

2018 INDIVIDUAL MARKETPLACE DENTAL

ARIZONA

CHOICE PPO (High)

	In-Network (Advantage Plus)	In-Network (Premier Network)	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride, Sealants	100%	100%	100%
Type 2 - Basic Fillings, Oral Surgery, Space Maintainers	80%	80%	80%
Type 3 - Major Crowns, Bridges, Prosthodontics	50%	50%	50%
Type 4 - Orthodontics Dependent Children (up to age 19)	50%	50%	50%
Waiting Periods Type 1 - Preventive Type 2 - Basic (age 19 and older) Type 3 - Major (age 19 and older) Type 4 - Orthodontics	<p>None</p> <p>6 Month Waiting Period</p> <p>15 Month Waiting Period</p> <p>None / Medically Necessary</p> <p>24 Months / Non-Medically Necessary</p>		
Deductible (Applies to Type 1, 2 & 3) Per Person	\$15	\$15	\$15
Family Max	\$45	\$45	\$45
Type 3 - Major Annual Maximum	\$750		
Annual Maximum Per Person	\$1,500	\$1,000	
Orthodontic Lifetime Maximum	<p>No Maximum / Medically Necessary</p> <p>\$1,000 / Non-Medically Necessary</p>		
Pediatric EHB Annual Max	No Maximum		
Pediatric EHB Out of Pocket Max	\$350 Individual / \$700 Family		

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.