



## Your Humana benefits guide:

School Board of Broward County  
2026 Dental Summary of Benefits

Dental member services

866-890-4464 or 954-527-4088

[your.humana.com/sbbc](https://your.humana.com/sbbc)

**Humana**



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# Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.





# Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

## Why sign up for dental benefits?



**Preventive dental care, such as checkups and cleanings,** help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

# Dental coverage overview

Under your dental coverage you may select **one of four different options**:

## Choice A: Basic DHMO managed care dental plan

This plan highlights preventive care and provides for other more extensive services as well. Most preventive and diagnostic services are covered at no additional charge plus significant savings are available on other dental services. The copayments listed are the maximum fees that will be charged by the Participating General Dentist for the specified covered services. Should you need a specialist (i.e. Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may refer yourself to any Participating Specialist in the network. Upon identifying yourself as a Humana/CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed.

## Choice B: Enhanced DHMO managed care dental plan

This plan provides similar coverage to the basic plan when utilizing the services of your Participating General Dentist. The copayments listed are the maximum fees that will be charged by the Participating General Dentist or Specialist.

**With either the basic or enhanced managed care dental plans you receive the following benefits:**

- No deductibles
- No claim forms
- No annual maximum benefit
- No waiting periods
- No pre-existing condition limitations

## Choice C: Basic PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider.

## Choice D: Enhanced PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider. This option offers orthodontic coverage and a higher annual maximum for preventive basic and major services.

Preferred dental network	Out of network
<b>Annual deductible:</b> \$25 per person (Max. 3/fam.) Waived for Class 1	<b>Annual deductible:</b> \$50 per person (Max. 3/fam.) Waived for Class 1
<b>Calendar year benefit:</b> Basic: \$1,250 Enhanced: \$2,000	<b>Calendar year benefit:</b> Basic: \$1,250 Enhanced: \$2,000
<b>Class I</b> 100% of PPO Schedule - (No deductible)	<b>Class I</b> 90% of PPO Schedule - (No deductible)
<b>Class II</b> 80% of PPO Schedule - (After deductible)	<b>Class II</b> 70% of PPO Schedule - (After deductible)
<b>Class III</b> 50% of PPO Schedule - (After deductible)	<b>Class III</b> 40% of PPO Schedule - (After deductible)
<b>Class IV</b> Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits	<b>Class IV</b> Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits



# Most frequently asked questions

## Choice A & B: Basic DHMO and Enhanced DHMO managed care dental plans

### Where can I receive Humana/CompBenefits benefits?

Humana/CompBenefits dental benefits are provided by participating general dentists and participating specialists. If you have enrolled in either the Basic or Enhanced DHMO, you must select a participating primary care dentist (PCD). You may search for a participating provider online at [your.humana.com/sbbc](https://your.humana.com/sbbc) or by contacting Member Services after your effective date.

### How do I obtain a dental appointment?

Simply call your selected participating general dentist and make an appointment. Please take a moment and confirm the effective date of your coverage, which is printed on your identification card. Please wait until your effective date to make an appointment with your assigned participating general dentist.

### What should I do if I need to cancel my appointment?

If you need to cancel an appointment, please call your participating general dentist at least 24 hours before your appointment. Dentists work on an appointment basis and can charge for a broken appointment.

### When I go to my selected Participating General Dentist, what treatment will I receive?

Your participating general dentist will evaluate your total dental needs. Be sure you understand the recommended treatment plan and any proposed charges. You may request a written copy of your treatment plan. If you have any questions about your treatment plan, discuss them with your participating general dentist. If you have questions regarding your Schedule of Benefits, contact Humana/CompBenefits Member Services.

### What if I want a second opinion?

You may get a second opinion from one of Humana/CompBenefits' participating general dentists. Your Schedule of Benefits will show you what your cost will be. Simply call a participating general dentist and let the receptionist know that you'd like a second opinion appointment. Be sure to indicate that you are a Humana/CompBenefits member. The dentist will evaluate your situation and discuss it with you. If any services are rendered, you will be responsible for the cost.

### What do I do if I need emergency treatment?

Call your participating general dentist and request an emergency appointment for the treatment of accidental, painful or urgent conditions. Your Schedule of Benefits shows the copayment for emergency appointments. This copayment is in addition to any copayment for treatment. If your participating general dentist is not available, contact Humana/CompBenefits Member Services. We will help you locate another participating general dentist who can provide emergency care. Consult your Certificate of Benefits for specific information regarding "out-of-area" emergency care.

## **Is the care of a specialist covered?**

Specialty care is covered. Under the basic plan you may see any participating specialist and receive a 25% reduction in that specialist's normal fee. Your Schedule of Benefits will apply to your specialists visit under the enhanced plan.

## **Must everyone on my policy use the same General Dentist?**

No, you and each of your covered family members may select a different participating general dentist.

## **What are my charges if a procedure is not on my Schedule of Benefits?**

A few services are specifically listed as exclusions on your Schedule of Benefits. You do not have any benefits for those services. Any service that is not specifically excluded, but which is not listed with a specific copayment, is available at the participating general dentist's usual and customary fees less 25% unless otherwise noted on your Schedule of Benefits. Usual and customary fees are fees that are customarily charged for dental services by a participating general dentist. These charges are not determined by Humana/CompBenefits.

