

# Dental Insurance: DMO & Advantage Plans Side-By-Side

Procedure Code	Service Type: Diagnostic	DMO CS150	AVN4S
0120	Periodic Oral Evaluation	\$0	\$0
0140	Comprehensive Oral Evaluation	\$0	\$0
0210	X-Ray Intraoral - Complete Series	\$0	\$0
0220	X-Ray Intraoral - Periapical - First Film	\$0	\$0
0230	X-Ray Intraoral - Periapical - Additional Film	\$0	\$0
0270	X-Ray Bitewing - Single Film	\$0	\$0
0272	X-Ray Bitewing - Two Films	\$0	\$0
0274	X-Ray Bitewing - Four Films	\$0	\$0
0330	Panoramic Film	\$0	\$0
Procedure Code	Service Type: Preventative Care	DMO CS150	AVN4S
1110/1120	Prophylaxis (once every 6 months)	\$0	\$0
1110/1120	Prophylaxis (additional)	\$20	\$0
1201	Topical Application of Fluoride (Prophylaxis)	\$0	20% Discount
1203	Topical Application of Fluoride (Non Prophylaxis)	\$0	\$0
1351	Sealant - per tooth	\$10	\$0
1510	Space Maintainer - Fixed - Unilateral	\$45 + Lab	\$0
1515	Space Maintainer - Fixed - Bilateral	\$45 + Lab	\$0
1520	Space Maintainer - Removable - Unilateral	\$85 + Lab	\$0
1525	Space Maintainer - Removable - Bilateral	\$85 + Lab	\$0
Procedure Code	Service Type: Restorative	DMO CS150	AVN4S
2140	Amalgam - One Surface, Permanent or Primary	\$0	\$0
2150	Amalgam - Two Surfaces, Permanent or Primary	\$0	\$0
2160	Amalgam - Three Surfaces, Permanent or Primary	\$0	\$0
2161	Amalgam - Four or More Surfaces, Permanent or Primary	\$0	\$0
2940	Sedative Filling	\$15	\$44
Procedure Code	Service Type: Resin Restoration	DMO CS150	AVN4S
2330	Resin - One Surface, Anterior	\$35	\$0
2331	Resin - Two Surfaces, Anterior	\$40	\$0
2332	Resin - Three Surfaces, Anterior	\$50	\$0
2391	Resin - One Surface, Posterior - Permanent or Primary	\$60	\$0
2392	Resin - Two Surfaces, Posterior - Permanent or Primary	\$80	\$0
2393	Resin - Three Surfaces, Posterior - Permanent or Primary	\$100	\$0
2394	Resin - Four or More, Posterior - Permanent or Primary	\$120	\$0
2510	Inlay - Metallic - One Surface	\$95	\$313
2520	Inlay - Metallic - Two Surfaces	\$105	\$355
2530	Inlay - Metallic - Three or More Surfaces	\$130	\$410
Procedure Code	Service Type: Crown & Bridge	DMO CS150	AVN4S
2740	Crown - Porcelain/Ceramic Substrate	\$280 + Lab	\$473
2750	Crown - Porcelain Fused to High Noble Metal	\$280*	\$466
2751	Crown - Porcelain Fused to Predom Base Metal	\$280	\$434
2752	Crown - Porcelain Fused to Noble Metal	\$280*	\$445

