

Georgia: 2027 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-A Network	Out of Network	Premier-A Network	Out of Network	Advantage Plus-A Network	Out of Network	Advantage Plus-A Network	Out of Network	Advantage-A 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 (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	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 (Children up to age 19**/ Adults 19+)		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		Combined with Annual Max	
Annual Max per Person (age 19 and older)	\$1,000		\$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 / Not Applicable (Children up to age 19**/ Adults 19+)		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.