Florida: 2027 Marketplace Dental Plan Comparison

EMI HEALTH™

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	PREMIER PPO HIGH PLAN		PREMIER PPO LOW PLAN		ADVANTAGE PPO PLAN		ADVANTAGE PPO LOW PLAN		ADVANTAGE COPAY PLAN	
	Premier-D Network	Out of Network	Premier-D Network	Out of Network	Advantage Plus-D Network	Out of Network	Advantage Plus-D Network	Out of Network	Advantage-D Network	Out of Network
Services										
Preventive	100%	100% up to MAC*	100%	80% up to MAC*	100%	100% up to MAC*	100%	100% up to MAC*	100%	See CoPay Schedule
Basic	80%	80% up to MAC*	60%	50% up to MAC*	50%	50% up to MAC*	50%	50% up to MAC*	See CoPay Schedule	
Major	50%	50% up to MAC*	50%	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 (up to age 19**) Medically Necessary	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics (up to age 19**) Non-Medically Necessary	50%	50%	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered
Waiting Periods										
Preventive	None		None		None		None		None	
Basic (age 19 and older)	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period	
Major (age 19 and older)	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 / Not Applicable		None / Not Applicable		None / Not Applicable		None / Not Applicable	
Deductible										
Individual	$25		$100		$100		$75		$50	
Family Max	$75		$300		$300		$225		$150	
Deductible applies to	Preventive, Basic, and Major Services		Preventive, Basic, and Major Services		Preventive, Basic, and Major Services		Preventive, Basic, and Major Services		Preventive, Basic, and Major Services	
Maximums										
Major Annual Max (age 19 and older)	$750		$500		$500		No Maximum		Combined with Annual Max	
Annual Max per Person (age 19 and older)	$1,500	$1,000	$1,500	$1,000	$1,000		$1,000		$1,500	
Orthodontic Lifetime Max (Medically / Non Medically Necessary)	No Maximum / $1,000		No Maximum / Not Applicable		No Maximum / Not Applicable		No Maximum / Not Applicable		No Maximum / Not Applicable	
Pediatric EHB Annual Max	No Maximum		No Maximum		No Maximum		No Maximum		No Maximum	
Pediatric Individual EHB Out-of-Pocket Max	$450		$450		$450		$450		$450	
Pediatric Family EHB Out-of-Pocket Max	$900		$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 Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the MAC. Underwritten by Educators Health Plans Life, Accident, and Health, Inc. **Through the last day of the month in which the Insured turns 19 years of age.