

# Virginia: 2025 Marketplace Dental Plan Comparison



[www.marketplace.virginia.gov](http://www.marketplace.virginia.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
<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) (up to age 19**)	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics (Non-Medically Necessary) (up to age 19**)	50%	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	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	12 Month Waiting Period		12 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	
<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 (Medically / Non Medically Necessary)	No Maximum / \$1,000		No Maximum / Not Applicable		No Maximum / Not Applicable		No Maximum / Not Applicable	
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	

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 Health Plans Life, Accident & Health, Inc. 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. †For enrollment groups with two or more individuals, the per person deductible will apply up until the combined accumulated deductible reaches the family max, and the individual EHB Out-of-Pocket Maximum will apply up until the combined accumulated Pediatric EHB out-of-pocket costs reaches the Pediatric Family EHB Out-of-Pocket Maximum.