

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You may receive up to a 25 percent discount on services not listed on your schedule of benefits when visiting certain participating dentists. Visit **Humana.com** to find a participating dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

Questions?

Check out **Humana.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental Advantage Plus 4S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable at participating General Dentists or participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay

- \$0/\$0 \$5/\$15 \$10/\$15

Annual maximum

- \$1,000 \$1,500 \$2,000 No annual maximum

Summary of services

Preventive	Member pays		
D0120 ^a Periodic oral examination.....	no charge	D1510 Space maintainer—fixed, unilateral (limited to child <14)	no charge
D0140 ^a Limited oral evaluation—problem focused...	no charge	D1515 Space maintainer—fixed, bilateral (limited to child <14)	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	D1520 Space maintainer—removable, unilateral (limited to child <14)	no charge
D0150 Comprehensive oral evaluation—new/established patient (limit 1 every 24 months)	no charge	D1525 Space maintainer—removable, bilateral (limited to child <14)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D1550 Re-cement or re-bond space maintainer	no charge
D0170 Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	Basic	Member pays
D0180 Comprehensive periodontal eval—new/established patient (limit 1 every 24 months)	no charge	D2140 Amalgam—one surface primary or permanent	no charge
D0210 X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2150 Amalgam—two surfaces primary or permanent	no charge
D0220 X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2160 Amalgam—three surfaces primary or permanent	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2161 Amalgam—four/more surfaces primary/permanent	no charge
D0240 X-ray intraoral—occlusal radiographic image	no charge	D2330 Resin based composite—one surface, anterior	no charge
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2331 Resin based composite—two surfaces, anterior	no charge
D0260 X-ray extraoral, each additional radiographic image.....	no charge	D2332 Resin based composite—three surfaces, anterior	no charge
D0270 ^a Bitewing—single radiographic image	no charge	D2335 Resin based composite —four or more surfaces, involving incisal angle.....	no charge
D0272 ^a Bitewings—two radiographic images	no charge	D2390 Resin based composite—crown anterior	no charge
D0273 ^a Bitewings—three radiographic images.....	no charge	D2391 Resin based composite—one surface, posterior.....	no charge
D0274 ^a Bitewings—four radiographic images	no charge	D2392 Resin based composite—two surfaces, posterior.....	no charge
D0277 ^a Vertical bitewings—7 to 8 radiographic images	no charge	D2393 Resin based composite—three surfaces, posterior.....	no charge
D0330 Panoramic radiographic image (limit 1 every 3 years)	no charge	D2394 Resin based composite—four or more surfaces, posterior	no charge
D0470 Diagnostic casts.....	no charge	D3220 Therapeutic pulpotomy.....	no charge
D1110 ^a Prophylaxis—adult (inclusive of D4910)	no charge	D3310 Root canal therapy—anterior.....	no charge
D1120 ^a Prophylaxis—child (inclusive of D4910)	no charge	D3320 Root canal therapy—bicuspid.....	no charge
D1203 ^a Topical fluoride varnish (for child <16)	no charge	D3330 Root canal therapy—molar.....	no charge
D1206 ^a Topical application of fluoride (for child <16) .	no charge	D3346 Previous root canal therapy—anterior.....	no charge
D1351 Sealant—per tooth (limit 1 per tooth every 12 months for child <14)	no charge	D3347 Previous root canal therapy—bicuspid	no charge
		D3348 Previous root canal therapy—molar.....	no charge
		D3410 Apicoectomy/periradicular surgery—anterior	no charge

D3421	Apicoectomy/periradicular surgery—bicuspid	no charge
D3425	Apicoectomy/periradicular surgery—molar	no charge
D3426	Apicoectomy/periradicular surgery—each addtl root	no charge
D3430	Retrograde filling—per root	no charge
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	no charge
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	no charge
D4240 ^c	Gingival flap proc—four or more teeth, quad	no charge
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	no charge
D4249	Clinical crown lengthening – hard tissue	no charge
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	no charge
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	no charge
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	no charge
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	no charge
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)	no charge
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D7111	Extraction coronal remnants deciduous tooth	no charge
D7140	Extraction erupted tooth or exposed root	no charge
D7210	Surgical removal—erupted tooth	no charge
D7220	Removal of impacted tooth—soft tissue	no charge
D7230	Removal of impacted tooth—partially bony	no charge
D7240	Removal of impacted tooth—completely bony	no charge
D7241	Remove impacted tooth—completely bony w/comp	no charge
D7250	Surgical removal of residual tooth roots	no charge
D7310	Alveoloplasty in conjunction w/ extractions—per quad	no charge
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	no charge
D7320	Alveoloplasty not conjunction w/extractions—per quad	no charge
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	no charge
D7510	Incision and drainage of abscess—extraoral	no charge
D7520	Incision and drainage of abscess—extraoral	no charge
D7960	Frenulectomy—separate procedure	no charge
D7970	Excision of hyperplastic tissue—per arch	no charge
D9110	Palliative treatment dental pain—minor procedure	no charge
D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/ analgesia - first 30 minutes	no charge
D9242	Intravenous moderate (conscious) sedation/ analgesia - each additional 15 minutes	no charge
D9310	Professional consultation by non-treating dentist	no charge
D9951	Occlusal adjustment—limited	no charge
D9952	Occlusal adjustment—complete	no charge

