

Dental Source of MO &  
KS

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# 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 25<sup>th</sup> of the month to be effective on the 1<sup>st</sup> 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.  
*All services listed are provided exclusively by Dental Source network Providers.*

## Monthly Rates

### Coverage Type

Single  
Employee + 1  
Family

### Semi-Monthly Rates

\$6.50  
\$10.00  
\$12.50

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