

**2018 Individual Marketplace Dental**

**OHIO**

**CHOICE PPO HIGH**

		<b>CHOICE PPO HIGH</b>		
		<b>In-Network</b> (Advantage Network)	<b>In-Network</b> (Premier Network)	<b>Out-of-Network</b>
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Sealants, Fluoride		100%	100%	100%
<b>Type 2 - Basic</b> Fillings, Oral Surgery, Space Maintainers		80%	80%	80%
<b>Type 3 - Major</b> Crowns, Bridges, Endodontics, Periodontics, Prosthodontics		50%	50%	50%
<b>Type 4 - Orthodontics</b>		50%	50%	50%
<b>Specialists</b>		<b>Paid Same As General Dentist</b>		
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic Type 3 - Major		<b>None</b> <b>6 Month Waiting Period</b> <b>15 Month Waiting Period</b>		
Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary)		<b>None / 24 Month Waiting Period</b>		
<b>Deductible</b> (Applies to Type 1, 2 & 3) Per Person		\$15	\$15	\$15
Family Max		\$45	\$45	\$45
<b>Type 3 - Major Annual Maximum</b>		\$750		
<b>Annual Maximum per Person</b>		\$1,500	\$1,000	
<b>Orthodontic Lifetime Maximum</b> (Medically Necessary / Non Medically Necessary)		<b>No Maximum / \$1,000</b>		
<b>Pediatric EHB Annual Maximum</b>		<b>No Maximum</b>		
<b>Pediatric Individual EHB Out-of-Pocket Maximum</b>		\$350		
<b>Pediatric Family EHB Out-of-Pocket Maximum</b>		\$700		

*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 Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances. Underwritten by Educators Health Plans Life, Accident, and Health, Inc.*