



Scan to View Dental Benefits

# Humana Group #413752

## DHMO HS405

With this plan, you pay a set amount, or copay, for each service when you see a participating primary care dentist. There are no yearly maximums, no deductibles and no waiting periods.

	Description	What you pay
Preventive services	Oral exam	No charge
	X-ray (complete series)	No charge
	Prophylaxis (periodontal) cleaning (adult / child)	No charge
	Topical application of fluoride (child <16)	No charge
	Sealant (per tooth)	\$10
Basic services	Amalgam filling (one surface)	\$5
	Resin-based composite filling (one surface, anterior)	\$30
	Resin-based composite filling (one surface, posterior)	\$45
Major services	Crown	\$270
	Endodontic therapy, molar tooth	\$250*
	Periodontal maintenance	\$45
	Implants: \$1,500 annual maximum/\$10,000 lifetime maximum	Covered at 50%
Orthodontia	Adults and children (up to 19 years of age)	\$1,900

Benefits shown are for in-network services. This is an example and costs may vary.  
If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.  
\*Excludes final restorations

**Humana**®

**Call DHMO Customer Care**  
**800-233-4013**

**Find a  
dentist:**

[Humana.com/findadentist](https://www.humana.com/findadentist)  
**Select coverage type:** DHMO  
**Select network:** HS405 DHMO



Register or sign in at [Humana.com](https://www.humana.com) | Download the mobile app