Dental HMO

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	Dental Health Services Dental HMO Plan
	In-Network
Annual Deductible	$0 per individual $0 per family
Annual Plan Maximum	Unlimited
Waiting Period	None
Diagnostic & Preventive	$4-$80 copay (varies by services; see contract for fee schedule)
Basic Services Fillings Root Canals Periodontics	 $0 copay $20-$170 copay (varies by services; see contract for fee schedule) $25-$445 copay (varies by services; see contract for fee schedule)
Major Services	$65-$2,300 copay (varies by services; see contracts for fee schedule)
Orthodontia Adults Children (up to age 19)	 $1,500 $1,500

What you need to know about this plan

Features:	Requires a PCP, and restricted to In-Network providers
Am I restricted to in-network providers?	Yes
Do I have to select a primary dentist?	Yes
Can I use my FSA?	If you participate in a healthcare FSA, you can use your account to pay for dental expenses.
Where can I get more details?	Visit dentalhealthservices.com or call 866.756.4259