## **May I change from one participating general dentist to another?**

Yes, you may change your participating general dentist by simply calling Humana/CompBenefits Member Services. If you request a change by the 15th of the month, it will become effective on the first of the following month (if you do not have a balance due with your current participating general dentist).

## **Choice C & D: Basic PPO and Enhanced PPO dental plans**

### **What is my deductible?**

Your deductible will vary depending on whether or not you choose to use a participating PPO Provider. When using the in-network PPO dentist you will have a \$25 calendar year deductible (maximum \$75 per family). When using an out-of-network dentist you will have a \$50 calendar year deductible (maximum \$150 per family).

### **What is my maximum benefit?**

The maximum benefit payable is \$1,250 per covered member per calendar year on the Basic PPO Plan and \$2,000 on the Enhanced PPO Plan.

### **Who submits my claim—me or my dentist?**

It is your responsibility to ensure that claims are filed. However, some dental offices will be happy to assist you with filing a claim.

### **Who gets paid—me or my dentist?**

You will want to discuss this with your dentist before he or she provides services. Reimbursement will be determined by "assigning" benefits at the time your claim form is completed. Your dentist may want you to pay him or her directly, and then you would be reimbursed, or your dentist may prefer the insurance company pay your claim directly to the dentist.

## How are benefits coordinated if I am covered under more than one policy?

If you have coverage with two insurance companies, you may want to file a claim with both companies. One company will be considered “primary” and thus will pay benefits first. The other company will be considered “secondary” and will pay its benefits only after the “primary” company has done so. The total of the benefits paid by the two companies will not exceed your actual costs.

## How do I obtain a claim form?

Some dental offices may have claim forms, some may not. If neither your dental office nor your Insurance Benefits office has claim forms, Humana/CompBenefits will be happy to supply you with one. Please call **866-890-4464** or **954-527-4088**.

## How long do I have to file a claim?

All claims are to be filed within one (1) year of the date of service.

## Can I go to any dentist?

Your policy allows you to visit the dentist of your choice. Remember, you will receive enhanced benefits when utilizing a PPO Participating Provider. Please refer to your Schedule of Benefits for more details.

## Is there orthodontic coverage on my plan?

Orthodontia for adults and children will be covered based on the maximum reimbursements on the enhanced plan only.

## How do I know how much I will be reimbursed?

Humana/CompBenefits recommends that a predetermination of benefits be submitted for any work over \$200.00 in order to accurately predict your out of pocket expenses.

If you have questions about any of the four plans, please call Humana/CompBenefits Member Service Hotline at **866-890-4464** or **954-527-4088**.



# Dental DHMO plan

The benefits and services highlighted below provide an overview of the dental plans you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

## Choice A: Basic DHMO and Choice B: Enhanced DHMO

With these plans, 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.

For a full summary of benefits see pages 15-25.

	Plan name	What you pay	
		Choice A: School Board of Broward Basic	Choice B: School Board of Broward FGC Plus
Preventive services	Office visit	\$0	\$0
	Oral exam	\$0	\$0
	X-ray (complete series)	\$0	\$0
	Prophylaxis (periodontal) cleaning (adult / child)	\$0	\$0
	Topical application of fluoride (child <16)	\$0	\$0
	Sealant (per tooth)	\$0	\$0
Basic services	Amalgam filling (one surface)	\$0	\$0
	Resin-based composite filling (one surface, anterior)	\$0	\$12
Major services	Crown	\$200	\$200
	Endodontic therapy, molar tooth	\$175	\$20
	Periodontal maintenance	\$105	\$135
	Extractions	\$0	\$0
Orthodontia	Children up to 19 years of age, up to 24 months of routine orthodontic treatment	Up to 25% discount	\$2,185+ retention for Enhanced
	Adults up to 24 months of routine orthodontic treatment		

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.



# How to find a dentist in the DHMO networks

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

**Step 1:** Scan the QR code or go to [humana.com/findadentist](https://humana.com/findadentist) and select the "Dentist" tab.



## Step 2: Enter your search information based on plan

For the DHMO plans

- Enter your **ZIP code**
- In the popup window, choose "**DHMO**" for "Coverage Type"
- Select the network: **School Board of Broward Basic or School Board of Broward FGC Plus**
- Click the "**Select**" button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.
- Choose a dentist from the search results, call to confirm they're accepting new patients, and then take note of their **Dental ID** number.
- After you enroll, the dentist you selected will need to be assigned as your Primary Care Dentist (PCD) before you get dental services. To do this, contact Humana using the number on the back of your ID card and provide the Dental ID number for your chosen PCD.

### Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**



# Dental PPO plan

The benefits and services highlighted below provide an overview of dental plans you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network for a full summary of benefits see pages 26-27.

