

## SAMPLE BENEFITS AND COPAYMENTS FOR PANEL (DHMO) DENTAL PLANS

A Complete Description of Benefits is Attached to Application and Instructions

Plan	UHC DHMO Value 161	Delta Care USA DHMO CAA 22	Met Life SG 150
<b>Provider Finder</b>	<a href="#">Click Here</a>	<a href="#">Click Here</a>	<a href="#">Click Here</a>
<b>Customer Service</b>	<b>800-228-3384</b>	<b>800-422-4234</b>	<b>800-275-4638</b>
<b>Benefit</b>	Member Pays		
<b>Preventive/Diagnostic Services</b>			
Office Visit	\$0	\$0	\$5 per visit
Teeth Cleaning	\$0 (2 times per year)	\$0 (1 per 6 month period)	\$0 (2 times per year)
X-Rays (full mouth)	\$0	\$0	\$0
Topical Fluoride	\$0 (under age 18)	\$0 (to age 19)	\$0 (adult or child)
Sealant (per tooth)	Not Covered	\$10 (under age 15)	\$8
Diagnostic Casts (non-orthodontic)	\$10	\$0	\$0
Emergency Office Visit	\$10	\$0	\$0
<b>Restorative Dentistry</b>			
Amalgam Restoration-1 surface	\$15	\$0	\$8
Amalgam Restoration-2 surfaces	\$20	\$0	\$12
Amalgam Restoration-3 surfaces	\$26	\$0	\$18
Sedative Filling	\$7	\$15	\$0
<b>Oral Surgery</b>			
Extraction-single tooth-uncomplicated	\$16	\$3	\$0
Extraction-impacted tooth-soft tissue	\$50	\$40	\$50
Extraction-impacted tooth-partial bony	\$65	\$60	\$100
Extraction-impacted tooth-bony	\$90	\$80	\$125
Surgical removal of erupted tooth	\$40	\$8	\$30
<b>Endodontics</b>			
Pulp Capping-direct	\$10	\$0	\$0
Pulp Capping-indirect	\$24	\$0	\$0
Therapeutic pulpotomy	\$22	\$0	\$0
Root Canal-per tooth-anterior	\$100	\$45	\$100
Root Canal-per tooth-bicuspid	\$130	\$90	\$110
Root Canal-per tooth-molar	\$175	\$135	\$200
<b>Periodontics</b>			
Gingivectomy-per quadrant	\$115	\$125	\$75
Mucogingival Surgery-per quadrant	\$200	\$250	\$325
<b>Crowns</b>			
Stainless Steel crown	\$30	\$5	\$35
Porcelain crown –not for molars	\$165	\$90	\$150
Porcelain crown- for molars	\$245	\$90	\$150
<b>Prosthetics</b>			
Complete denture – upper or lower	\$250	\$125	\$175
Partial denture-upper or lower	\$225	\$125	\$150
Reline-lab processed	\$65	\$45	\$50
<b>Orthodontics</b>			
Class I,II,III – benefit covers consultation, appliances, banding, and monthly office visits for 24 months	\$1,695	\$1,600	\$1,695
<b>Premiums(monthly)</b>			
<b>Member</b>	<b>\$30.18</b>	<b>\$32.35</b>	<b>\$29.64</b>
<b>Member +1</b>	<b>\$55.90</b>	<b>\$46.20</b>	<b>\$48.62</b>
<b>Member + 2 or more</b>	<b>\$56.31</b>	<b>\$63.53</b>	<b>\$60.32</b>
<b>Link to Complete Description of Benefits</b>	Click Here	Click Here	Click Here
<b>Link to Application and Instructions</b>	Apply Now	Apply Now	Apply Now