

2018 Individual Marketplace Dental

OHIO

CHOICE PPO LOW

|  |  | CHOICE PPO LOW  |                                 |                   |
|--|--|---|---------------------------------|-------------------|
|  |  | In-Network<br>(Advantage Network)                         | In-Network<br>(Premier Network) | Out-of-Network    |
| <b>Type 1 - Preventive</b><br>Oral Exams, Cleanings,<br>X-rays, Sealants, Fluoride     |  | 100%  | 100%                            | 80%               |
| <b>Type 2 - Basic</b><br>Fillings, Oral Surgery, Space Maintainers                     |  | 60%   | 60%                             | 50%               |
| <b>Type 3 - Major</b><br>Crowns, Bridges, Endodontics,<br>Periodontics, Prosthodontics |  | 50%   | 40%                             | 30%               |
| <b>Type 4 - Orthodontics</b><br>(Medically Necessary / Non-Medically Necessary)        |  | 50% / Not Covered   | 50% / Not Covered               | 50% / Not Covered |
| <b>Specialists</b>   |  | Paid Same As General Dentist                              |                                 |                   |
| <b>Waiting Periods</b><br>Type 1 - Preventive<br>Type 2 - Basic<br>Type 3 - Major      |  | None<br>6 Month Waiting Period<br>18 Month Waiting Period |                                 |                   |
| Type 4 - Orthodontics<br>(Medically Necessary / Non Medically Necessary)               |  | None / Not Applicable                                     |                                 |                   |
| <b>Deductible</b><br>(Applies to Type 1, 2 & 3)<br>Per Person                          |  | \$100   | \$100                           | \$100             |
| Family Max   |  | \$300   | \$300                           | \$300             |
| <b>Type 3 - Major Annual Maximum</b>   |  | \$500   |                                 |                   |
| <b>Annual Maximum per Person</b>   |  | \$1,500   | \$1,000                         |                   |
| <b>Orthodontic Lifetime Maximum</b><br>(Medically Necessary / Non Medically Necessary) |  | No Maximum / Not Applicable                               |                                 |                   |
| <b>Pediatric EHB Annual Maximum</b>  |  | No Maximum  |                                 |                   |
| <b>Pediatric Individual EHB Out-of-Pocket Maximum</b>                                  |  | \$350   |                                 |                   |
| <b>Pediatric Family EHB Out-of-Pocket Maximum</b>                                      |  | \$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.