

# Virginia: 2024 Marketplace Dental Plan Comparison

[www.marketplace.virginia.gov](http://www.marketplace.virginia.gov)

## Virginia: 2024 Marketplace Dental Plan Comparison

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, 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, 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%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Oral Surgery - (Type 2)</b>	80%	80% up to MAC*	60%	50% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	50%	50% up to MAC*
<b>Endodontics - (Type 3)</b>	50%	50% up to MAC*	40%	30% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
<b>Periodontics - (Type 3)</b>	50%	50% up to MAC*	40%	30% up to MAC*	See Co-Pay Schedule	See Co-Pay Schedule	25%	25% up to MAC*
<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	

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.MKTG.IDDEN.COMPARE.VA.0918

\*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 MAC.

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