



2026 Washington Marketplace Dental Insurance Plan Comparison

WA Health Planfinder

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

Washington: 2026 Marketplace Dental Insurance Plan Comparison

Network	Premier PPO		Advantage PPO			
	Dentemax Network	Out-of-Network	Children up to age 19**		Adults age 19 and older	
			Dentemax Network	Out-of-Network	Dentemax Network	Out-of-Network
Type 1 - Preventive Oral Exams, Cleanings, X-rays, Fluoride,	100%	100% up to MAC*	100%	100% up to MAC*	100%	100% up to MAC*
Type 2 - Basic Fillings	80% after deductible	80% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*
Type 3 - Major Crowns, Bridges, Prosthodontics	50% after deductible	50% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	Not Covered	Not Covered
Type 4 - Orthodontics (up to age 19**) Medically Necessary Orthodontics Only	50%	50%	50%	50%	Not Covered	Not Covered
Oral Surgery - (Type 2)	80% after deductible	80% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*
Endodontics - (Type 2)	80% after deductible	80% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	Not Covered	Not Covered
Periodontics - (Type 2)	80% after deductible	80% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	Not Covered	Not Covered
Waiting periods						
Type 1 - Preventive	None				None	
Type 2 - Basic (age 19 and older)	6 Month Waiting Period				6 Month Waiting Period	
Type 3 - Major	6 Month Waiting Period				None	
Type 4 - Orthodontics	None				None	
Deductible						
Per Person	\$85.00				\$75.00	
Family Max	\$255.00				\$225.00	
Deductible Applies To	Type 2 & Type 3				Type 2 & Type 3	
Annual Max Per Person (age 19 and older)	\$1,000				\$1,000	
Pediatric EHB Annual Maximum	No Maximum				No Maximum	
Pediatric Individual EHB Out-of-Pocket Max	\$450				\$450	
Pediatric Family EHB Out-of-Pocket Max	\$900				\$900	

*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).

**Through the last day of the month in which the Insured turns 19 years of age

Underwritten by Companion Life Insurance Company.

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.

For Policy Numbers: EMIH.WA.ID.PREM PPO.POL.26, EMIH.WA.ID.ADV PPO.POL.26

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