Utah: 2026 Marketplace Dental Plan Comparison

EMI HEALTH

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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	$450			$450			$450		$450	
Pediatric Family EHB Out-of-Pocket Max	$900			$900			$900		$900	

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