

Dental Plan Comparisons

	Low DHMO (CS150)	High DHMO (HS205)	Advantage (AVN2)	PPO (EP-510)
Provider Network	Network Providers (Assignment Required)	Network Providers (Assignment Required)	Network Providers (No Assignment Required)	Network or Non-Network
Deductible	n/a	n/a	n/a	\$ 50
Benefits / Services		Patient Pays		Plan Pays
Routine Office Visit / Preventive Care	\$ 5 - co-pay	\$ 5 - co-pay	\$ 0	100 % - No Deductible
X-Rays	No Charge	No Charge	No Charge	80 % - After Deductible
Fillings - Amalgam (Silver) - Resin - Inlay	No Charge \$ 35 - \$ 120 \$ 95 - \$ 130	\$5 \$30 - \$90 \$225 - \$270	No Charge No Charge \$ 242 - \$414	80 % - After Deductible 80 % - After Deductible 50 % - After Deductible
Crown - Porcelain fused to high noble metal	\$ 280 + Lab	\$ 270 + Lab	\$ 466	50 % - After Deductible
Prosthodontics	\$ 300 + Lab	\$ 375 + Lab	\$ 542 - \$700	50 % - After Deductible
Orthodontics (children under 19)	\$ 1800	\$ 1900	\$ 2100	50 % - After Deductible \$ 750 - calendar year max \$ 1500 - lifetime max
Maximums (non-orthodontia) Calendar Year/Lifetime	Unlimited	Unlimited	Unlimited	\$ 1500/Unlimited



Vision care services		Visit a participating provider	Visit a non-participating provider
Exam with dilation	(as necessary)	100% after copay	\$35 allowance
Lenses			
• Single vision		100% after copay	\$25 allowance
• Bifocal		100% after copay	\$40 allowance
• Trifocal		100% after copay	\$60 allowance
Frames		\$50 wholesale frame allowance	\$50 retail allowance
Contact lenses			
• Elective (conventional & disposable)		\$130 Contact lens allowance	\$130 Contact lens allowance
• Medically necessary		100%	\$210 allowance
Frequency (based on date of service)			
• Examination		Once every 12 months	
• Lenses or contact lenses		Once every 12 months	
• Frame		Once every 24 months	
Exam/material copay		\$10/\$30	
Wholesale frame allowance*		\$50- -\$150 approximate retail value	
Contact lens allowance		The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15% discount on professional services. The discount for professional services is available for 12 months after the covered eye exam.	

Lasik and PRK

Members receive substantial reductions when procedures are done by network providers. Members can expect to pay no more than \$1,800 per eye for conventional Lasik procedures and \$2,300 per eye for custom Lasik or they can use designated TLC Vision Lasik Advantage Centers that have the following fixed prices:

• Conventional Lasik	\$895 per eye
• Custom Lasik	\$1,295 per eye
• Custom Lasik with IntraLase	\$1,895 per eye

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay the wholesale difference. They never pay full retail.

If the wholesale cost is less than the frame allowance, members pay twice the difference.

Customer Service:
866-537-0229

Website:
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