

2018 Individual Marketplace Dental

NEVADA

ADVANTAGE CO-PAY

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In-Network	Out-of-Network
100%	See Co-Pay Schedule
See Co-Pay Schedule	
50% / Not Covered	50% / Not Covered
Paid Same as General Dentist	
None 6 Month Waiting Period 12 Month Waiting Period	
None / Not Applicable	
\$50	
\$150	
No Maximum	
No Maximum	
No Maximum / Not Applicable	
No Maximum	
\$350	
\$700	

<p>Type 1 - Preventive Oral Exams, Cleanings, X-rays, Sealants, Fluoride</p>
<p>Type 2 - Basic Fillings, Oral Surgery, Space Maintainers</p>
<p>Type 3 - Major Crowns, Bridges, Endodontics, Periodontics, Prosthodontics</p>
<p>Type 4 - Orthodontics (Medically Necessary / Non-Medically Necessary)</p>
<p>Specialists</p>
<p>Waiting Periods Type 1 - Preventive Type 2 - Basic Type 3 - Major</p>
<p>Type 4 - Orthodontics (Medically Necessary / Non Medically Necessary)</p>
<p>Deductible (Applies to Type 1, 2 & 3) Per Person</p>
<p>Family Max</p>
<p>Type 3 - Major Annual Maximum</p>
<p>Annual Maximum per Person</p>
<p>Orthodontic Lifetime Maximum (Medically Necessary / Non Medically Necessary)</p>
<p>Pediatric EHB Annual Maximum</p>
<p>Pediatric Individual EHB Out-of-Pocket Maximum</p>
<p>Pediatric Family EHB Out-of-Pocket Maximum</p>

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.