

Michigan: 2022 Marketplace Dental Plan Comparison



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| | 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 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 (Children age 7 through 18) | 50% | 50% | Discount Only | Not Covered | Discount Only | Not Covered | Discount Only | Not Covered |
| (Adults 19+) | Discount Only | Not Covered | Discount Only | Not Covered | Discount Only | Not Covered | Discount Only | Not Covered |
| Waiting Periods | | | | | | | | |
| Preventive | None | | None | | None | | None | |
| Basic (age 19 and older) | 6 Month Waiting Period | | 6 Month Waiting Period | | 6 Month Waiting Period | | 6 Month Waiting Period | |
| Major (age 19 and older) | 15 Month Waiting Period | | 18 Month Waiting Period | | 12 Month Waiting Period | | 12 Month Waiting Period | |
| Orthodontics | 24 Month Waiting Period | | Not Applicable | | Not Applicable | | 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 | \$1,000 | | Not Applicable | | Not Applicable | | Not Applicable | |
| Pediatric EHB Annual Max | No Maximum | | No Maximum | | No Maximum | | No Maximum | |
| Pediatric Individual EHB Out-of-Pocket Max | \$375 | | \$375 | | \$375 | | \$375 | |
| Pediatric Family EHB Out-of-Pocket 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. Underwritten by Educators Health Plans Life, Accident & Health. These EMI Health dental plans have been reviewed and approved by the Michigan Insurance Department. They meet all Federal regulations, fulfilling the requirements of the Affordable Care Act for individuals. [General Policy Provisions](#)