



CONTACT INFORMATION

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D 5 - Choice Plan Premiere and Advantage Dentists		
	In-Network	Out-Of-Network
Type I Preventative	100%	80% MAC
Type II Basic	80%	60% MAC
Type III Major	50%	50% MAC
Type IV Orthodontics	Up to 25%	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III	
Deductible	\$100.00 Lifetime PP / \$300 Family	
Waiting Periods on Type III	12 Mth. Waived if first chance to sign up or if transferring from D2,D3 or TDA	
Employee	\$29.70 (monthly rate)	
2 Party	\$68.20 (monthly rate)	
Family	\$118.00 (monthly rate)	

D 2 - Advantage Plan Advantage Dentists		
	In-Network	
Type I Preventative	100%	
Type II Basic	Based Upon Fee schedule (view it www.bonneville.org)	
Type III Major	Based Upon Fee schedule (view it www.bonneville.org)	
Type IV Orthodontics	Up to 25% Discount	
Annual Maximum	Unlimited	
Specialists	20% Discount	
Endodontics Periodontics	20% Discount	
Deductible	None	
Waiting Periods	None	None
Employee	\$20.80 (monthly rate)	
2 Party	\$48.10 (monthly rate)	
Family	\$75.00 (monthly rate)	

D 3 Premiere Light Premiere Dentists		
	In-Network	
Type I Preventative	100%	
Type II Basic	Based Upon Fee schedule (view it www.bonneville.org)	
Type III Major	Based Upon Fee schedule (view it www.bonneville.org)	
Type IV Orthodontics	Up to 25% Discount	
Annual Maximum	Unlimited	
Specialists	Same as General Dentist	
Endodontics Periodontics	Based Upon Fee schedule (view it www.bonneville.org)	
Deductible	None	
Waiting Periods	None	None
Employee	\$15.20 (monthly rate)	
2 Party	\$30.60 (monthly rate)	
Family	\$50.50 (monthly rate)	

D 4 - Value Plan Value Dentists		
	In-Network	
Type I Preventative	Based Upon Fee schedule (view it www.bonneville.org)	
Type II Basic	Based Upon Fee schedule (view it www.bonneville.org)	
Type III Major	Based Upon Fee schedule (view it www.bonneville.org)	
Type IV Orthodontics	Up to 25% Discount	
Annual Maximum	Unlimited	
Specialists	20% Discount	
Endodontics Periodontics	Based Upon Fee schedule (view it www.bonneville.org)	
Deductible	None	
Waiting Periods	None	None
Employee	\$3.00 (monthly rate)	
2 Party	\$6.00 (monthly rate)	
Family	\$6.00 (monthly rate)	

2012 COPAY FEE EXAMPLES (subject to change January 1st of each year) In-Network		
2331	Porcelain filling 2 surface anterior	Type II
2394	Porcelain filling 4 surface posterior	Type II
7240	Complete boney impaction	Type III
4210	Gingivectomy (periodontics)	Type III
3330	Molar Canal	Type III
2750	Porcelain Crown	Type III
9430	Office Visit	Type I

2012 COPAY FEE EXAMPLES (subject to change January 1st of each year) (Specialists are 20% Discount only)		
2331	Porcelain filling 2 surface anterior	\$45
2394	Porcelain filling 4 surface posterior	\$80
7240	Complete boney impaction	\$145
4210	Gingivectomy (periodontics)	\$238
3330	Molar Root Canal	\$345
2750	Porcelain Crown	\$335
9430	Office Visit	\$25

2012 COPAY FEE EXAMPLES (subject to change January 1st of each year)		
2331	Porcelain filling 2 surface anterior	\$85
2394	Porcelain filling 4 surface posterior	\$135
7240	Complete boney impaction	\$185
4210	Gingivectomy (periodontics)	\$238
3330	Molar Root Canal	\$510
2750	Porcelain Crown	\$600
9430	Office Visit	\$ 0

2012 COPAY FEE EXAMPLES (subject to change January 1st of each year)		
2331	Porcelain filling 2 surface anterior	\$65
2394	Porcelain filling 4 surface posterior	\$95
7240	Complete boney impaction	20 %
4210	Gingivectomy (periodontics)	20 %
3330	Molar Root Canal	\$350
2750	Porcelain Crown	\$420
9430	Office Visit	\$20

