

Dental Source Dental Health Care Plan

DHMO PLAN E

Underwritten & Administered by: Dental Source of Missouri & Kansas, Inc.

- No deductibles**
- No annual or lifetime maximums**
- No waiting periods**
- No pre-existing condition exclusions**
- No claim forms**
- Orthodontic benefits (where available) for ADULTS and CHILDREN**

Extensive provider network
No referral needed to visit a specialist inside of our network
Easily change your Dentist by calling our toll free number by the 25th of the month to be effective on the 1st of the following month

Example of Benefit Coverage

| ADA Codes | Procedure Descriptions | *Dental Fees | Member Copay | Savings |
|-----------|----------------------------------|--------------|--------------|---------|
| 0120 | Oral Examination | \$50 | No Charge | \$50 |
| 1110 | Routine Cleaning | \$58 | No Charge | \$58 |
| 0210 | Full Mouth X-Rays | \$75 | No Charge | \$75 |
| 1203 | Fluoride Treatment, up to age 19 | \$26 | No Charge | \$26 |
| 2160 | Filling, Amalgam, 3 surface | \$90 | 30% | \$63 |
| 2751 | Crown – Porcelain to Metal | \$750 | 50% | \$375 |
| 3330 | Molar Root Canal | \$750 | 50% | \$375 |
| 5110 | Dentures – Upper | \$850 | 50% | \$425 |
| 5120 | Dentures – Lower | \$850 | 50% | \$425 |
| 7140 | Routine Extraction | \$90 | 50% | \$45 |

*UCR – Usual Customary and Reasonable Fees

NOTE: This information is for comparison purposes only and should not be considered a contract. Please refer to the Schedule of Benefits and Limitations and Exclusions for a complete guide of covered services.

State Employee Semi-Monthly Rates

| Coverage Type | Semi-Monthly Rates |
|---------------|--------------------|
| Single | \$6.50 |
| Employee + 1 | \$10.00 |
| Family | \$12.50 |

This payroll deduction program is not sponsored by the State and is not affiliated with the State MCHCP plans