

**2017 INDIVIDUAL EXCHANGE DENTAL**

**ARIZONA**

**ADVANTAGE CO-PAY**

	<b>In-Network</b> 2,800+ Providers	<b>Out-of-Network</b>
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride, Sealants	<b>100%</b>	<b>See Co-Pay Schedule</b>
<b>Type 2 - Basic</b> Fillings, Oral Surgery, Space Maintainers	<b>See Co-Pay Schedule</b>	
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>See Co-Pay Schedule</b>	
<b>Type 4 - Orthodontics</b> Dependent Children (up to age 19)	<b>50%</b>	<b>50%</b>
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic (age 19 and older) Type 3 - Major (age 19 and older)  Type 4 - Orthodontics	<b>None</b> <b>6 Month Waiting Period</b> <b>12 Month Waiting Period</b>	
<b>Deductible</b>	<b>None</b>	
<b>Family Max</b>	<b>\$0</b>	
<b>Type 3 - Major Annual Maximum</b>	<b>N/A</b>	
<b>Annual Maximum Per Person</b>	<b>None</b>	
<b>Orthodontic Lifetime Maximum</b>	<b>\$1,000</b>	
<b>Pediatric EHB Annual Max</b>	<b>No Annual Max</b>	
<b>Pediatric EHB Out of Pocket Max</b>	<b>\$350 Individual / \$700 Family</b>	
<b>Network / Reimbursement Schedule</b>	<b>Advantage</b>	

*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. Co-Pays, are subject to change January 1st of each year. Underwritten by EMI Health.*