

2018 INDIVIDUAL MARKETPLACE DENTAL

ARIZONA

ADVANTAGE CO-PAY

| | In-Network | Out-of-Network |
|---|---|------------------------|
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride, Sealants | 100% | See Co-Pay Schedule |
| Type 2 - Basic Fillings, Oral Surgery, Space Maintainers | See Co-Pay Schedule | |
| Type 3 - Major Crowns, Bridges, Prosthetics | See Co-Pay Schedule | |
| Type 4 - Orthodontics Dependent Children (up to age 19) | 50% | 50% |
| Waiting Periods Type 1 - Preventive Type 2 - Basic (age 19 and older) Type 3 - Major (age 19 and older) | None 6 Month Waiting Period 12 Month Waiting Period | |
| Type 4 - Orthodontics | None / Medically Necessary 24 Months / Non-Medically Necessary | |
| Deductible (Applies to Type 1, 2 & 3) Per Person | \$50 | |
| Family Max | \$150 | |
| Type 3 - Major Annual Maximum | N/A | |
| Annual Maximum Per Person | No Maximum | |
| Orthodontic Lifetime Maximum | No Maximum / Medically Necessary \$1,000 / Non-Medically Necessary | |
| 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.