



## Humana DHMO Advantage Plus Plan At-A-Glance

| Network   | Advantage         |                   |
|---|-------------------|-------------------|
| <b>Calendar Year Deductible (CYD)</b>                     | <b>In-Network</b> |                   |
| Per Member  | Does Not Apply    |                   |
| Per Family  |                   |                   |
| Waived for Class I Services?                              |                   |                   |
| <b>Calendar Year Benefit Maximum</b>                      | Does Not Apply    |                   |
| Per Member  |                   |                   |
| <b>Class I Services: Diagnostic &amp; Preventive Care</b> | <b>Code</b>       | <b>In-Network</b> |
| Office Visit  | 0120              | \$5/\$15 Copay    |
| Routine Oral Exam (2 Per Year)                            | 0120              | \$0 Copay         |
| Routine Cleanings (2 Per Year)                            | 1110              | \$0 Copay         |
| Complete X-rays (1 Every 3 Years)                         | 0210              | \$0 Copay         |
| Bitewing X-rays (2 Per Year)                              | 0274              | \$0 Copay         |
| <b>Class II Services: Basic Restorative Care</b>          |                   |                   |
| Fillings (Amalgam)  | 2160              | \$37 Copay        |
| Fillings (Resin, 3 Surface Posterior)                     | 2393              | \$46 Copay        |
| Simple Extractions (Erupted Tooth or Exposed Root)        | 7210              | \$43 Copay        |
| Root Canal Therapy (Molar)*                               | 3330              | \$199 Copay       |
| Surgical Removal of Tooth (Impacted)                      | 7240              | \$84 Copay        |
| Full Mouth Debridement                                    | 4355              | \$26 Copay        |
| <b>Class III Services: Major Restorative Care</b>         |                   |                   |
| Crowns (Porcelain Fused to Metal)                         | 6750              | \$486 Copay       |
| Bridges (Porcelain Fused to Metal)                        | 6240              | \$426 Copay       |
| Dentures  | 5110/20           | \$642 Copay       |
| <b>Class IV Services: Orthodontia</b>                     |                   |                   |
| Benefit - Child/Adult                                     | 8070/8080         | \$2,100 Copay     |
| Treatment Planning/Records                                | 8070/8080/8090    | \$250 Copay       |
| Retention   | 8680              | \$450 Copay       |



### Locate a Provider

To search for a participating provider, contact Humana's customer service or visit [www.humana.com](http://www.humana.com). When completing the necessary search criteria, select HS205 network.



### Plan References

\* Excluding final restoration