	Choice C: Basic PPO	Choice D: Enhanced PPO
	See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network. Out of network services are based on maximum allowable charge.	See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network. Out of network services are based on maximum allowable charge.
<b>Deductible</b>	The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services):	
	Individual: \$25 Family: \$75	Individual: \$25 Family: \$75
<b>Annual maximum</b>	Total amount the plan pays in a plan year:	
	\$1,250	\$2,000
<b>Extended annual maximum</b>	After you reach the annual maximum amount, you will receive 30% coinsurance on preventive, basic and major services for the rest of the year (excludes orthodontia).	
<b>Preventive services</b>	Preventive care services for \$0 when you visit <b>in-network providers</b> , including:	
	<ul style="list-style-type: none"> <li>• Routine cleanings per year: 2 per year</li> <li>• Routine X-rays</li> <li>• Oral cancer screening (ages 40+)</li> </ul>	<ul style="list-style-type: none"> <li>• Routine cleanings per year: 2 per year</li> <li>• Routine X-rays</li> <li>• Oral cancer screening (ages 40+)</li> </ul>
<b>Basic services</b>	Basic services include services like fillings, simple extractions and periodontal maintenance cleanings 4 times per year.	
	Plan pays 80% of covered services	Plan pays 80% of covered services
<b>Major services</b>	Major services include crowns, bridges and dentures (excludes placement)	
	Plan pays 50% of covered services	Plan pays 50% of covered services
<b>Orthodontia</b>	Not Covered. Members may receive a discount on non-covered services of up to 20%.	Adult/child orthodontia - Plan pays 50% (no deductible) of the covered orthodontia services, up to \$1,600 child/\$1,800 adult lifetime orthodontia maximum.
<b>Other benefits</b>	<ul style="list-style-type: none"> <li>• Root canals and periodontic services covered as Basic services</li> <li>• Placement of implants (crowns, bridges and dentures) covered as Major services</li> </ul>	<ul style="list-style-type: none"> <li>• Root canals and periodontic services covered as Basic services</li> <li>• Placement of implants (crowns, bridges and dentures) covered as Major services</li> </ul>

For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.





# How to find a dentist in the PPO network

Visiting a dentist in the Humana network ensures you’re getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

**Step 1:** Scan the QR code or go to [humana.com/findadentist](https://humana.com/findadentist) and select the “Dentist” tab.



## Step 2: Enter your search information based on plan

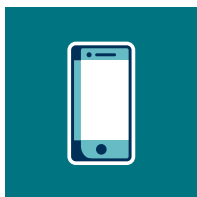
For the PPO Traditional Preferred

- Enter your **ZIP code**
- In the popup window, choose **“PPO”** for “Coverage Type”
- Select the network: **PPO/Traditional Preferred**
- Click the **“Select”** button
- On the next screen, click on the **“all dental providers”** link located below the “Dentist name or specialty” entry box to get a list of all providers.

### Is your dentist missing from our network?

We don’t want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan. You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**





# Virtual dental care 24/7

## When it's urgent, you can see a dentist virtually

Humana members have access to **\$0 teledentistry**, also known as virtual dental care, as part of your Humana dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room. **Teledentistry dentists can:**

- **Write prescriptions when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help you determine if you need urgent/emergency care** or home care until you can see their dentist
- **Help you find a dentist** if you don't have one or if requested



## Starting a virtual dental visit:

Once your dental plan coverage begins, you can sign up for a virtual visit account so you're ready when you need to see a dentist virtually:

1. Go to [dental.com/Humana](https://dental.com/Humana) from your computer, tablet or mobile device and click on the **"See a dentist now"** button
2. Entering your dental insurance information:
  - Select "Group" for "Product Type"
  - "Subscriber ID" is your "Member ID" listed on your dental ID card

Note: Teledentistry not available in all states.



## What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.







# Exclusive discounts for Humana members

## Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more



Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to [MyHumana.com](https://www.mychumana.com).

Look for "Special Discounts" in the "Coverage" section of MyHumana.



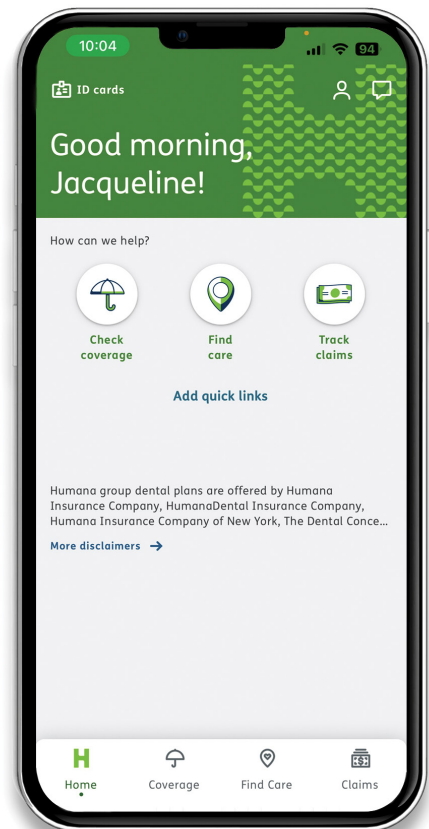
# Manage your Humana plan online

## MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

## Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to [MyHumana.com](https://www.humana.com) to activate your account **or download and register on the MyHumana app** for iOS and Android.



