

Arizona: 2021 Marketplace Dental Plan Comparison



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	CHOICE PPO HIGH PLAN			CHOICE PPO LOW PLAN			ADVANTAGE PPO PLAN		ADVANTAGE PPO LOW PLAN		ADVANTAGE COPAY PLAN		
	Advantage Network	Premier Network	Out of Network	Advantage Network	Premier Network	Out of Network	Advantage Network	Out of Network	Advantage 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%	100% up to MAC	100%	See CoPay Schedule	
Basic	80%	80%	80% up to MAC	60%	60%	50% up to MAC	50%	50% up to MAC	50%	50% up to MAC	See CoPay Schedule		
Major	50%	50%	50% up to MAC	50%	40%	30% up to MAC	25%	25% up to MAC	25% / Not Covered (Children up to age 19* / Adults 19+)	25% Up to MAC / Not Covered (Children up to age 19* / Adults 19+)			
Orthodontics Medically Necessary	50%	50%	50%	50%	50%	50%	50%	50%	50% / Not Covered (Children up to age 19* / Adults 19+)	50% / Not Covered (Children up to age 19* / Adults 19+)	50%		50%
Non-Medically Necessary	50%	50%	50%	50%	50%	50%	Not Covered	Not Covered	Not Covered	Not Covered	50%		50%
Waiting Periods													
Preventive	None			None			None		None		None		
Basic	6 Month Waiting Period			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		None		12 Month Waiting Period		
Orthodontics Medically Necessary / Non-Medically Necessary	None / 24 Month Waiting Period			None / 24 Month Waiting Period			None / Not Applicable		None / Not Applicable		None / 24 Month Waiting Period		
Deductible (applies to Preventive, Basic, and Major)													
Individual	\$25			\$100			\$100		\$75		\$50		
Family Max	\$75			\$300			\$300		\$225		\$150		
Maximums													
Major Annual Max	\$750			\$500			\$500		No Maximum		No Maximum		
Annual Max per Person	\$1,500	\$1,000		\$1,500	\$1,000		\$1,000		\$1,000		No Maximum		
Orthodontic Lifetime Max (Medically / Non Medically Necessary)	No Maximum / \$1,000			No Maximum / \$1,000			No Maximum / Not Applicable		No Maximum / Not Applicable		No Maximum / \$1,000		
Pediatric EHB Annual Max	No Maximum			No Maximum			No Maximum		No Maximum		No Maximum		
Pediatric Individual EHB Out-of-Pocket Max	\$350			\$350			\$350		\$350		\$350		
Pediatric Family EHB Out-of-Pocket Max	\$700			\$700			\$700		\$700		\$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 Maximum Allowable Charge (MAC). 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 & Health. *Through the last day of the month in which the Insured turns 19 years of age