



Managed Care for Families and Individuals

DHMO plans allow you to choose to receive care from any participating dentist in the network and pay set copays for your office visit and services. Under this plan, you must be assigned to a primary care dentist of your choice from our network of contracted providers. All care must be provided or arranged by your primary care dentist.

Covered Services Include:

- Diagnostic and preventive benefits such as oral examinations, x-rays, topical fluoride, and dental sealants.
- Restorative services such as fillings and crowns.
- Oral Surgery
- Orthodontics

This plan also includes the pediatric dental Essential Health Benefit (EHB) as mandated by the Affordable Care Act (ACA), which is a comprehensive set of dental services for children under age 19.

Sample Costs

A complete list of covered procedures and copays can be found on the Schedule of Benefits. The copays are only valid for covered services provided by a network dentist. Services provided or arranged by your primary care dentist are covered without waiting periods and annual or lifetime limits.

| Procedure - This document is provided for summary purposes only and is not a complete description of plan benefits, limitations, and exclusions. Read your plan documents for details on plan benefits, limitations, and exclusions. | Your In Network Copay |
|---|--|
| Diagnosis & Preventive Care *Exams, cleaning, x-rays, topical fluoride | \$0 |
| Restorative Services | |
| *Fillings (Amalgam-One Surface; primary or permanent) | \$28 |
| *Simple tooth extractions (Extraction, erupted tooth or exposed root removal) | \$35 |
| *Crowns (porcelain/ceramic substrate) | \$450 |
| Standard Orthodontic Coverage | |
| *Comprehensive Orthodontic Treatment of the Adolescent The actual copayment in schedule may be higher but is capped by the out-of-pocket maximum. | \$425 |
| *Comprehensive Orthodontic Treatment of the Adult. | \$2,800 |
| Office Visit | \$20 |
| Out Of Pocket Maximum (Individual / Family) (Applies to the pediatric essential health benefits only.) | 1 child -\$425 2 or more children - \$850 |
| This plan may not be available in all Counties. Please visit the See Plans and Prices section at www.healthcare.gov to confirm availability in your area. | |