Learn more at [humana.com/member/manage-your-account](https://www.humana.com/member/manage-your-account)

# Choice A: Basic DHMO dental plan

## Schedule of benefits and subscriber copayments SBBC 97

ADA Code	Procedure	
<b>Appointments</b>		<b>Member cost</b>
9430	Office visit - during regularly scheduled hours	no charge
9440	Emergency visit - after hours	\$35
9110	Palliative (emergency treatment) of dental pain - minor procedure	\$15
0999	Diagnosis and treatment plan presentation	no charge
9999	Broken appointments (without 24 hour notice) - per 30 min to maximum of \$40	\$10
<b>Diagnostic</b>		<b>Member cost</b>
0120	Periodic oral evaluation	no charge
0140	Limited oral evaluation - problem focused	no charge
0150	Comprehensive oral eval. new or established patient	no charge
0240	Intraoral - occlusal film	no charge
0470	Diagnostic casts	no charge
0999	Diagnosis and treatment plan presentation	no charge
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
<b>Preventive</b>		<b>Member cost</b>
1110	Prophylaxis - adult (maximum four per year)	no charge
1120	Prophylaxis - child (maximum four per year)	no charge
1208	Topical application of fluoride (including prophylaxis) - child	no charge
1208	Topical application of fluoride (prophylaxis not included) - child	no charge
1330	Oral hygiene instruction	no charge
1351	Sealant-per tooth	no charge
<b>Radiographs</b>		<b>Member cost</b>
0210	Intraoral - complete series (including bitewings)	no charge
0220	Intraoral - periapical first film	no charge
0230	Intraoral - periapical-each additional film	no charge
0270	Bitewings - single film	no charge
0272	Bitewings - two films	no charge
0274	Bitewings - four films	no charge
0330	Panoramic film	no charge
<b>Space maintainers</b>		<b>Member cost</b>
1510	Space maintainer - fixed - unilateral	\$35
1516	Space maintainer - fixed - bilateral, maxillary	\$35
1517	Space maintainer - fixed - bilateral, mandibular	\$35
1520	Space maintainer - removable - unilateral	\$75
1526	Space maintainer - removable - bilateral maxillary	\$75
1527	Space maintainer - removable - bilateral mandibular	\$75
<b>Restorative</b>		<b>Member cost</b>
2940	Sedative filling	no charge
2140	Amalgam - one surface, primary or permanent	no charge
2150	Amalgam - two surfaces, primary or permanent	no charge



# Choice A: Basic DHMO dental plan

## Schedule of benefits and subscriber copayments SBBC 97

ADA Code	Procedure	
<b>Restorative (cont.)</b>		<b>Member cost</b>
2160	Amalgam - three surfaces, primary or permanent	no charge
2161	Amalgam - four or more surfaces, primary or permanent	no charge
2330	Resin-based composite - one surface, anterior	no charge
2331	Resin-based composite - two surfaces, anterior	no charge
2332	Resin-based composite - three surfaces, anterior	no charge
2335	Resin-based composite - four or more surfaces, or incisal angle (anterior)	no charge
2510	Inlay - metallic - one surface	\$85
2520	Inlay - metallic - two surfaces	\$95
2530	Inlay - metallic - three or more surfaces	\$120
2543	Onlay - metallic - three surfaces (in addition to inlay)	\$150
2544	Onlay - metallic - four or more surfaces (in addition to inlay)	\$150
2781	Crown - 3/4 cast predominantly base metal	\$175
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
2940	Sedative filling	no charge
2951	Pin retention - per tooth, in addition to restoration	no charge
2999	Acid etching - resin-based composite restorations (per tooth)	\$10
<b>*Crown and bridge</b>		<b>Member cost</b>
2930	Prefabricated stainless steel - primary tooth	\$35
2750	Crown - porcelain fused to high noble metal	\$200
2751	Crown - porcelain fused to predominantly base metal	\$200
2752	Crown - porcelain fused to noble metal	\$200
6750	Crown - porcelain fused to high noble metal	\$200
6751	Crown - porcelain fused to predominantly base metal	\$200
6752	Crown - porcelain fused to noble metal	\$200
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
6790	Crown - full cast high noble metal	\$185
6791	Crown - full cast predominantly base metal	\$185
6792	Crown - full cast noble metal	\$185
2910	Recement inlay, onlay or partial coverage restoration	\$10
2920	Recement crown	no charge
6930	Recement fixed partial denture	no charge
2952	Cast post and core in addition to crown	\$60
6210	Pontic - cast high noble metal	\$185
6211	Pontic - cast predominantly base metal	\$185
6212	Pontic - cast noble metal	\$185
6240	Pontic - porcelain fused to high noble metal	\$200

# Choice A: Basic DHMO dental plan

## Schedule of benefits and subscriber copayments SBBC 97

ADA Code	Procedure	
<b>*Crown and bridge (cont.)</b>		<b>Member cost</b>
6241	Pontic - porcelain to predominantly base metal	\$200
6242	Pontic - porcelain fused to noble metal	\$200
<b>Endodontics</b>		<b>Member cost</b>
3220	Therapeutic pulpotomy (excluding final restoration)	\$20
3310	Anterior (excluding final restoration)	\$80
3320	Bicuspid (excluding final restoration)	\$135
3330	Molar (excluding final restoration)	\$175
3410	Apicoectomy/periradicular surgery (anterior)	\$65
<b>Adjunctive services - per quadrant</b>		<b>Member cost</b>
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$65
<b>Periodontics</b>		<b>Member cost</b>
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
4342	Periodontal scaling and root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$37.50
<b>*Prosthodontics</b>		<b>Member cost</b>
<b>Standard complete dentures (includes adjustments within 60 days):</b>		
5110	Complete denture - maxillary (includes adjustments within the first sixty days)	\$200
5120	Complete denture - mandibular (includes adjustments within the first sixty days)	\$200
5130	Immediate denture - maxillary (includes adjustments within the first sixty days)	\$230
5140	Immediate denture - mandibular (includes adjustments within the first sixty days)	\$230
5999	Duplicate complete denture - each unit	\$100
<b>*Partial dentures:</b>		
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280
5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280
5999	Duplicate complete denture - each unit	\$100
<b>*Repairs to prosthetics (partial or complete)</b>		<b>Member cost</b>
5410	Adjust complete denture - maxillary (after first sixty days)	\$50
5411	Adjust complete denture - mandibular (after first sixty days)	\$50
5421	Adjust partial denture - maxillary (after first sixty days)	\$50
5422	Adjust partial denture - mandibular (after first sixty days)	\$50
5511	Repair broken complete denture base	\$65
5512	Repair broken complete denture base	\$65

