

2018 Individual Marketplace Dental

NEVADA

CHOICE PPO LOW

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	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, Endodontics, Periodontics, 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 6 Month Waiting Period 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 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.