



## Member Cost Comparison: Dental DMO vs. PPO

(projected cost when using in-network provider)

	<b>DMO (Nv-215)</b> <u>D</u> ental <u>M</u> aintenance <u>O</u> ption	<b>PPO (current)</b> <u>P</u> referred <u>P</u> rovider <u>O</u> ption
<b>Annual Deductible</b>	\$0	\$0
<b>Annual Benefit Maximum</b>	No Annual Maximum	\$2,500
<b>Network of Providers</b>	LIBERTY DMO/EPO	DentalGuard Preferred Select PPO
<b>General Dentists</b>	Open Access	Open Access
<b>Specialists</b>	Referral made by LIBERTY	Open Access
<b>Diagnostic Services</b> Oral Evaluations (Exams) Radiographs (x-rays) Pulp Vitality Tests	<b>You Pay*</b> \$0	<b>You Pay**</b> \$0
<b>Preventive Services</b> Prophylaxis (cleaning) Fluoride		
<b>Basic Services</b> Filling (amalgam, 1 surface) Filling (resin-based composite, 1 surface, antr) Extraction, erupted tooth Surgical removal of erupted tooth Removal of impacted tooth	<b>You Pay*</b> \$0 \$0 \$0 \$0 \$35	<b>You Pay**</b> \$0
<b>Endodontic Services</b> Root Canal – anterior (excluding crown) Root Canal – molar (excluding crown)	\$30 \$90	
<b>Periodontal Services</b> Gingivectomy or gingivoplasty Periodontal scaling & root planing	\$30 \$10	
<b>Major Services</b> Crown: porcelain fused to metal Complete Denture: mandibular	<b>You Pay*</b> \$62 \$70	<b>You Pay**</b> \$221 \$346
<b>Orthodontic Services</b>	<b>You Pay*</b> Child = \$1,200 Adult = \$1,200	<b>You Pay**</b> Child = \$2,836

\*Please review the Nv-215 DMO & Ortho-200 Benefit Schedule for co-pay amounts for services not listed in this document.

\*\*In-Network Benefits for the current PPO are paid at 100% for Preventive/Diagnostic, 100% for Basic/Restorative and 60% for Major Services. Illustration above represents your cost for Southern Nevada PPO General Dentists.

### LIBERTY Dental Plan of Nevada

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