

Utah: 2025 Marketplace Dental Plan Comparison



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| | CHOICE PPO HIGH PLAN | | | CHOICE PPO PLAN | | | ADVANTAGE PPO PLAN | | ADVANTAGE COPAY PLAN | |
|---|-------------------------|-----------------|-----------------|---|-----------------|-----------------|-------------------------|-----------------|-------------------------|----------------------------|
| | Advantage Network | Premier Network | Out of Network | Advantage Network | Premier Network | Out of Network | Advantage Plus Network | Out of Network | Advantage Network | Out of Network |
| Services | | | | | | | | | | |
| Preventive | 100% | 100% | 100% up to MAC* | 100% | 100% | 100% up to MAC* | 100% | 100% up to MAC* | 100% | See Claim Payment Schedule |
| Basic | 80% | 80% | 80% up to MAC* | 80% | 70% | 70% up to MAC* | 50% | 50% up to MAC* | See CoPay Schedule | |
| Major | 50% | 50% | 50% up to MAC* | 50% | 50% | 50% up to MAC* | 25% | 25% up to MAC* | | |
| Orthodontics Children (age 7 through 18) | 50% | 50% | 50% | Discount Only | Discount Only | No Coverage | Discount Only | No Coverage | Discount Only | No Coverage |
| Adults | Discount Only | Discount Only | No Coverage | Discount Only | Discount Only | No Coverage | Discount Only | No Coverage | Discount Only | No Coverage |
| Waiting Periods | | | | | | | | | | |
| Preventive | None | | | None | | | None | | None | |
| Basic | 6 Month Waiting Period | | | 6 Month Waiting Period | | | 6 Month Waiting Period | | 6 Month Waiting Period | |
| Major | 15 Month Waiting Period | | | 18 Month Waiting Period | | | 12 Month Waiting Period | | 12 Month Waiting Period | |
| Orthodontics | 24 Month Waiting Period | | | Not Applicable | | | Not Applicable | | Not Applicable | |
| Deductible (applies to Preventive, Basic, and Major) | | | | | | | | | | |
| Individual | \$25 | \$50 | \$50 | \$25 | \$50 | \$50 | \$100 | | \$50 | |
| Family Max | \$75 | \$150 | \$150 | \$75 | \$150 | \$150 | \$300 | | \$150 | |
| Maximums | | | | | | | | | | |
| Major Annual Max | \$750 | | | \$500 | | | \$500 | | No Maximum | |
| Annual Max per Person | \$1,500 | \$1,000 | | \$1,500 | \$1,000 | | \$1,000 | | No Maximum | |
| Orthodontic Lifetime Max (Medically / Non Medically Necessary) | \$1,000 | | | No Coverage (Eligible for up to 25% Discount) | | | Not Applicable | | Not Applicable | |
| Pediatric EHB Annual Max | No Maximum | | | No Maximum | | | No Maximum | | No Maximum | |
| Pediatric Individual EHB Out-of-Pocket Max | \$425 | | | \$425 | | | \$425 | | \$425 | |
| Pediatric Family EHB Out-of-Pocket Max | \$850 | | | \$850 | | | \$850 | | \$850 | |

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 Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC). Underwritten by Educators Health Plans Life, Accident & Health. These EMI Health dental plans have been reviewed and approved by the Utah Insurance Department. They meet all Federal regulations, fulfilling the requirements of the Affordable Care Act for individuals. [General Policy Provisions](#)