

Plan Benefits	SmileSaver HMO Plan 3000	SmileSaver HMO Plan 1000
Exams & Diagnostics: -Initial Oral Exam -Periodic Oral Exam -Teeth Cleaning -X-Rays, Bite-Wing (4 Films)	No charge. No charge. No charge. No charge.	No charge. No charge. No charge. No charge.
Oral Surgery: -Removal of Uncomplicated Single Tooth -Removal of Impacted Tooth – Partially Bony -Removal of Impacted Tooth – Completely Bony	\$10 copay \$50 copay \$65 copay	No charge. No charge. No charge.
Restorative: -Cavities – Amalgam, 1 Surface -Cavities – Amalgam, 2 Surfaces	\$9 copay \$14 copay	No charge. No charge.
Endodontics -Single Root Canal -Bi-Root Canal -Molar Root Canal	\$100 copay \$135 copay \$185 copay	\$40 copay \$65 copay \$95 copay
Periodontics -Gingivectomy – Per Tooth -Periodontal Scaling & Root Planing (Quadrant)	\$30 copay \$26 copay	No charge \$20 copay
Crowns – Single Restoration -Porcelain – Base Metal (Posterior) -Full Cast Noble Metal	\$225 copay \$115 copay	\$175 copay \$60 copay
Orthodontics -Child (Maximum Age 18) -Adult	\$1,600 copay \$1,950 copay	\$1,600 copay \$1,950 copay
Prosthodontics -Complete Upper or Lower - Denture -Partial Upper or Lower Denture	\$120 copay \$110 copay	\$70 copay \$50 copay