

# Michigan: 2024 Marketplace Dental Plan Comparison



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|   | 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<br>(Children age 7 through 18)                 | 50%                      | 50%             | Discount Only           | Not Covered    | Discount Only           | Not Covered     | Discount Only           | Not Covered        |
| (Adults 19+)  | Discount Only            | Not Covered     | Discount Only           | Not Covered    | Discount Only           | Not Covered     | Discount Only           | Not Covered        |
| <b>Waiting Periods</b>                                      |                          |                 |                         |                |                         |                 |                         |                    |
| Preventive  | None                     |                 | None                    |                | None                    |                 | None                    |                    |
| Basic (age 19 and older)                                    | 6 Month Waiting Period   |                 | 6 Month Waiting Period  |                | 6 Month Waiting Period  |                 | 6 Month Waiting Period  |                    |
| Major (age 19 and older)                                    | 15 Month Waiting Period  |                 | 18 Month Waiting Period |                | 12 Month Waiting Period |                 | 12 Month Waiting Period |                    |
| Orthodontics  | 24 Month Waiting Period+ |                 | Not Applicable          |                | Not Applicable          |                 | 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                                    | \$1,000                  |                 | Not Applicable          |                | Not Applicable          |                 | Not Applicable          |                    |
| Pediatric EHB Annual Max                                    | No Maximum               |                 | No Maximum              |                | No Maximum              |                 | No Maximum              |                    |
| Pediatric Individual EHB Out-of-Pocket Max                  | \$375                    |                 | \$375                   |                | \$375                   |                 | \$375                   |                    |
| Pediatric Family EHB Out-of-Pocket Max                      | \$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. +24-month waiting period does not apply to medically necessary orthodontics. Underwritten by Educators Health Plans Life, Accident & Health. These EMI Health dental plans have been reviewed and approved by the Michigan Insurance Department. They meet all Federal regulations, fulfilling the requirements of the Affordable Care Act for individuals. [General Policy Provisions](#)