



Managed DentalGuard DHMO for Children

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.

Procedure	Your In Network Copay
Diagnosis & Preventive Care *Exams, cleaning, x-rays, topical fluoride	\$0
Restorative Services *Fillings (Amalgam-One Surface; primary or permanent) *Simple tooth extractions (Extraction, erupted tooth or exposed root removal) *Crowns (porcelain/ceramic substrate)	\$28 \$35 \$450
Standard Orthodontic Coverage *Comprehensive Orthodontic Treatment of the Adolescent <small>¹The actual copayment in schedule may be higher, but is capped by the out of pocket maximum.</small>	\$375 ¹
Office Visit	\$18
Out Of Pocket Maximum (Individual / Family) (Applies to the pediatric essential health benefits only)	\$375/\$750

This plan may not be available in all Counties. Please visit <https://nystateofhealth.ny.gov/individual> to confirm availability in your area.