

# A dental plan with no surprises

With the Dental DHMO plan, you'll know exactly what you'll pay before getting care when you use an in-network primary care dentist – and there's no in-network deductible. It's that simple! For people who want a dental plan with lower or no out-of-pocket costs for their routine dental care this is the dental plan for them.

## PLAN FEATURES

- Our lowest cost dental plan
- No yearly maximums, no deductibles, no waiting periods, and no need to file a claim
- Simply pay a set dollar amount, or copay, for each service when you see a participating primary care dentist
- No referral needed to see an in-network specialist\*

## EXAMPLES OF WHAT YOU PAY

Preventive services	Oral exam	\$0
	X-rays (complete series)	\$0
	Routine cleaning	\$0
	Topical fluoride application (child <16)	\$0
	Sealant (per tooth)	\$0
Basic services	Amalgam filling (one surface)	\$0
	Resin-based composite filling (one surface, anterior)	\$0
	Resin-based composite filling (one surface, posterior)	\$30
Major services	Crown	\$180
	Endodontic therapy, molar tooth (root canal)	\$190
	Periodontal maintenance	\$30
	Extraction	\$15
Orthodontic services**	Adults and children – up to 24 months of routine orthodontic treatment	

All costs are for in-network providers. Plan option costs vary depending on plan chosen. Example based on the DHMO HS190 plan. This is an example only and may not be available in your area.

\* For HD plans, members may receive a discount for procedures listed on the schedule of benefits when performed by an in-network specialist.

\*\* Orthodontic coverage based on plan selected.



## GOOD FIT FOR

Dave is 35 and wants an easier way to budget for dental expenses.

Dental DHMO is a great fit because it allows him to know most of his upfront costs before going to the dentist.

*For illustrative purposes only.*



> [View a more complete listing](#) of services and copay amounts of the HS190 plan

## Dental DHMO: Texas

Offered by DentiCare, Inc. (d/b/a CompBenefits)

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

This plan provides benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists.

