

# 2024 Washington Marketplace Dental Insurance Plan Comparison

## WA Health Pathfinder

	Premier PPO		Advantage PPO			
	Dentemax Network	Out-of-Network	Children up to age 19**		Adults age 19 and older	
Network	Dentemax Network	Out-of-Network	Dentemax Network	Out-of-Network	Dentemax Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, X-rays, Fluoride,	100%	100% up to MAC*	100%	100% up to MAC*	100%	100% up to MAC*
<b>Type 2 - Basic</b> 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*
<b>Type 3 - Major</b> 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
<b>Type 4 - Orthodontics (up to age 19**)</b> Medically Necessary Orthodontics Only	50%	50%	50%	50%	Not Covered	Not Covered
<b>Oral Surgery - (Type 2)</b>	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*
<b>Endodontics - (Type 3)</b>	50% after deductible	50% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	Not Covered	Not Covered
<b>Periodontics - (Type 3)</b>	50% after deductible	50% after deductible up to MAC*	50% after deductible	50% after deductible up to MAC*	Not Covered	Not Covered
<b>Waiting periods</b>						
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			
<b>Deductible</b>						
Per Person	\$85.00		\$75.00			
Family Max	\$255.00		\$225.00			
<b>Deductible Applies To</b>	Type 2 & Type 3		Type 2 & Type 3			
<b>Annual Max Per Person (age 19 and older)</b>	\$1,000		\$1,000			
<b>Pediatric EHB Annual Maximum</b>	No Maximum		No Maximum			
<b>Pediatric Individual EHB Out-of-Pocket Max</b>	\$375		\$375			
<b>Pediatric Family EHB Out-of-Pocket Max</b>	\$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

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.24, EMIH.WA.ID.ADV PPO.POL.24