

2017 Voluntary Dental Plan (DHMO)

Dental Benefits	ADA code	2016		2017
		United Healthcare DHMO D1014	DHMO D1013	DeltaCare (DHMO)
Diagnostic and Preventive		Member Pays:	Member Pays:	Member Pays:
Office Visit	0999	No Charge	No Charge	No Charge
Teeth Cleaning	1110	No Charge	No Charge	No Charge
X-Rays	0210	No Charge	No Charge	No Charge
Sealants - <i>per tooth</i>	1351	No Charge	No Charge	No Charge
Restorative				
Amalgam Filling - <i>1-3 surfaces</i>	2140-60	\$5/\$5/\$10	\$10/\$15/\$20	No Charge
Composite Filling - <i>1-3 surfaces</i>	2330-32	\$5/\$5/\$10	\$10/\$15/\$20	No Charge
Periodontics				
Scaling and Root Planning - per quad	4341	\$5	\$40	No Charge
Gingivectomy (Per Quadrant)	4210	\$10	\$25	No Charge
Osseous Surgery	4260	\$30	\$80	No Charge
Endodontics (Root Canal Therapy)				
Pulp Cap	3110	No Charge	\$5	No Charge
Therapeutic Pulpotomy	3220	No Charge	\$5	No Charge
Root Canal Therapy - (anterior, bicuspid, molar)	3310-30	\$15/\$20/\$60	\$40/\$75/\$100	No Charge
Prosthodontics				
Immediate - Upper or Lower	5130-40	\$140	\$170	No Charge
Complete - Upper or Lower	5110-20	\$140	\$170	No Charge
Partial Denture - Upper or Lower	5213	\$140	\$170	No Charge
Crown and Bridge				
Inlay / Onlay	2510-44			No Charge
Crown - Porcelain/Ceramic Substrate	2740	\$100	\$120	No Charge
Crown - Porcelain Fused to High Noble Metal	2750	\$100	\$120	No Charge
Crown - Full Cast High Noble Metal	2790	\$100	\$120	No Charge
Oral Surgery				
Extractions - Impacted tooth: soft tissue	7220	\$10	\$30	No Charge
Extractions - Impacted tooth: partial bony	7230	\$20	\$55	No Charge
Extractions - Impacted tooth: full bony	7240	\$15	\$40	No Charge
Implants				
Implants	6010-6013	\$1,950	\$1,950	Not Covered
Orthodontics - comprehensive				
Child	8070	\$1,500	\$1,500	\$1,000
Adult	8090	\$1,500	\$1,500	\$1,000
Calendar Year Maximum				
Individual		N/A	N/A	N/A
Calendar Year Deductible				
Individual / Family		N/A	N/A	N/A

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

2017 Voluntary Dental Plan (PPO)

Dental Benefits	ADA code*	2016		2017	
		Blue Shield PPO What Plan Pays		Cigna Dental PPO What Plan Pays	
		In-Network	Out Of Network ¹	In-Network	Out Of Network ¹
Diagnostic and Preventive					
Office Visit	0999				
Teeth Cleaning	1110	100%	80%	100%	80%
X-Rays	210				
Sealants - <i>per tooth</i>	1351				
Restorative					
Amalgam Filling - <i>1-3 surfaces</i>	2140-61	80%	70%	80%	70%
Composite Filling - <i>1-3 surfaces</i>	2330-32				
Periodontics					
Scaling and Root Planning - per quad	4341				
Gingivectomy (Per Quadrant)	4210	80%	70%	80%	70%
Osseous Surgery	4260				
Endodontics (Root Canal Therapy)					
Pulp Cap	3110				
Therapeutic Pulpotomy	3220	80%	70%	80%	70%
Root Canal Therapy - (anterior, bicuspid, molar)	3310-30				
Prosthodontics					
Immediate - Upper or Lower	5130-40				
Complete - Upper or Lower	5110-20	50%	50%	50%	50%
Partial Denture - Upper or Lower	5213				
Crown and Bridge					
Inlay / Onlay	2510-44				
Crown - Porcelain/Ceramic Substrate	2740				
Crown - Porcelain Fused to High Noble Metal	2750	50%	50%	50%	50%
Crown - Full Cast High Noble Metal	2790				
Oral Surgery					
Extractions - Impacted tooth: soft tissue	7220				
Extractions - Impacted tooth: partial bony	7230	80%	70%	80%	70%
Extractions - Impacted tooth: full bony	7240				
Implants					
Implants	6010-6013	50%	50%	50%	50%
Orthodontics - comprehensive					
Child	8070	Not Covered	Not Covered	Not Covered	Not Covered
Adult	8090				
Calendar Year Maximum					
Individual		\$1,500	\$1,500	\$1,500	\$1,500
Calendar Year Deductible					
Individual / Family		\$50 / \$150		\$50 / \$150	

¹ Note: The non-network reimbursement amount is a percentage of the **maximum allowable charge or MAC**. When you go to non-network provider, you pay the amount over the MAC percentage

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