## 2019 Dental Comparison Chart

<table>
<thead>
<tr>
<th>Bi-weekly dental contributions for employees</th>
<th>Dental Health Maintenance Organization (DHMO)</th>
<th>Dental Preferred Provider Organization (DPPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$4.24</td>
<td>$17.11</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$9.72</td>
<td>$39.34</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$13.32</td>
<td>$53.87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly dental contributions for retirees</th>
<th>Dental Health Maintenance Organization (DHMO)</th>
<th>Dental Preferred Provider Organization (DPPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree only</td>
<td>$8.48</td>
<td>$34.22</td>
</tr>
<tr>
<td>Retiree + 1</td>
<td>$19.44</td>
<td>$78.68</td>
</tr>
<tr>
<td>Retiree + 2 or more</td>
<td>$26.64</td>
<td>$107.74</td>
</tr>
</tbody>
</table>

## Plan features

- **Preventive services**: Cleaning and oral examinations, bitewing X-rays
  - Preventive services - $0
  - The plan pays 100 percent of services up to usual and customary limits. $0 deductible.

- **Basic services**: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling
  - Extraction, Corona remnants - $9
  - Periodontal scaling - $14-$24
  - Root canal therapy, molar - $162
  - After you pay the annual deductible, the plan will pay 80 percent of services, up to usual and customary limits.

- **Major services**: Initial fixed bridgework, crowns and dentures, replacement of bridgework
  - Crown, titanium - $210
  - Complete denture, maxillary - $260
  - Immediate denture, maxillary - $270
  - After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits.

- **Orthodontic services**: Covered services up to two years
  - Adult, 24-month case - $2,000
  - Adolescent, 24-month case - $1,800
  - Interceptive ortho service - $1,100 (primary and transition dentition)
  - After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits. The lifetime maximum benefit is $1,000 per individual.

## Service area

- **Houston Area Counties**: Anywhere in the United States
- **Annual maximum benefit**: $2,000 per individual
- **Annual deductible**: $50 for each individual/$150 family
- **Referrals for specialty care**: PCD must refer patient to specialist
- **To receive reimbursement**: Complete and submit a claim form

---

Human Resources Benefits Services | 832-393-6000 or 888-205-9266 | benefits@houstontx.gov | cityofhoustonbenefits.org
Delta Dental | DPPO 855-242-1549 or DHMO 844-282-7637 | deltadentalins.com/cityofhouston