

# DHMO

Plan CS 150

Presented by

## Professional Benefit Administrators



1-800-578-2082

www.pbainsurance.net

Includes  
Specialty Care!

### 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 about Dental Plans, please call:

**1 (800) 578-2082**  
(770) 963-3939

An Evidence of Coverage will be sent to you upon enrollment.

## • 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 CompDent 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.....	\$49.17
Employee & one dependent.....	\$60.00
Family.....	\$73.00

## 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 On 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