

Illinois: 2025 Marketplace Dental Plan Comparison

[Go to HEALTHCARE.GOV](https://www.healthcare.gov)

	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
Services								
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) [†] (up to age 19**)	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics (Non-Medically Necessary) (up to age 19**)	50%	50%	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered
Waiting Periods								
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 Medically Necessary / Non-Medically Necessary	None / 24 Month Waiting Period		None / Not Applicable		None / Not Applicable		None / Not Applicable	
Deductible (applies to Preventive, Basic, and Major)								
Individual	\$25		\$100		\$100		\$50	
Family Max	\$75		\$300		\$300		\$150	
Maximums								
Major Annual Max	\$750		\$500		\$500		No Maximum	
Annual Max per Person	\$1,000		\$1,000		\$1,000		No Maximum	
Orthodontic Lifetime Max (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 Max	\$425		\$425		\$425		\$425	
Pediatric Family EHB Out-of-Pocket Max	\$850		\$850		\$850		\$850	

Insurance plans may not be available in all states and may vary by state. These insurance policies have limitations, exclusions, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage please call (800)662-5851. *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). EMI Health 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. †Coverage limited to children meeting or exceeding a score of 42 from the Modified Salzmann Index or meeting criteria for medical necessity.

Underwritten by Companion Life Insurance Company

Policy Form Numbers: EMIH.IL.ID.PREM PPO HIGH.POL.25, EMIH.IL.ID.PREM PPO LOW.POL.25, EMIH.IL.ID.ADV COPAY.POL.25, EMIH.IL.ID.ADV PPO.POL.25