*\*The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.*

## Dental Insurance: DMO & Advantage Plans Side-By-Side

Procedure Code	Service Type: Crown & Bridge (continued)	DMO CS150	AVN4S
2790	Crown - Full Cast High Noble Metal	\$280*	\$450
2791	Crown - Full Cast Predom Base Metal	\$280	\$426
2792	Crown - Full Cast Noble Metal	\$280*	\$434
2910	Recement Inlay	\$15	\$41
2920	Recement Crown	\$15	\$42
2930	Prefabricated Stainless Steel Crown - Primary	\$75	\$115
2950	Core Buildup, including any pins	\$45	\$110
2951	Pin Retention - Per Tooth	\$15	\$23
2952	Cast Post and Core in addition to Crown	\$90 + Lab	\$168
2953	Each Additional Cast Post - same tooth	\$90 + Lab	20% Discount
2954	Prefabricated Post and Core in Addition to Crown	\$90	\$139
2962	Labial Veneer (Porcelain Laminate) Laboratory	\$280 + Lab	20% Discount
Procedure Code	Service Type: Endodontics	DMO CS150	AVN4S
3220	Therapeutic Pulpotomy	\$35	\$0
3221	Gross Pulpal Debridement, Primary & Permanent	\$100	20% Discount
3310	Root Canal Therapy - Anterior	\$100	\$0
3320	Root Canal Therapy - Bicuspid	\$200	\$0
3330	Root Canal Therapy - Molar	\$250	\$0
3410	Apicoectomy/Periradicular Surgery	\$125	\$0
Procedure Code	Service Type: Periodontics (Gum Treatment)	DMO CS150	AVN4S
4210	Gingivectomy/Gingivoplasty - Per Quadrant	\$125	\$0
4211	Gingivectomy/Gingivoplasty - Per Tooth	\$40	\$0
4260	Osseous Surgery - Per Quadrant	\$350	\$0
4271	Free Soft Tissue Graft Procedure	\$225	20% Discount
4341	Periodontal Scaling and Root Planning - Per Quad	\$50	\$0
4355	Full Mouth Debridement	\$45	\$0
4910	Periodontal Maintenance Procedures	\$50	\$0
Procedure Code	Service Type: Prosthodontics	DMO CS150	AVN4S
5110	Complete Denture - Maxillary	\$300 + Lab	\$642
5120	Complete Denture - Mandibular	\$300 + Lab	\$642
5130	Immediate Denture - Maxillary	\$300 + Lab	\$700
5140	Immediate Denture - Mandibular	\$300 + Lab	\$700
5211	Maxillary Partial Denture - Resin Base	\$300 + Lab	\$542
5212	Mandibular Partial Denture - Resin Base	\$300 + Lab	\$629
5213	Maxillary Partial Denture - Cast Metal Framework	\$300 + Lab	\$709
5214	Mandibular Partial Denture - Cast Metal Framework	\$300 + Lab	\$709
5410	Adjust Complete Denture - Maxillary	\$15	\$35
5411	Adjust Complete Denture - Mandibular	\$15	\$35
5421	Adjust Partial Denture - Maxillary	\$15	\$35
5422	Adjust Partial Denture - Mandibular	\$15	\$35

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The dental fee schedules have been provided as a convenient reference. To confirm these fees or to obtain a complete schedule of covered services, contact Customer Service or visit Humana / CompBenefits online at [www.mycompbenefits.com](http://www.mycompbenefits.com).

# Dental Insurance: DMO & Advantage Plans Side-By-Side

Procedure Code	Service Type Prosthodontics (continued)	DMO CS150	AVN4S
5510	Repair Broken Complete Denture Base	\$15 + Lab	\$70
5520	Replace Missing or Broken Teeth	\$15 + Lab	\$59
5610	Repair Resin Denture Base	\$15 + Lab	\$76
5640	Replace Broken Teeth - Per Tooth	\$15 + Lab	\$64
5730	Reline Complete Maxillary Denture (chairside)	\$50	\$147
5731	Reline Complete Mandibular Denture (chairside)	\$50	\$147
5740	Reline Maxillary Partial Denture (chairside)	\$50	\$135
5741	Reline Mandibular Partial Denture (chairside)	\$50	\$135
5750	Reline Complete Maxillary Denture (laboratory)	\$35 + Lab	\$196
5751	Reline Complete Mandibular Denture (laboratory)	\$35 + Lab	\$196
5760	Reline Maxillary Partial Denture (laboratory)	\$35 + Lab	\$193
5761	Reline Mandibular Partial Denture (laboratory)	\$35 + Lab	\$193
5850	Tissue Conditioning - Maxillary	\$30	\$61
5851	Tissue Conditioning - Mandibular	\$30	\$61
Procedure Code	Service Type: Prosthodontics (Fixed)	DMO CS150	AVN4S
6210	Pontic - Cast High Noble Metal	\$280*	\$431
6211	Pontic - Cast Predom Base Metal	\$280	\$404
6212	Pontic - Cast Noble Metal	\$280*	\$420
6240	Pontic - Porcelain Fused to High Noble Metal	\$280*	\$426
6241	Pontic - Porcelain Fused to Predom Base Metal	\$280	\$393
6242	Pontic - Porcelain Fused to Noble Metal	\$280*	\$415
6750	Crown - Porcelain Fused to High Noble Metal	\$280*	\$486
6751	Crown - Porcelain Fused to Predom Base Metal	\$280	\$453
6752	Crown - Porcelain Fused to Noble Metal	\$280*	\$464
6930	Recement Fixed Partial Denture (per unit)	\$10	\$57
Procedure Code	Service Type: Extractions/Oral & Maxillofacial Surgery	DMO CS150	AVN4S
7140	Extraction, Single Tooth	\$0	\$0
7210	Surgical Removal of Erupted Tooth	\$40	\$0
7220	Removal of Impacted Tooth - Soft Tissue	\$50	\$0
7230	Removal of Impacted Tooth - Partially Bony	\$70	\$0
7240	Removal of Impacted Tooth - Completely Bony	\$85	\$0
7510	Incision and Drainage of Abscess - Intraoral	\$25	\$0
Procedure Code	Service Type: Orthodontics	DMO CS150	AVN4S
8070/8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age. Up to 24 months of routine (full-banded) orthodontic treatment for Class 1 and 2		
8070/8080	Consultation	\$0	\$0
8070/8080	Evaluation	\$35	\$35
8070/8080	Records/Treatment Planning	\$250	\$250
8070/8080	Orthodontic Treatment	\$1,800	\$2,100

