



# ManagedCare for Families and Individuals

DHMO plans allow you to choose to receive care from any participating dentist in the network, and pay set co-pays 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.

*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.*

Procedure	Your In Network Copay
<b>Diagnosis &amp; Preventive Care</b>	
*Exams, cleaning, x-rays, topical fluoride	\$0
<b>Restorative Services</b>	
*Fillings (Amalgam-One Surface; primary or permanent)	\$28
*Simple tooth extractions (Extraction, erupted tooth or exposed root removal)	\$35
*Crowns (porcelain/ceramic substrate)	\$450
<b>Standard Orthodontic Coverage</b>	
*Comprehensive Orthodontic Treatment of the Adolescent	\$400 <sup>1</sup>
<sup>1</sup> The actual copayment in schedule may be higher, but is capped by the out of pocket maximum.	
<b>Standard Orthodontic Coverage</b>	
*Comprehensive Orthodontic Treatment of the Adult	\$2,800
<b>Office Visit</b>	\$15
<b>Out Of Pocket Maximum (Individual / Family)</b> (Applies to the pediatric essential health benefits only)	\$400/\$800
This plan may not be available in all Counties. Please visit <a href="http://www.healthcare.gov">www.healthcare.gov</a> to confirm availability in your area.	