

2018 Individual Marketplace Dental

TEXAS

ADVANTAGE CO-PAY

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Advantage Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Sealants, Fluoride	100%
Type 2 - Basic Fillings, Oral Surgery, Space Maintainers	See Co-Pay Schedule
Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics	See Co-Pay Schedule
Type 4 - Orthodontics	50%
Specialists	Paid Same as General Dentist
Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major	None 6 Month Waiting Period 12 Month Waiting Period
Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary)	None / 24 Month Waiting Period
Deductible (Applies to Type 1, 2 & 3) Per Person	\$50
Family Max	\$150
Type 3 - Major Annual Maximum	No Maximum
Annual Maximum per Person	No Maximum
Orthodontic Lifetime Maximum (Medically Necessary / Non Medically Necessary)	No Maximum / \$1,000
Pediatric EHB Annual Maximum	No Maximum
Pediatric Individual EHB Out-of-Pocket Maximum	\$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. Underwritten by Educators Health Plans Life, Accident, and Health, Inc.