

# Georgia: 2021 Marketplace Dental Plan Comparison



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	PREMIER PPO HIGH PLAN		PREMIER PPO LOW PLAN		ADVANTAGE PPO PLAN		ADVANTAGE PPO LOW PLAN		ADVANTAGE COPAY PLAN	
	Premier Network	Out of Network	Premier Network	Out of Network	Advantage Network	Out of Network	Advantage Network	Out of Network	Advantage Network	Out of Network
<b>Services</b>										
Preventive	100%	100% up to MAC	100%	100% up to MAC	100%	100% up to MAC	100%	100% up to MAC	100%	See CoPay Schedule
Basic	80%	80% up to MAC	50%	50% up to MAC	50%	50% up to MAC	50%	50% up to MAC	See CoPay Schedule	
Major	50%	50% up to MAC	50%	50% up to MAC	25%	25% up to MAC	25% / Not Covered <small>(Children up to age 19* / Adults 19+)</small>	25% Up to MAC / Not Covered <small>(Children up to age 19* / Adults 19+)</small>		
Orthodontics Medically Necessary	50%	50%	50%	50%	50%	50%	50% / Not Covered <small>(Children up to age 19* / Adults 19+)</small>	50% / Not Covered <small>(Children up to age 19* / Adults 19+)</small>	50%	50%
Non-Medically Necessary	50%	50%	Discount Only (Up to 25%)	Not Covered	Discount Only (Up to 25%)	Not Covered	Not Covered	Not Covered	Discount Only (Up to 25%)	Not Covered
<b>Waiting Periods</b>										
Preventive	None		None		None		None		None	
Basic	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		None / 6 Month Waiting Period <small>(Children up to age 19* / Adults 19+)</small>		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 / Not Applicable		None / Not Applicable		None / Not Applicable		None / Not Applicable	
<b>Deductible (applies to Preventive, Basic, and Major)</b>										
Individual	\$25		\$100		\$100		\$75		\$50	
Family Max	\$75		\$300		\$300		\$225		\$150	
<b>Maximums</b>										
Major Annual Max	\$750		\$500		\$500		No Maximum		No Maximum	
Annual Max per Person	\$1,500		\$1,000		\$1,000		\$1,000		No Maximum	
Orthodontic Lifetime Max <small>(Medically / Non Medically Necessary)</small>	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 / Not Applicable <small>(Children up to age 19* / Adults 19+)</small>		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