Covered CA Dental HMO Plan Benefits

- Preventive and diagnostic services are covered at no cost, for both adults and children.
- There is no deductible and no annual limit on what the plan will pay for a member's care.
- The costs for fillings, root canals, crowns and other major treatments and services are shared by the consumer and the plan, according to a defined set of **copayments** for services found in the specific plan's schedule of benefits.
- Costs for dental work performed by dental providers outside the plan's network are not covered.
- Many services are plan-specific and must be researched individually. When shopping for a dental plan, check the plan's schedule of benefits for detailed information. Some member costs for common treatments and services are below:

ENROLLEE PAYS – DHMO		
Coverage category	Adult	Child
Diagnostic and preventive (X-rays, exams, cleanings and sealants)	$0	$0
Amalgam filling – one surface	$25	$25
Root canal – molar	$300	$300
Gingivectomy per quad	$150	$150
Extraction – single tooth, exposed root or erupted	$65	$65
Extraction – complete bony	$160	$160
Crown – porcelain with metal	$300	$300
Medically necessary orthodontia	not covered	$350
Enrollee costs		
Deductible *(waived for diagnostic and preventive)*	$0	$0
Annual benefit limit	none	none
Individual out-of-pocket maximum	N/A	$350
Family out-of-pocket maximum (two or more children)	N/A	$700
Office copay	$0	$0
Waiting Period	none	none