

**SUMMARY OF BENEFITS AND
COPAYMENTS**

These procedures are performed as needed and deemed necessary by your Provider Dentist subject to the Limitation, Exclusions and Governing Administrative Policies of the program.

Enrollee pays

DIAGNOSTIC

Oral examination..... No Cost
 Bitewing radiograph(s) No Cost
 Panoramic film..... No Cost
 Pulp vitality tests.....No Cost

PREVENTIVE

Prophylaxis (adult/child)-1 per 6 mo/2 per year
 No Cost
 Topical application of fluoride including, excluding
 prophylaxis (child to age 16) No Cost

RESTORATIVE

Amalgam – one to four surfaces.....No Cost
 Resin - one to three surfaces, anterior.....\$35-\$50
 Resin–one - three surfaces, posterior, prim \$60-\$100
 Resin – four or more posterior, permanent... \$120.00
 Sedative filling \$ 15.00

ORAL SURGERY

Routine extraction - single tooth,..... No cost
 each additional \$15.00
 Surgical removal of erupted tooth..... \$ 40.00
 Removal of impacted tooth - soft tissue..... \$ 50.00
 Removal of impacted tooth - completely bony
 \$85.00
 Alveoplasty in conjunction with extraction per
 quadrant \$ 70.00

PERIODONTICS

Gingivectomy or gingivoplasty, per quadrant
 \$125.00
 Root planing & periodontal scaling, per quadrant
 \$ 50.00

PROSTHETICS

Crown - porcelain/ceramic.....\$280.00 + LAB
 Crown - porcelain fused to metal..... \$280.00
 Crown - full cast metal..... \$280.00
 Crown - prefabricated stainless steel,
 primary/permanent..... \$ 75.00
 Denture - complete upper or lower \$300.00
 Denture - upper or lower partial w/resin base
 (including any conventional clasps,
 rests & teeth)..... \$300.00
 Denture repair \$15 to \$50
 Partial denture repair (per repair)..... \$15 to \$50
 Denture reline/rebase chairside
 (complete or partial) \$ 50.00
 Bridge pontic..... \$280.00
*(Lab fees may be required in addition to co-pay for
 crown and bridge work)*

ENDODONTICS

Root canal therapy – anterior..... \$100.00
 Root canal therapy – bicuspid..... \$200.00
 Root canal therapy – molar..... \$250.00

ADJUNCTIVE GENERAL SERVICES

Local anesthesia..... No Cost
 Analgesia (nitrous-oxide per 15 minutes)..... \$15.00

ORTHODONTICS

Children and adults – Up to 24 months
 Of routine (full banded) orthodontic treatment for
 Class I and Class II cases.
 Consultation.....No Cost
 Evaluation.....\$ 35.00
 Records/Treatment Planning.....\$ 250.00
 Orthodontic Treatment.....\$1800.00
 Retention-Adults Only.....\$450.00

Please note: This is only a summary of the co-payments and benefits. For more information on Dental Plans, please call:
1 (800) 578-2082
 (770) 963-3939
 An Evidence of Coverage will be sent to you upon enrollment.

DHMO

Plan CS 150

Presented by

**Professional Benefit
Administrators**



1-800-578-2082

www.pbinsurance.net



• **HOW IT WORKS**

When you enroll in DHMO CS150, select a Participating Dentist from the list. This location is now the center for all of your dental needs.

After you have enrolled, you will receive an Evidence of Coverage that fully describes the benefits of your dental plan as well as a Humana membership card. This card will have the address and telephone number of your participating panel dentist. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. Dental services which are not performed by your panel provider nor prior authorized will not be covered by the program.

• **WHO CAN JOIN**

You can also enroll your eligible dependents, which include your lawful spouse and unmarried children; including step-children, legally adopted and foster children to the limiting age as specified by state law.

DHMO CS150	
Bi-Weekly Payroll Deductions	
Individual.....	\$22.00
Individual & one dependent.....	\$27.00
Family	\$33.00
Monthly Bank Draft Deductions	
Individual.....	\$47.66
Employee & one dependent.....	\$58.50
Family	\$71.50

No Charge Services

- X-Rays
- Routine Cleanings
- Topical Fluoride
- Oral Exams
- Local Anesthesia
- All other dental procedures are covered at a substantial savings to you. See the benefits schedule on the other side.

No Claim Forms

- The dentist is prepaid directly.
- Most routine and preventive care is covered.

No Deductible

Most Pre-Existing Conditions are Covered Immediately

Large, Established Dental Network

- You choose your family general dentist from the provider list.
- Each dentist is licensed and is a skilled, experienced professional.

The credentials of each dentist on the provider list are carefully reviewed by American Prepaid before they are selected and are periodically reviewed

No Limit To A Specific Number Of Dental Visits Per Year

Easy To Change From One Participating Dentist To Another

- All it takes is a phone call to Professional Benefit Administrators at (770) 963-3939 or (800) 578-2082.

No Maximum Limitations on Benefits

Specialist Care Available

- Should you need a specialist, you may be referred by your **PARTICIPATING GENERAL DENTIST.** Or you may refer yourself to any **PARTICIPATING SPECIALIST.** Co-payment amounts are applicable when treatment is performed by selected participating providers. Benefits for procedures not listed on the schedule, that are performed by participating specialist, are available at the participating specialist's usual and customary fee less 25%.

No Surprises

- Check with benefits schedule to know in advance what your co-payment will be for each service rendered.
- Co-payments are made directly to the dentist.

Ask about other plans available:

Disability Plan

Competitive Life Plans

Vision Plan

Cancer Plan

Accident Plan