Texas: 2026 Marketplace Dental Plan Comparison

EMI HEALTH

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	PREMIER HIGH PLAN		PREMIER LOW PLAN		ADVANTAGE PLAN		ADVANTAGE 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%	100% up to MAC*
Basic	80%	80% up to MAC*	50%	50% up to MAC*	50%	50% up to MAC*	50%	50% up to MAC*	See CoPay Schedule	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	Discount Only	Not Covered	50%	50%
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 / 24 Month Waiting Period	
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)	$1,500		$1,500		$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 / $1,000	
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.