

## BMG HMO Dental Plan with Assurant/Fortis

(must use In-Network Provider)

<u>HMO Dental Plan</u>	<u>Member co-pays</u>
<u>Deductible</u>	\$0
<u>Office Visits/Exams</u>	\$5
<u>X-Rays - standard</u> (excluding ortho x-rays)	\$0
<u>Teeth Cleaning</u> (once every 6 months)	\$0
<u>Filings:</u>	\$0
1 surface	\$0
2 surfaces	\$0
3 surfaces	\$0
4 surfaces	\$0
<u>White</u> (Anterior teeth only)	
1 surface	\$17
2 surfaces	\$23
3 surfaces	\$25
4 surfaces	\$28
<u>Extractions:</u>	
Simple Extraction	\$17
Surgical Extraction	\$30
Soft tissue impaction	\$60
Partial bony impaction	\$70
<u>Root Canal:</u>	
Anterior	\$ 95
Bicuspid	\$130
Molar	\$165
<u>Crowns:</u>	
Porcelain/ceramic (excludes molars)	\$ 90
Porcelain/ceramic (molars only)	\$185
Porcelain to noble metal (excluding molars)	\$100
Porcelain to noble metal (molars only)	\$195
<u>Periodontics:</u>	
Perio scaling - per quad	\$ 40
Gingivectomy - per quad	\$100
Gingivectomy - per tooth	\$ 60
<u>Orthodontic:</u>	
Adult Treatment	\$1,895
Child Treatment	\$1,695

Actual charges to be determined by your dentist.