

DENTAL COPAY / CO-INSURANCE COMPARISON CHART

PLAN TYPE		HIGH DPPO		LOW DPPO		S700B DHMO
BENEFIT LEVEL		NETWORK ¹	OUT-OF-NETWORK ²	NETWORK ¹	OUT-OF-NETWORK ³	Refer to Schedule of Benefits at www.smilemaricopa.com
Deductible	Individual	\$50	\$100	\$0	\$50	No Deductibles
	Family	\$100	\$200	\$0	\$150	
Individual Benefit Maximum	Standard	\$6,000	\$6,000	\$1,000	\$750	No Maximums
	Orthodontics	\$2,000 per lifetime	\$2,000 per lifetime	\$1,000 per lifetime	\$1,000 per lifetime	Listed Co-payments
Preventive & Diagnostic Services		100%	100%	85%	70%	Various Copays
Basic Services (deductible applies)		90%	75%	60%	40%	
Major Services (deductible applies)		60%	45%	40%	25%	
Orthodontic Services		50%	50%	50%	50%	
High DPPO ⁴		Low DPPO ⁴				S700B DHMO ⁴
Preventive and Diagnostic Services						<ul style="list-style-type: none"> • Open Access Network - freedom to choose any dentist • Two routine exams a year at no charge • Two routine cleanings a year at no charge • Fillings, crowns, root canals, deep cleanings, dentures, bridges, implants, extractions are all covered at the listed co-payments⁴
<ul style="list-style-type: none"> • Exams • Routine Radiographs • Non-Routine Radiographs • Cleanings (Prophylaxis) • Fluoride Treatment up to age 18 • Sealants up to age 19 • Space Maintainers up to age 19 • Palliative Treatment 		<ul style="list-style-type: none"> • Exams • Routine Radiographs • Non-Routine Radiographs • Cleanings (Prophylaxis) • Fluoride Treatment up to age 16 				
Basic Services						
<ul style="list-style-type: none"> • Restorations • Simple Extractions • Oral Surgery (includes surgical extraction) • Periodontics - Surgical • Periodontics - Non Surgical • Endodontics • Anesthetics • Adjunctive Services 		<ul style="list-style-type: none"> • Sealants up to age 16 • Space Maintainers up to age 16 • Palliative Treatment • Restorations • Simple Extractions • Periodontics - Non Surgical - Perio Maintenance • Adjunctive Services 				
Major Services						
<ul style="list-style-type: none"> • Inlays/Onlays/Crowns/Implants • Dentures and other Removable Prosthetics • Fixed Partial Dentures (Bridges) 		<ul style="list-style-type: none"> • Oral Surgery (includes surgical extraction) • Periodontics - Surgical • Periodontics - Non Surgical - All Other • Endodontics • Anesthetics • Inlays/Onlays/Crowns/Implants • Dentures and other Removable Prosthetics • Fixed Partial Dentures (Bridges) 				
Orthodontic Services (for children and adults)						
<ul style="list-style-type: none"> • Diagnose or correct misalignment of the teeth or bite 						

¹The network percentage of benefits is based on the discounted fees negotiated with the provider.

²Out-of-Network benefits are based on the 90th percentile of Usual and Customary Charge.

³Maximum Allowable Charge - payments to provider based on in-network contracted fees.

⁴Please refer to your dental plan schedule of benefits for a complete listing of covered services, limitations and member copays.