

# Dental DHMO Comparison Charts

Benefits	Delta Dental DHMO Options		UnitedHealthcare DHMO Options	
	DeltaCare USA Plan DHMO Standard	DeltaCare USA Plan DHMO High	UHC Solstice Access+ Standard DHMO	UHC Solstice Access+ High DHMO
<b>Exam</b>	You Pay	You Pay	You Pay	You Pay
Office Visit	\$5.00	\$5.00	\$0.00	\$0.00
Periodic Oral Evaluation	\$0.00	\$0.00	\$0.00	\$0.00
Limited Oral Evaluation - problem focused	\$0.00	\$0.00	\$0.00	\$0.00
Comprehensive Oral Evaluation	\$0.00	\$0.00	\$0.00	\$0.00
<b>X-Rays</b>				
Intraoral - Complete Series, including bitewings	\$0.00	\$0.00	\$0.00	\$0.00
Intraoral - Periapical first film	\$0.00	\$0.00	\$0.00	\$0.00
Intraoral - Periapical each additional film	\$0.00	\$0.00	\$0.00	\$0.00
Bitewings - two films	\$0.00	\$0.00	\$0.00	\$0.00
Bitewings - four films	\$0.00	\$0.00	\$0.00	\$0.00
Panoramic	\$0.00	\$0.00	\$0.00	\$0.00
<b>Preventive Services</b>				
Prophylaxis - adult cleaning	\$0.00	\$0.00	\$0.00	\$0.00
Prophylaxis - child cleaning	\$0.00	\$0.00	\$0.00	\$0.00
Fluoride - child	\$0.00	\$0.00	\$0.00	\$0.00
Sealant - per tooth	\$0.00	\$5.00	\$0.00	\$5.00
<b>Silver Fillings</b>				
Amalgam, 1 Surface, primary or permanent	\$20.00	\$0.00	\$20.00	\$0.00
Amalgam, 2 surfaces, primary or permanent	\$25.00	\$0.00	\$25.00	\$0.00
<b>White Fillings, Front Teeth</b>				
Anterior Composite, 1 surface	\$35.00	\$35.00	\$35.00	\$35.00
Anterior Composite, 2 surfaces	\$40.00	\$40.00	\$40.00	\$40.00
<b>Onlays and Crowns</b>				
Crown, All Porcelain	\$370.00	\$280.00	<b>\$370.00</b> Additional cost for material and lab fees apply as follows: 1. Crown laboratory fees up to \$155 2. All ceramic and/or porcelain crown material fees up to \$155	<b>\$230.00</b> Additional cost for material and lab fees apply as follows: 1. Crown laboratory fees up to \$155 2. All ceramic and/or porcelain crown material fees up to \$155

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

# Dental DHMO Comparison Charts

Benefits Continued	Delta Dental DHMO Options		UnitedHealthcare DHMO Options	
	DeltaCare USA Plan DHMO Standard	DeltaCare USA Plan DHMO High	UHC Solstice Access+ Standard DHMO	UHC Solstice Access+ High DHMO
Core Build Up	\$60.00	\$45.00	\$60.00	\$45.00
<b>Periodontal Care (For Gums)</b>				
Periodontal Therapy, 4+ teeth/quadrant	\$60.00	\$40.00	\$60.00	\$40.00
Periodontal Maintenance	\$50.00	\$30.00	\$60.00	\$30.00
<b>Extractions</b>				
Extraction, erupted tooth or exposed root	\$20.00	\$0.00	\$20.00	\$0.00
Surgical removal of erupted teeth	\$50.00	\$30.00	\$50.00	\$30.00
<b>Orthodontia Care</b>				
Comprehensive Orthodontic treatment - adolescent (up to 24 months - including fixed/removable appliances) to age 19	\$2,095.00	\$1,800.00	\$2,095.00	\$1,800.00
Comprehensive Orthodontic treatment - adult (up to 24 months - including fixed/removable appliances)	\$2,095.00	\$1,800.00	\$2,095.00	\$1,800.00
Pre-orthodontic treatment visit (consult/records/exam)	\$35.00	\$0.00	\$35.00	\$0.00
Orthodontic Retention (removal of appliances, construction and placement of retainer(s))	\$300.00	\$300.00	\$300.00	\$300.00
Unspecified Orthodontic Procedure - By Report	\$250.00	\$250.00	\$250.00	\$250.00

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