

2018 Individual Marketplace Dental

OHIO

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		See Co-Pay Schedule	
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.