

2018 Individual Marketplace Dental

PENNSYLVANIA

CHOICE PPO LOW

| | | CHOICE PPO LOW | | |
|--|--|---|---------------------------------|-------------------|
| | | In-Network (Advantage Network) | In-Network (Premier Network) | Out-of-Network |
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Sealants, Fluoride | | 100% | 100% | 80% |
| Type 2 - Basic Fillings, Oral Surgery, Space Maintainers | | 60% | 60% | 50% |
| Type 3 - Major Crowns, Bridges, Prosthodontics | | 50% | 40% | 30% |
| Type 4 - Orthodontics (Medically Necessary / Non-Medically Necessary) | | 50% / Not Covered | 50% / Not Covered | 50% / Not Covered |
| Specialists | | Paid Same As General Dentist | | |
| Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major | | None None 18 Month Waiting Period | | |
| Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary) | | None / Not Applicable | | |
| Deductible (Applies to Type 1, 2 & 3) Per Person | | \$100 | \$100 | \$100 |
| Family Max | | \$300 | \$300 | \$300 |
| Type 3 - Major Annual Maximum | | \$500 | | |
| Annual Maximum per Person | | \$1,500 | \$1,000 | |
| Orthodontic Lifetime Maximum (Medically Necessary / Non Medically Necessary) | | No Maximum / Not Applicable | | |
| Pediatric EHB Annual Maximum | | No Maximum | | |
| Pediatric Individual EHB Out-of-Pocket | | \$350 | | |
| Pediatric Family EHB Out-of-Pocket Maximum | | \$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. 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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