# Choice A: Basic DHMO dental plan

## Schedule of benefits and subscriber copayments SBBC 97

ADA Code	Procedure	
<b>*Repairs to prosthetics (partial or complete) (cont.)</b>		<b>Member cost</b>
5520	Replace missing or broken teeth - complete denture (each tooth)	\$85
5630	Repair or replace broken clasp	\$10
5730	Reline complete maxillary denture (chairside)	\$25
5741	Reline mandibular partial denture (chairside)	\$25
5750	Reline complete maxillary denture (laboratory)	\$45
5761	Reline mandibular partial denture (laboratory)	\$45
5850	Tissue conditioning, maxillary	\$30
5999	Duplicate complete denture - each unit	\$100
<b>Extractions/oral surgery</b>		<b>Member cost</b>
7111	Extraction coronal remnants - primary tooth	no charge
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$37.50
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$37.50
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$37.50
7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$37.50
<b>Surgical extractions:</b>		
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20
7220	Removal of impacted tooth - soft tissue	\$25
7230	Removal of impacted tooth - partially bony	\$50
7240	Removal of impacted tooth - completely bony	\$75
7250	Surgical removal of residual tooth roots (cutting procedure)	\$20
7450	Removal of benign odontogenic cyst or tumor - lesion diameter less than 1.25 cm	\$25
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$40
7961	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7962	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7970	Excision of hyperplastic tissue - per arch	\$35
<b>Orthodontics (braces)</b>		<b>Member cost</b>
8999	Initial orthodontic consult - Company benefit covers 25% of the fee. Cases under treatment are eligible for benefits only at the discretion of the participating orthodontists	no charge
<b>Anesthesia</b>		<b>Member cost</b>
9215	Local anesthesia	no charge
9230	Analgesia, anxiolysis, inhalation of nitrous oxide -each 30 minutes	\$10
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
<b>Adjunctive general services</b>		<b>Member cost</b>
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$65



# Choice A: Basic DHMO dental plan

## Schedule of benefits and subscriber copayments SBBC 97

### Specialists

All dental services and procedures performed by Participating Specialists are at usual fees less 25% where applicable. Specialist benefits are available only in areas where Humana/CompBenefits has a Participating Specialist. Copayments apply only when treatment is performed at a Participating General Dentist office. If the services of a specialist are required, these copayments do not apply.

### Note:

1. The above copayments apply only when treatment is performed at a Participating General Dentist office. If you should need the services of a Participating Specialist, these copayments do not apply.
2. If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Upon identification of yourself as a Humana/CompBenefits member, you will receive a 25% discount from the Participating Specialist's usual fee for services performed. Specialist services are available in areas where the dental plan has a Participating Specialist.
3. The above copayments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
4. Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
5. Unlisted procedures are available at the Participating Dentist's usual fee less 25%.
6. Implant coverage – usual fee less 25% for implant services.

# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
<b>Appointments</b>		<b>Member cost</b>
9430	Office visit - during regularly scheduled hours	no charge
9440	Emergency visit - after hours	\$35
0999	Diagnosis and treatment plan presentation	no charge
<b>Diagnostic</b>		<b>Member cost</b>
0110	Initial oral examination	no charge
0120	Periodic oral evaluation	no charge
0150	Comprehensive oral eval. new or established patient	no charge
0460	Pulp vitality test	no charge
0470	Diagnostic casts	no charge
0999	Diagnosis and treatment plan presentation	no charge
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
<b>Radiographs (x-rays)</b>		<b>Member cost</b>
0210	Intraoral - complete series (including bitewings)	no charge
0220	Intraoral - periapical first film	no charge
0230	Intraoral - periapical - each additional film	no charge
0270	Bitewings - single film	no charge
0272	Bitewings - two films	no charge
0274	Bitewings - four films	no charge
0330	Panoramic film	no charge
<b>Preventive</b>		<b>Member cost</b>
1110	Prophylaxis - adult (maximum four per year)	no charge
1120	Prophylaxis - child (maximum four per year)	no charge
1208	Topical application of fluoride (including prophylaxis) - child up to age 16	no charge
1208	Topical application of fluoride (prophylaxis not included) - child up to age 16	no charge
1208	Topical application of fluoride (prophylaxis not included) - adult	no charge
1208	Topical application of fluoride (including prophylaxis) - adult	no charge
1330	Oral hygiene instruction	no charge
1351	Sealant - per tooth	no charge
<b>Space maintainers</b>		<b>Member cost</b>
1510	Space maintainer - fixed - unilateral	\$35
1516	Space maintainer - fixed - bilateral	\$35
1517	Space maintainer - fixed - bilateral, mandibular	\$35
1520	Space maintainer - removable - unilateral	\$75
1526	Space maintainer - removable - bilateral, maxillary and mandibular	\$75
1527	Space maintainer - removable - bilateral, maxillary and mandibular	\$75
<b>Restorative (fillings)</b>		<b>Member cost</b>
<b>Amalgam (silver)</b>		
2140	Amalgam - one surface, primary or permanent	no charge
2150	Amalgam - two surfaces, primary or permanent	no charge
2160	Amalgam - three surfaces, primary or permanent	no charge
2161	Amalgam - four or more surfaces, primary or permanent	no charge

# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
<b>Restorative (fillings) (cont.)</b>		<b>Member cost</b>
<b>Resin restoration (including acid etch, glass ionomer liner)</b>		
2330	Resin-based composite - one surface, anterior	\$12
2331	Resin-based composite - two surfaces, anterior	\$20
2332	Resin-based composite - three surfaces, anterior	\$25
2510	Inlay - metallic, one surface	\$85
2520	Inlay - metallic, two surfaces	\$95
2530	Inlay - metallic, three or more surfaces	\$120
2542	Onlay - metallic - two surfaces (in addition to inlay)	\$150
2543	Onlay - metallic, three surfaces (in addition to inlay)	\$150
2544	Onlay - metallic, four or more surfaces (in addition to inlay)	\$150
2781	Crown - 3/4 cast predominantly base metal	\$175
2940	Sedative filling	no charge
2951	Pin retention - per tooth, in addition to restoration	\$12
<b>*Crown and bridge</b>		<b>Member cost</b>
2930	Prefabricated stainless steel - primary tooth	\$35
2932	Prefabricated resin crown	\$45
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
6790	Crown - full cast high noble metal	\$185
6791	Crown - full cast predominantly base metal	\$185
6792	Crown - full cast noble metal	\$185
2750	Crown - porcelain fused to high noble metal	\$200
2751	Crown - porcelain fused to predominantly base metal	\$200
2752	Crown - porcelain fused to noble metal	\$200
6750	Crown - porcelain fused to high noble metal	\$200
6751	Crown - porcelain fused to predominantly base metal	\$200
6752	Crown - porcelain fused to noble metal	\$200
<b>*Pontics</b>		
6210	Pontic - cast high noble metal	\$185
6211	Pontic - cast predominantly base metal	\$185
6212	Pontic - cast noble metal	\$185
6240	Pontic - porcelain fused to high noble metal	\$200
6241	Pontic - porcelain to predominantly base metal	\$200
6242	Pontic - porcelain fused to noble metal	\$200
2952	Cast post and core in addition to crown	\$90
2954	Prefabricated post and core in addition to crown	\$60
2910	Recement inlay, onlay or partial coverage restoration	\$10
2920	Recement crown	\$10
6930	Recement fixed partial denture	\$10

# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
<b>Endodontics</b>		<b>Member cost</b>
3220	Therapeutic pulpotomy (excluding final restoration)	\$20
<b>Root canals</b>		
3310	Anterior (excluding final restoration)	\$95
3320	Bicuspid (excluding final restoration)	\$135
3330	Molar (excluding final restoration)	\$175
3410	Apicoectomy/periradicular surgery (anterior)	\$65
<b>Periodontics</b>		<b>Member cost</b>
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$300
4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$300
4271	Free soft tissue graft procedure (including donor site surgery)	\$215
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$37.50
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$35
4910	Periodontal maintenance	\$35
<b>Prosthodontics</b>		<b>Member cost</b>
<b>Standard complete dentures (includes adjustments within 30 days):</b>		
5110	Complete denture - maxillary (includes adjustments within the first 30 days)	\$200
5120	Complete denture - mandibular (includes adjustments within the first 30 days)	\$200
5130	Immediate denture - maxillary (includes adjustments within the first 30 days)	\$230
5140	Immediate denture - mandibular (includes adjustments within the first 30 days)	\$230
<b>Partial dentures (includes adjustments within 30 days):</b>		
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280
5410	Adjustment, complete denture - maxillary	\$10
5411	Adjustment, complete denture - mandibular	\$10
5421	Adjust partial denture - maxillary	\$10
5422	Adjust partial denture - mandibular	\$10
<b>*Repairs to prosthetics</b>		<b>Member cost</b>
5511	Repair broken complete denture base	\$15 plus lab
5512	Repair broken complete denture base	\$15 plus lab
5520	Replace missing or broken teeth - complete denture (each tooth)	\$7 plus lab
5630	Repair or replace broken clasp	\$15 plus lab



# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
<b>*Repairs to prosthetics (cont.)</b>		<b>Member cost</b>
5640	Replace broken teeth – per tooth	\$7 plus lab
5650	Add tooth to existing partial denture	\$30
5850	Tissue conditioning, maxillary	\$25
5851	Tissue conditioning, mandibular	\$25
5730	Reline complete maxillary denture (chairside)	\$45
5731	Reline complete mandibular denture (chairside)	\$45
5740	Reline maxillary partial denture (chairside)	\$45
5741	Reline mandibular partial denture (chairside)	\$45
5750	Reline complete maxillary denture (laboratory)	\$35 plus lab
5751	Reline complete mandibular denture (laboratory)	\$35 plus lab
5760	Reline maxillary partial denture (laboratory)	\$35 plus lab
5761	Reline mandibular partial denture (laboratory)	\$35 plus lab
<b>Extractions/oral surgery</b>		<b>Member cost</b>
7111	Extraction, coronal remnants - primary tooth	no charge
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20
7220	Removal of impacted tooth - soft tissue	\$25
7230	Removal of impacted tooth - partially bony	\$50
7240	Removal of impacted tooth - completely bony	\$75
7250	Surgical removal of residual tooth roots (cutting procedure)	\$20
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$25
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$25
7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
7450	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter up to 1.25 cm	\$25
7451	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter greater than 1.25 cm	\$40
7510	Incision and drainage of abscess - intraoral soft tissue	\$18
7961	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7962	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7970	Excision of hyperplastic tissue - per arch	\$35
<b>Orthodontics</b>		<b>Member cost</b>
<b>Orthodontic therapy:</b> the orthodontic fee for a normal Class II banded case for up to 24 months:		
8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,400
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250

# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
<b>Orthodontics (cont.)</b>		<b>Member cost</b>
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,400
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250
8090	Comprehensive orthodontic treatment of the adult dentition	\$1,900
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Additional
<b>Anesthesia</b>		<b>Member cost</b>
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15
9215	Local anesthesia	no charge
<b>Adjunctive services</b>		<b>Member cost</b>
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$150
9999	Broken appointments (without 24 hour notice) - per 15 min to maximum of \$40.00	\$10

\*The above prices are exclusive of gold and lab fees which may be additional.  
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# Choice B: Enhanced DHMO dental plan

## Schedule of benefits and subscriber copayments FGC+B

### Specialists

Should you need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Prosthodontists, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by your selected Participating General Dentist or by a Participating Specialist.

### Note:

1. The above co-payments apply only when treatment is performed at a Participating General Dentist or Specialist.
2. If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist.
3. The above co-payments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
4. Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
5. Unlisted procedures are available at the Participating Dentist's usual fee less 25%.
6. When crown and/or bridge treatment exceeds six units, the member will be charged an additional \$25.00 per unit.
7. Implant coverage – usual fee less 25% for implant services.

# Choice C: Basic PPO dental plan

## School Board of Broward County

	If you use an in-network dentist		If you use an out-of-network dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$25	<b>Family</b> \$75	<b>Individual</b> \$50	<b>Family</b> \$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	<b>\$1,250</b> After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic and major services for the rest of the year (excludes orthodontia).			
<b>Preventive services</b> <ul style="list-style-type: none"><li>• Routine oral examinations (2 per year)</li><li>• Bitewing x-rays</li><li>• Routine cleanings (4 per year)</li><li>• Fluoride treatment (1 per year, through age 16)</li><li>• Sealants (2 per tooth per 12 month, through age 16)</li><li>• Space maintainers (primary teeth, through age 16)</li><li>• Emergency care for pain relief</li></ul>	100% no deductible		90% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"><li>• Amalgam fillings (1 per tooth every 2 years)</li><li>• Composite fillings (1 per tooth every 2 years)</li><li>• Oral surgery (tooth extractions including impacted teeth)</li><li>• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</li><li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li></ul>	80% after deductible		70% after deductible	
<b>Major services</b> <ul style="list-style-type: none"><li>• Crowns (1 per tooth every 5 years)</li><li>• Inlays/onlays (1 per tooth every 5 years)</li><li>• Bridges (1 per tooth every 5 years)</li><li>• Dentures (1 per tooth ever 5 years)</li><li>• Denture relines/rebases (1 every 2 years, following 1 year of denture use)</li><li>• Denture repair and adjustments (following 1 year of denture use)</li><li>• Implants (1 every 5 years implant placement, crowns, bridges and dentures)</li></ul>	50% after deductible		40% after deductible	
<b>Orthodontia services</b>	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered.			

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



# Choice D: Enhanced PPO dental plan

## School Board of Broward County

	If you use an in-network dentist		If you use an out-of-network dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$25	<b>Family</b> \$75	<b>Individual</b> \$50	<b>Family</b> \$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	<b>\$2,000</b> After you reach the annual maximum amount, you will receive 30% coinsurance on preventive, basic and major services for the rest of the year (excludes orthodontia).			
<b>Preventive services</b> <ul style="list-style-type: none"><li>• Routine oral examinations (2 per year)</li><li>• Bitewing x-rays</li><li>• Routine cleanings (4 per year)</li><li>• Fluoride treatment (1 per year, through age 16)</li><li>• Sealants (2 per tooth per 12 month, through age 16)</li><li>• Space maintainers (primary teeth, through age 16)</li><li>• Emergency care for pain relief</li></ul>	100% no deductible		90% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"><li>• Amalgam fillings (1 per tooth every 2 years)</li><li>• Composite fillings (1 per tooth every 2 years)</li><li>• Oral surgery (tooth extractions including impacted teeth)</li><li>• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</li><li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li></ul>	80% after deductible		70% after deductible	
<b>Major services</b> <ul style="list-style-type: none"><li>• Crowns (1 per tooth every 5 years)</li><li>• Inlays/onlays (1 per tooth every 5 years)</li><li>• Bridges (1 per tooth every 5 years)</li><li>• Dentures (1 per tooth every 5 years)</li><li>• Denture relines/rebases (1 every 2 years, following 1 year of denture use)</li><li>• Denture repair and adjustments (following 1 year of denture use)</li><li>• Implants (1 every 5 years implant placement, crowns, bridges and dentures)</li></ul>	50% after deductible		40% after deductible	
<b>Orthodontia services</b>	Adult/child orthodontia - Plan pays 50% (no deductible) of the covered orthodontia services, up to \$1,600 child/\$1,800 adult lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

