



Humana DHMO HS205 Plan At-A-Glance

Network		HS205
Calendar Year Deductible (CYD)		In-Network
Per Member		Does Not Apply
Per Family		
Waived for Class I Services?		
Calendar Year Benefit Maximum		
Per Member		Does Not Apply
Class I Services: Diagnostic & Preventive Care		Code
		In-Network
Routine Oral Exam (2 Per Year)	0120	\$0
Routine Cleanings (2 Per Year)	1110	\$0
Complete X-rays (1 Every 3 Years)	0210	\$0
Bitewing X-rays (2 Per Year)	0274	\$0
Class II Services: Basic Restorative Care		
Fillings (Amalgam)	2160	\$5 Copay
Fillings (Resin, 3 Surface Posterior)	2393	\$80 Copay
Simple Extractions (Erupted Tooth or Exposed Root)	7210	\$40 Copay
Root Canal Therapy (Molar)*	3330	\$250 Copay
Surgical Removal of Tooth (Impacted)	7240	\$85 Copay
Full Mouth Debridement	4355	\$50 Copay
Class III Services: Major Restorative Care		
Crowns (Porcelain Fused to Metal)	6750	\$270 Copay
Bridges (Porcelain Fused to Metal)	6240	\$270 Copay
Dentures (Upper or Lower)	5110/20	\$375 Copay
Class IV Services: Orthodontia		
Benefit - Child/Adult	8670/8090	\$1,900 Copay
Evaluation	8670/8090	\$45 Copay
Treatment Planning/Records	8670/8090	\$250 Copay
Retention	8680	\$455 Copay



Locate a Provider

To search for a participating provider, contact Humana's customer service or visit www.humana.com. When completing the necessary search criteria, select HS205 network.



Plan References

* Excluding final restoration