

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
Provider Finder	Click Here	Click Here	Click Here
Customer Service	800-228-3384	800-422-4234	800-275-4638
Benefit	Member Pays		
Preventive/Diagnostic Services			
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	\$0 (to age 19)	\$0 (adult or child)
Sealant (per tooth)	\$5	\$10 (under age 15)	\$8
Diagnostic Casts (non-orthodontic)	\$0	\$0	\$0
Emergency Office Visit	\$10	\$0	\$0
Restorative Dentistry			
Amalgam Restoration-1 surface	\$0	\$0	\$8
Amalgam Restoration-2 surfaces	\$0	\$0	\$12
Amalgam Restoration-3 surfaces	\$0	\$0	\$18
Sedative Filling	\$0	\$15	\$0
Oral Surgery			
Extraction-single tooth-uncomplicated	\$0	\$3	\$0
Extraction-impacted tooth-soft tissue	\$50	\$40	\$50
Extraction-impacted tooth-partial bony	\$75	\$60	\$100
Extraction-impacted tooth-bony	\$115	\$80	\$125
Surgical removal of erupted tooth	\$25	\$8	\$30
Endodontics			
Pulp Capping-direct	\$0	\$0	\$0
Pulp Capping-indirect	\$0	\$0	\$0
Therapeutic pulpotomy	\$0	\$0	\$0
Root Canal-per tooth-anterior	\$75	\$45	\$110
Root Canal-per tooth-bicuspid	\$150	\$90	\$120
Root Canal-per tooth-molar	\$275	\$135	\$210
Periodontics			
Gingivectomy-per quadrant	Included (See Plan Details)	Included (See Plan Details)	Included (See Plan Details)
Mucogingival Surgery-per quadrant	\$215	\$250	\$225
Crowns			
Stainless Steel crown	\$25	\$5	\$35
Porcelain crown –not for molars	\$225	\$90	\$150
Porcelain crown- for molars	\$175	\$90	\$225
Prosthetics			
Complete denture – upper or lower	\$225	\$125	\$175
Partial denture-upper or lower	\$275	\$125	\$150
Reline-lab processed	\$55	\$45	\$50
Orthodontics			
Class I,II,III – benefit covers consultation, appliances, banding, and monthly office visits for 24 months	\$1,895	\$1,600	\$1,695
Premiums(monthly)			
Member	\$30.18	\$41.33	\$35.83
Member + Spouse / Member + Children	\$55.90	\$63.46	\$60.83
Member + Family	\$59.58	\$89.96	\$76.15
Link to Complete Description of Benefits			
Click Here	Click Here	Click Here	Click Here
Link to Application and Instructions			
Apply Now	Apply Now	Apply Now	Apply Now