# Implant coverage for PPO plans

ADA Code	Procedure	In-network	Out-of-network
<b>Implant services</b>			
D6010	Surgical placement implant body: endosteal	50%	40%
D6012	Surgical placement of interim implant	50%	40%
D6040	Epoosteal implant	50%	40%
D6050	Transosteal implant	50%	40%
D6053	Over denture - complete	50%	40%
D6054	Over denture - partial	50%	40%
D6055	Implant connecting bar	50%	40%
D6056 / D6057	Implant abutment	50%	40%
D6058 / D6067	Implant crown	50% - 1 per 5 years	40% - 1 per 5 years
D6068 / D6077	Implant retainer	50% - 1 per 5 years	40% - 1 per 5 years
D6078	Implant supported full denture	50% - 1 per 5 years	40% - 1 per 5 years
D6079	Implant supported partial	50% - 1 per 5 years	40% - 1 per 5 years
D6080	Implant maintenance procedures	50%	40%
D6090	Repair implant prosthesis	50% - Limited to 1 per 2 year period only if done more than 1 year after initial insertion	40% - Limited to 1 per 2 year period only if done more than 1 year after initial insertion
D6091	Replacement of semi-precision/attachment	50%	40%
D6092	Recement implant/abutment supported crown	80%	70%
D6093	Recement implant/abutment	80%	70%
D6094	Abutment support crown	50%	40%
D6095	Repair implant abutment by report	50%	40%
D6100	Implant removal, by report	50%	40%
D6190	Radiographic/surgical implant	50%	40%
D6194	Abutment support retainer	50%	40%
D6199	Unspecified implant procedure	50%	40%
D7950	Oss osteoperiostl cart gft man	50%	40%
D7951	Sinus augmentation w/ bone	50%	40%
D7953	Bone replacement graft ridge pres	50%	40%

## For PPO Plans

When using an out-of-network provider, benefits are payable based on the Participating Dentist's Fee Schedule.  
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## Limitations and exclusions

### Managed care dental plans

**Humana/CompBenefits does not provide coverage for the following services:**

1. Cost of hospitalization and pharmaceuticals.
2. Services which are not necessary treatment in the opinion of the Participating Dentist(s) or Specialist(s).
3. Any service which is not consistent with the Normal and/or Usual Services provided by said Participating Dentist(s).
4. Any service performed by a non-participating Humana/CompBenefits provider except for emergencies as provided for in the Certificate of Benefits.

### Prices Exclusive of Gold

All procedures listed may not be performed by the Participating General Dentist you select. The surcharges shown apply to those Humana/CompBenefits Participating General Dentists who do perform those services and are not applicable for services performed by a specialist. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected General Dentist, will be charged at the General Dentist's usual and customary fee less 25%.

### PPO/Indemnity plan

**The charges for Major Restorative services will be Covered Dental Expenses subject to the following:**

1. The denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. The fixed bridge (including a resin bonded fixed bridge) must replace a natural tooth extracted while insured for Dental Benefits under this policy;
3. The replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury. Chewing injuries are not considered Covered Dental Injuries;
4. The replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
5. The replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and the replacement of teeth up to the normal complement of 32.

### Exclusions

Benefits will not be paid for:

1. Procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. Any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by Humana/CompBenefits;

3. Any chewing injury. A chewing injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional habits, such as chewing on eyeglass frames or pencils; or by biting down on a suddenly dislodged or loose dental prosthesis.
4. Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
5. Appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
6. Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration or bite analysis;
7. Pulp caps, adult fluoride treatments, athletic mouthguards, myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
8. Charges for travel time; transportation costs; or professional advice given on the phone;
9. Procedures performed by a Dentist who is a member of your immediate family;
10. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
11. Charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
12. Any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
13. Charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
14. The care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
15. Treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
16. Any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
17. Procedures that are covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
18. A sickness for which the patient can receive benefits under a worker's compensation act or similar law;
19. An injury that arises out of or in the course of a job or employment for pay or profit; or
20. Charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, Humana/CompBenefits will determine the amount. Humana/CompBenefits will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

**Notice of Non-Discrimination.** Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

**California members or residents:** You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time.** Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino)** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**French Creole (Haitian Creole):** Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Polski (Polish)** Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**Italiano (Italian)** Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**հայերեն (Armenian):** Ձանգահարե՞ք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.





**Dental member services**

**866-890-4464**

**954-527-4088**

[your.humana.com/sbbc](https://your.humana.com/sbbc)



Insured or administered by Humana Insurance Company, or offered by CompBenefits Company

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance 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.

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