

# Idaho: 2024 Marketplace Dental Plan Comparison



<https://www.yourhealthidaho.org/>

|   | PREMIER PPO HIGH PLAN          |                 | PREMIER PPO LOW PLAN    |                | ADVANTAGE PPO PLAN      |                 | ADVANTAGE COPAY PLAN    |                    |
|---|--------------------------------|-----------------|-------------------------|----------------|-------------------------|-----------------|-------------------------|--------------------|
|   | Premier Network                | Out of Network  | Premier Network         | Out of Network | Advantage Plus Network  | Out of Network  | Advantage Network       | Out of Network     |
| <b>Services</b>   |                                |                 |                         |                |                         |                 |                         |                    |
| Preventive  | 100%                           | 100% up to MAC* | 100%                    | 80% 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*  | See CoPay Schedule      |                    |
| Major   | 50%                            | 50% up to MAC*  | 40%                     | 30% up to MAC* | 25%                     | 25% up to MAC*  |                         |                    |
| Orthodontics (Medically Necessary)<br>(up to age 19**)            | 50%                            | 50%             | 50%                     | 50%            | 50%                     | 50%             | 50%                     | 50%                |
| Orthodontics (Non-Medically Necessary)<br>(up to age 19**)        | 50%                            | 50%             | Discount Only           | Not Covered    | Discount Only           | Not Covered     | Discount Only           | Not Covered        |
| <b>Waiting Periods</b>  |                                |                 |                         |                |                         |                 |                         |                    |
| Preventive  | None                           |                 | None                    |                | None                    |                 | None                    |                    |
| Basic   | 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 |                 | 12 Month Waiting Period |                    |
| Orthodontics<br>Medically Necessary / Non-Medically<br>Necessary  | None / 24 Month Waiting Period |                 | None/ Not Applicable    |                | None / Not Applicable   |                 | None / Not Applicable   |                    |
| <b>Deductible (applies to Preventive, Basic, and Major)</b>       |                                |                 |                         |                |                         |                 |                         |                    |
| Individual  | \$25                           |                 | \$100                   |                | \$100                   |                 | \$50                    |                    |
| Family Max  | \$75                           |                 | \$300                   |                | \$300                   |                 | \$150                   |                    |
| <b>Maximums</b>   |                                |                 |                         |                |                         |                 |                         |                    |
| Major Annual Max  | \$750                          |                 | \$500                   |                | \$500                   |                 | No Maximum              |                    |
| Annual Max per Person   | \$1,000                        |                 | \$1,000                 |                | \$1,000                 |                 | No Maximum              |                    |
| Orthodontic Lifetime Max<br>(Medically / Non Medically Necessary) | No Maximum / \$1,000           |                 | No Maximum / N/A        |                | No Maximum / N/A        |                 | No Maximum / N/A        |                    |
| Pediatric EHB Annual Max  | No Maximum                     |                 | No Maximum              |                | No Maximum              |                 | No Maximum              |                    |
| Pediatric Individual EHB Out-of-Pocket<br>Max                     | \$375                          |                 | \$375                   |                | \$375                   |                 | \$375                   |                    |
| Pediatric Family EHB Out-of-Pocket<br>Max                         | \$750                          |                 | \$750                   |                | \$750                   |                 | \$750                   |                    |

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 Maximum Allowable Charge (MAC). Underwritten by Educators Mutual Insurance Association. EMI Health Association does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. \*\*Through the last day of the month in which the Insured turns 19 years of age