

Georgia: 2026 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 Plus Network | Out of Network | Advantage Plus Network | Out of Network | Advantage Network | Out of Network |
| Services | | | | | | | | | | |
| 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 (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 | Not Covered | 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 | | None / 6 Month Waiting Period <small>(Children up to age 19** / Adults 19+)</small> | | 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 (applies to Preventive, Basic, and Major) | | | | | | | | | | |
| Individual | \$25 | | \$100 | | \$100 | | \$75 | | \$50 | |
| Family Max | \$75 | | \$300 | | \$300 | | \$225 | | \$150 | |
| Maximums | | | | | | | | | | |
| Major Annual Max (age 19 and older) | \$750 | | \$500 | | \$500 | | No Maximum | | No Maximum | |
| Annual Max per Person (age 19 and older) | \$1,000 | | \$1,000 | | \$1,000 | | \$1,000 | | No Maximum | |
| 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 / Not Applicable <small>(Children up to age 19** / Adults 19+)</small> | | 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.