

DHMO & Traditional Preferred Plan Options

<i>DHMO CS 250</i>	<i>TRADITIONAL PREFERRED LOW OPTION</i>	<i>TRADITIONAL PREFERRED HIGH OPTION</i>
Exams, x-rays and cleaning @100% after small copay. Additional copays apply to other services. In Network Copayments Based on Schedule of Benefits	100/80/50/50 In Network 100/80/50/50 Out of Network	100/80/50/50 In Network 100/80/50/50 Out of Network
No benefit maximums	\$1,000 Plan Year Maximum Type I, II, III	\$2,000 Plan Year Maximum Type I, II, III
Adult & child ortho are covered at a fixed copayment	\$1,000 Lifetime Maximum Child/Adult Ortho, Type IV	\$2,000 Lifetime Maximum Child/Adult Ortho, Type IV
No deductibles	Plan Year Deductible: in \$50 out \$50 Type II, III, IV	Plan Year Deductible: in \$50 out \$50 Type II, III, IV
No waiting periods	No waiting periods	No waiting periods
No claim forms to file	Claims forms may be required	Claims forms may be required
Pre-selection of dentist	No pre-selection of dentist	No pre-selection of dentist
Capitated	OON Reimbursement @ 90% Percentile	OON Reimbursement @ 90% Percentile
Self-referral to specialist services. Copayments listed on the schedule of benefits apply. Discounts on non-listed procedure.	Endo & Perio in Basic	Endo & Perio in Basic