypnosis and related analgesia.
28. Restorative dental services in connection with an overdenture.
29. Expenses for services required due to complications associated with, or due to, non-covered services, and where applicable, reversal of non-covered services.
30. Services rendered by anyone other than a licensed dentist and when necessary and customary, as determined by the standards of generally accepted dental practice.
31. Services for injury resulting from any act of war, whether declared or undeclared.
32. Care, treatment, or services the insured is not, in the absence of this policy, legally obligated to pay, except as otherwise provided by law.
33. Care, treatment, or services rendered by any Provider who ordinarily resides in the same household (e.g. Spouse, parent).
34. Benefits for services or treatments covered under any medical plan.
35. Expenses for appointments scheduled but not kept, or for telephone consultations.
36. Expenses for shipping, handling, postage, sales tax, interest, or finance charges.
37. Charges for completion or submission of insurance forms.
38. Prescription drugs and over-the-counter medication.
39. Charges for care, treatment, or surgical procedures that are unnecessary or in excess of the Summary of Benefits or the Table of Allowance.
40. The application of a dental sealant on any tooth that has been previously treated with a temporary or permanent restoration.
41. The application of dental sealants on all anterior teeth.
42. Chemotherapeutic injections (discount only).



# USEA Dental Plan Enrollment Application

For Office Use Only

## REASON FOR APPLICATION:

- NEW ENROLLEE   
  CHANGE OF PLAN   
  CHANGE OF ADDRESS   
  CHANGE OF DEPENDENT(S)  
 CHANGE - OTHER (please specify) \_\_\_\_\_

EFFECTIVE DATE

LAST NAME		FIRST	INITIAL	SEX	SOCIAL SECURITY NO.	DATE OF BIRTH	
ADDRESS / STREET NO.					CITY & STATE	ZIP CODE	
HOME PHONE		BUSINESS PHONE			E-MAIL ADDRESS		SCHOOL DISTRICT
DO YOU AND/OR ANY DEPENDENTS TO BE COVERED ON THIS PLAN HAVE OTHER DENTAL INSURANCE?					<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHO IS THE SUBSCRIBER/POLICY/HOLDER?							
OTHER DENTAL INSURANCE COMPANY/CARRIER:							
COVERED DEPENDENTS' NAMES				SEX	DATE OF BIRTH		
_____				_____	_____		
_____				_____	_____		
_____				_____	_____		
_____				_____	_____		
ENROLL ME IN THE FOLLOWING PLAN(S): <input type="checkbox"/> Choice <input type="checkbox"/> Advantage <input type="checkbox"/> Value							

I wish to enroll in the EMI Health plan checked above. In signing this application, I understand that I am authorizing EMI Health or USEA to payroll deduct the monthly premium for the coverage selected. The actual monthly premium amount deducted depends on the number of payroll deductions my district will allow for the year. I also understand that if I enroll in the Value Plan, for my spouse or dependents, I must pay in advance the annual amount, which should be included with my enrollment form.

Furthermore, I understand that I am responsible for the monthly premiums and will notify USEA (exclusively) if there are any changes in my status regarding dental coverage and also agree to remain in the plan for a minimum of one year.

I also understand that I am not entitled to change my coverage elections during the plan year, unless I experience a special enrollment situation (i.e., marriage, divorce, birth, death, adoption, placement for adoption, or loss of other insurance coverage.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The proposed coverage shall not take effect until this application has been accepted by EMI Health. Coverage under the Policy begins on the applicable effective date as stated on the face page of the Policy, which will be delivered to the Subscriber through the US Postal Service.

Please mail this application to

**USEA**  
**864 East Arrowhead Lane**  
**Murray, UT 84107-5211**

