

2018 Individual Marketplace Dental

FLORIDA

ADVANTAGE CO-PAY

| | | ADVANTAGE CO-PAY | |
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| | | In-Network | Out-of-Network |
| Type 1 - Preventive Oral Exams, Cleanings, X-rays, Sealants, Fluoride | | 100% | See Co-Pay Schedule |
| Type 2 - Basic Fillings, Oral Surgery, Space Maintainers | | See Co-Pay Schedule | |
| Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics | | | |
| Type 4 - Orthodontics (Medically Necessary / Non-Medically Necessary) | | 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 12 Month Waiting Period | |
| Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary) | | None / Not Applicable | |
| 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 / 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.