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Procedure Code	Service Type: Orthodontics (continued)	DMO CS150	AVN4S
8090	Comprehensive orthodontic treatment of the adult dentition. Adults over 19 years of age. Up to 24 months of routine (full-banded) orthodontic treatment for Class 1 and 2		
8090	Consultation	\$0	\$0
8090	Evaluation	\$35	\$35
8090	Records/Treatment Planning	\$250	\$250
8090	Orthodontic Treatment	\$2,000	\$2,300
8680	Retention	\$450	\$450
Procedure Code	Service Type: Adjunctive General Services	DMO CS150	AVN4S
9215	Local Anesthesia	\$0	\$0
9230	Anesthesia (Nitrous Oxide - Per 15 Minutes)	\$15	20% Discount
9951	Occlusal Adjustment - Limited	\$25	\$0
9952	Occlusal Adjustment - Complete	\$150	\$0
Procedure Code	Service Type: Appointments	DMO CS150	AVN4S
9310	Consultation - Diagnostic provided by DDS	\$15	\$0
9430	Office Visit - Normal Hours	\$5	\$0
9440	Office Visit - After Hours	\$35	\$0
9999	Emergency Visit - Normal Hours	\$20	\$0
9999	Broken Appointment - Without 24 hours Notice	\$10	\$0

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## Dental Insurance: Elite Preferred 710 PPO Plan At-A-Glance

Calendar Year Deductible	In-and Out-of-Network Combined	
Per Member	\$50	
Per Family	\$100	
Waived for Class I Services?	Yes	Yes
Calendar Year Benefit Maximum	In-and Out-of-Network Combined	
Per Member	\$1,000	
Class I Services: Diagnostic & Preventative	In-Network	Out-of-Network
Oral Exam (Once per 6 months)	Plan Coinsurance: 100% Member Coinsurance: 0%	Plan Coinsurance: 100% Member Coinsurance: 0% (Subject to Balance Billing)
Cleanings (once per 6 months)		
X-rays (Limitations may apply)		
Fluoride Treatments (Children under age 16)		
Sealants (Once per 3 Years for children under 16 )		
Space Maintainers (Children under age 16)		
Class II Services: Basic Restorative	In-Network	Out-of-Network
Fillings (Amalgams, synthetic or composite)	Plan Coinsurance: 80% Member Coinsurance: 20%	Plan Coinsurance: 80% Member Coinsurance: 20% (Subject to Balance Billing)
Simple Extractions		
Emergency Palliative Treatment		
Tooth Extraction		
Endodontics (Root Canal)		
Periodontics (Includes the treatment of gum diseases)		
Class III Services: Major Restorative	In-Network	Out-of-Network
Major Restorative (Crowns, inlays, onlays)	Plan Coinsurance: 50% Member Coinsurance: 50%	Plan Coinsurance: 50% Member Coinsurance: 50% (Subject to Balance Billing)
Prosthetics (Bridges & Dentures)		
Bridges & Denture repair		

This benefit summary has been provided as a convenient reference.  
For details regarding all the plan's coverages, exclusions, and stipulations, contact  
Customer Service or visit Humana / CompBenefits online at [www.mycompbenefits.com](http://www.mycompbenefits.com).

