

**2018 Individual Marketplace Dental**

**PENNSYLVANIA**

**CHOICE PPO HIGH**

<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Sealants, Fluoride
<b>Type 2 - Basic</b> Fillings, Oral Surgery, Space Maintainers
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics
<b>Type 4 - Orthodontics</b>
<b>Specialists</b>
<b>Waiting Periods</b> Type 1 - Preventive Type 2 - Basic Type 3 - Major  Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary)
<b>Deductible</b> (Applies to Type 2 & 3) Per Person  Family Max
<b>Type 3 - Major Annual Maximum</b>
<b>Annual Maximum per Person</b>
<b>Orthodontic Lifetime Maximum</b> (Medically Necessary / Non Medically Necessary)
<b>Pediatric EHB Annual Maximum</b>
<b>Pediatric Individual EHB Out-of-Pocket</b>
<b>Pediatric Family EHB Out-of-Pocket Maximum</b>

<b>CHOICE PPO HIGH</b>		
<b>In-Network</b> (Advantage Network)	<b>In-Network</b> (Premier Network)	<b>Out-of-Network</b>
100%	100%	100%
80%	80%	80%
50%	50%	50%
50%	50%	50%
<b>Paid Same As General Dentist</b>		
<b>None</b>		
<b>None</b>		
<b>15 Month Waiting Period</b>		
<b>None / 24 Months</b>		
\$100	\$100	\$100
\$300	\$300	\$300
<b>\$750</b>		
\$1,500	\$1,000	
<b>No Maximum / \$1,000</b>		
<b>No Maximum</b>		
<b>\$350</b>		
<b>\$700</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/Claim Payments are subject to change January 1st of each year. Underwritten by Educators Health Plans Life, Accident, and Health, Inc.*

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