|  | ECMC \& Terrace View |  |
| :---: | :---: | :---: |
|  | Emblem Health Current | Emblem Health Buy-Up Option |
| In-Network |  |  |
| Preventive Services <br> Basic Services <br> Major Services <br> Child Ortho Service | $\begin{aligned} & 100 \% \\ & 100 \% \\ & 100 \% \\ & 100 \% \end{aligned}$ | $\begin{aligned} & 100 \% \\ & 100 \% \\ & 100 \% \\ & 100 \% \end{aligned}$ |
| Out-of-Network | Based on Spectrum Fee Schedule. Out-of- <br> Network Provider can balance bill the member for the difference between the Fee Schedule and their Fee. | Based on Preferred Fee Schedule. Out-ofNetwork Provider can balance bill the member for the difference between the Fee Schedule and their Fee. |
| Preventive Services <br> Basic Services <br> Major Services <br> Child Ortho Service | $\begin{aligned} & 100 \% \\ & 100 \% \\ & 100 \% \\ & 100 \% \end{aligned}$ | $\begin{aligned} & 100 \% \\ & 100 \% \\ & 100 \% \\ & 100 \% \end{aligned}$ |
| Additional Benefit Details |  |  |
| Individual Maximum | \$1,200 | \$2,500 |
| Ortho Lifetime Maximum | $\begin{gathered} \text { IN: } \$ 1,998 \\ \text { OON: } \$ 1,275 \end{gathered}$ | $\begin{gathered} \text { IN: } \$ 1,998 \\ \text { OON: } \$ 1,998 \end{gathered}$ |
| Deductible | None | None |
| Out-of-Network R \& C / UCR | Spectrum Fee Schedule | Preferred Fee Schedule |
| Additional Information |  |  |
| Waiting Periods | None | None |
| Dependent Age Limits | To Age 19 | $23 / 23$ |

