



# 2024 Illinois Marketplace Dental Insurance Plan Comparison

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Plan	Premier PPO (High)		Premier PPO (Low)		Advantage Co-Pay		Advantage PPO	
	Premier Network	Out-of-Network	Premier Network	Out-of-Network	Advantage Network	Out-of-Network	Advantage Plus Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride, Sealants	100%	100% up to MAC*	100%	80% up to MAC*	100%	See Co-Pay Schedule	100%	100% up to MAC*
<b>Type 2 - Basic</b> Fillings (Amalgams, Resins and Sedative Fillings), Space Maintainers	80%	80% up to MAC*	60%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	50%	50% up to MAC*
<b>Type 3 - Major</b> Crowns, Fixed Prosthetic Services (Bridges), Prosthodontics	50%	50% up to MAC*	40%	30% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
<b>Type 4 - Orthodontics (up to age 19**)</b> Medically Necessary†	50%	50%	50%	50%	50%	50%	50%	50%
<b>Type 4 - Orthodontics (up to age 19**)</b> Non-Medically Necessary	50%	50%	Discount Only	Not Covered	Discount Only	Not Covered	Discount Only	Not Covered
<b>Waiting periods</b>								
Type 1 - Preventive	None		None		None		None	
Type 2 - Basic (age 19 and older)	6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period		6 Month Waiting Period	
Type 3 - Major (age 19 and older)	15 Month Waiting Period		18 Month Waiting Period		12 Month Waiting Period		12 Month Waiting Period	
Type 4 - Orthodontics	None		None		None		None	
Type 4 - Orthodontics	24 Month Waiting Period		N/A		N/A		N/A	
<b>Deductible</b>								
Per Person	\$25.00		\$100.00		\$50.00		\$100.00	
Family Max	\$75.00		\$300.00		\$150.00		\$300.00	
<b>Deductible Applies To</b>	Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3		Type 1, Type 2, & Type 3	
<b>Type 3 - Major Annual Maximum Per Person</b>	\$750		\$500		No Maximum		\$500	
<b>Annual Maximum Per Person</b>	\$1,000		\$1,000		No Maximum		\$1,000	
<b>Orthodontic Lifetime Maximum</b>	No Maximum		No Maximum		No Maximum		No Maximum	
<b>Orthodontic Lifetime Maximum</b>	\$1,000		N/A		N/A		N/A	
<b>Pediatric EHB Annual Maximum</b>	No Maximum		No Maximum		No Maximum		No Maximum	
<b>Pediatric Individual EHB Out-of-Pocket Maximum</b>	\$375		\$375		\$375		\$375	
<b>Pediatric Family EHB Out-of-Pocket Maximum</b>	\$750		\$750		\$750		\$750	

\*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

† 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.

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.

Policy Form Numbers: EMIH.IL.ID.PRE PPO HIGH.POL.24, EMIH.IL.ID.PRE PPO LOW.POL.24, EMIH.IL.ID.ADV COPAY.POL.24, EMIH.IL.ID.ADV PPO.POL.24