

# Dental Plan Comparison

	MetLife DHMO (SafeGuard)		Humana OHS	
<b>CHOICE OF DENTIST</b>	Limited to participating Dentists within the DHMO Network.		Limited to participating Dentists in Private Practice.	
<b>MAXIMUM BENEFIT / DEDUCTIBLE</b>	No Maximum / No Deductible		No Maximum / No Deductible	
	<b>Standard *You Pay</b>	<b>Enriched *You Pay</b>	<b>Standard *You Pay</b>	<b>Enriched *You Pay</b>
<b>TYPE I</b> 0150 Comprehensive Oral Evaluation -New or Established 0120 Periodic Oral Exam X-rays  1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth 1510 Space Maintainers	No Charge No Charge No Charge  Up to 4 per year No Charge (twice/12mo) \$15 (2 add'l. / 12 mo) No Charge No Charge \$25.00	No Charge No Charge No Charge  Up to 4 per year No Charge (twice/12mo) \$15 (2 add'l. / 12 mo) No Charge No Charge \$25.00	No Charge No Charge No Charge  No Charge (1/6 mo.) No Charge \$ 6.00 \$40.00	No Charge No Charge No Charge  No Charge (1/6 mo.) No Charge No Charge No Charge
<b>TYPE II</b> Fillings: 2330 - One Surface 2331 - Two Surfaces 2332 - Three Surfaces 2335 - Four Surfaces 2390 - Resin Crown, Anterior 2394 - Resin, Four Or More Surfaces, Posterior Root Canals: 3310 - Anterior 3320 - Bicuspid 3330 - Molar 3410 - Apicoectomy Extractions: 7111 - Single Tooth 7140 - Extraction, erupted tooth or exposed tooth 7210 - Surgical Extraction of erupted tooth Periodontics: (gum treatment) 4341 - Periodontal Scaling & Root Planning - per quadrant 4210 - Gingivectomy / Gingivoplasty - per quadrant 4910 - Periodontal Maintenance Procedures	\$10.00 \$18.00 \$23.00 \$25.00 \$30.00 \$65.00  \$90.00 \$155.00 \$200.00 \$75.00  No Charge No Charge \$15.00  \$40.00 \$120.00 \$25.00	No Charge No Charge No Charge No Charge \$30.00 \$65.00  \$45.00 \$90.00 \$145.00 \$65.00  No Charge No Charge No Charge  \$40.00 \$90.00 \$25.00	\$10.00 \$18.00 \$23.00 \$60.00 \$90.00 \$130.00  \$90.00 \$155.00 \$200.00 \$75.00  No Charge No Charge \$15.00  \$40.00 \$120.00 \$25.00	No Charge No Charge No Charge \$60.00 \$90.00 \$130.00  \$45.00 \$90.00 \$145.00 \$65.00  No Charge No Charge No Charge  \$40.00 \$90.00 25% Discount
<b>TYPE III</b> Crown & Bridge 2930 - Prefabricated Stainless Steel Primary Tooth 2791 - Crown Full Cast Predominately Base Metal 2750 - Crown Porcelain Fused to High Noble Metal 2751 - Crown Porcelain Fused to Base Metal Pontics: 6210 - Full Cast 6240 - Procelain Fused to Metal 6750 - Crown Porcelain Fused to High Noble Metal Prostodontics: 5110 - Complete Upper 5120 - Complete Lower 5213/14 - Partial Upper/ or Lower - Cast Metal Base	\$25.00 \$210.00 \$290.00 \$210.00  25% Discount 25% Discount \$290.00  \$230.00 \$230.00 \$245.00	No Charge \$175.00 \$290.00 \$175.00  25% Discount 25% Discount \$290.00  \$205.00 \$205.00 \$240.00	\$25.00 \$210.00* \$275.00 + Lab Fees \$210.00  25% Discount* 25% Discount* \$275.00 + Lab Fees  \$230.00 \$230.00 \$275.00	No Charge \$175.00* \$275.00 + Lab Fees \$175.00  25% Discount 25% Discount \$275.00 + Lab Fees  \$205.00 \$205.00 \$240.00
<b>ORTHODONTIA</b> Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 - Retention	25% Discount 25% Discount 25% Discount 25% Discount 25% Discount 25% Discount	No Charge No Charge, (D8660) \$250.00 \$1400.00 \$1950.00 \$250.00 (D8660)	25% Discount 25% Discount 25% Discount 25% Discount 25% Discount 25% Discount	No Charge \$25.00 \$200.00 \$1400.00 \$1950.00 25% Discount
	Additional Costs: High Noble Metal fees capped at \$150 per crown. Porcelain fees capped at \$75 per crown.		Cost of High Noble Metal additional.	
	<b>Self Referral Plan:</b> The following co-payments apply only when services are performed by your selected SafeGuard dentist. If you choose to receive services from a SafeGuard contracted dentist whose practice is limited to specialty care (periodontics, oral surgery, endodontics, pedodontics, orthodontics), your co-payment will be 75% of that dentist's usual fee for those services	<b>Direct Referral Plan:</b> During the course of treatment, your SafeGuard selected general dentist may recommend the services of a dental specialist. Your selected general dentist may refer you directly to a contracted SafeGuard specialty care provider; no referral or pre-authorization from SafeGuard is required	Humana OHS does not require prior authorization or referrals to seek treatment with a participating Humana OHS Specialist.	