Major	Member pays
D2510 ^b	Inlay—metallic, one surface \$313.00
D2520 ^b	Inlay—metallic, two surfaces \$355.00
D2530 ^b	Inlay—metallic, three or more surfaces \$410.00
D2542 ^b	Onlay—metallic, two surfaces \$402.00
D2543 ^b	Onlay—metallic, three surfaces \$420.00
D2544 ^b	Onlay—metallic, four or more surfaces \$437.00
D2610 ^b	Inlay—porcelain/ceramic, one surface \$368.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces \$389.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces \$414.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces \$403.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces \$434.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces \$461.00
D2650 ^b	Inlay—resin based composite, one surface \$242.00
D2651 ^b	Inlay—resin based composite, two surfaces \$288.00
D2652 ^b	Inlay—resin based composite, three or more surfaces \$303.00
D2662 ^b	Onlay—resin based composite, two surfaces \$263.00
D2663 ^b	Onlay—resin based composite, three surfaces \$310.00
D2664 ^b	Onlay—resin based ccomposite, four or more surfaces \$332.00
D2710 ^b	Crown—resin based composite, indirect \$187.00
D2720 ^b	Crown—resin with high noble metal \$461.00
D2721 ^b	Crown—resin with predominantly base metal \$432.00
D2722 ^b	Crown—resin with noble metal \$441.00
D2740 ^b	Crown—porcelain/ceramic substrate \$473.00
D2750 ^b	Crown—porcelain fused to high noble metal \$466.00
D2751 ^b	Crown—porcelain fused predominantly base metal \$434.00
D2752 ^b	Crown—porcelain fused to noble metal \$445.00
D2790 ^b	Crown—full cast high noble metal \$450.00
D2791 ^b	Crown—full cast predominantly base metal \$426.00
D2792 ^b	Crown—full cast noble metal \$434.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ 41.00
D2920	Re-cement or re-bond crown \$ 42.00
D2930	Crown—prefabricated stainless steel, primary tooth \$115.00
D2931	Crown—prefabricated stainless steel, permanent tooth \$131.00
D2932	Crown—prefabricated resin \$142.00
D2940	Protective restoration \$ 44.00
D2950	Core buildup including any pins \$110.00
D2951	Pin retention—per tooth addition restoration \$ 23.00
D2952	Cast post and core in addition to crown \$168.00
D2954	Prefabricated post and core in addition to crown \$139.00
D5110 ^d	Complete denture—maxillary \$642.00
D5120 ^d	Complete denture—mandibular \$642.00
D5130 ^d	Immediate denture—maxillary \$700.00
D5140 ^d	Immediate denture—mandibular \$700.00
D5211 ^d	Maxillary partial denture—resin base \$542.00
D5212 ^d	Mandibular partial denture—resin base \$629.00
D5213 ^d	Maxillary partial denture—cast metal—resin base \$709.00
D5214 ^d	Mandibular partial denture—cast metal—resin base \$709.00
D5410 ^c	Adjust complete denture—maxillary \$ 35.00
D5411 ^c	Adjust complete denture—mandibular \$ 35.00
D5421 ^c	Adjust partial denture—maxillary \$ 35.00
D5422 ^c	Adjust partial denture—mandibular \$ 35.00
D5510	Repair broken complete denture base \$ 70.00

D5520	Replace missing/broken teeth— complete denture	\$ 59.00	D6613 ^f	Retainer onlay—cast predominantly base metal, three or more surfaces	\$426.00
D5610	Repair resin denture base	\$ 76.00	D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D5620	Repair cast framework	\$ 82.00	D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces	\$414.00
D5630	Repair or replace broken clasp—per tooth	\$100.00	D6720 ^f	Retainer crown—resin with high noble metal	\$474.00
D5640	Replace broken teeth—per tooth	\$ 64.00	D6721 ^f	Retainer crown—resin with predominantly base metal	\$450.00
D5650	Add tooth to existing partial denture	\$ 88.00	D6722 ^f	Retainer crown—resin with noble metal	\$458.00
D5660	Add clasp to existing partial denture—per tooth	\$105.00	D6740 ^f	Retainer crown—porcelain/ceramic	\$499.00
D5710 ^e	Rebase complete maxillary denture	\$261.00	D6750 ^f	Retainer crown—porcelain fused to high noble metal	\$486.00
D5711 ^e	Rebase complete mandibular denture	\$249.00	D6751 ^f	Retainer crown—porcelain fused to predominantly base metal	\$453.00
D5720 ^e	Rebase maxillary partial denture	\$246.00	D6752 ^f	Retainer crown—porcelain fused to noble metal	\$464.00
D5721 ^e	Rebase mandibular partial denture	\$246.00	D6780 ^f	Retainer crown—3/4 cast high noble metal ..	\$458.00
D5730 ^e	Reline complete maxillary denture	\$147.00	D6790 ^f	Retainer crown—full cast high noble metal ..	\$469.00
D5731 ^e	Reline complete mandibular denture	\$147.00	D6791 ^f	Retainer crown—full cast predominantly base metal	\$445.00
D5740 ^e	Reline maxillary partial denture	\$135.00	D6792 ^f	Retainer crown—full cast noble metal	\$461.00
D5741 ^e	Reline mandibular partial denture	\$135.00	D6930 ^f	Re-cement or re-bond fixed partial denture ..	\$ 57.00
D5750 ^e	Reline complete maxillary denture	\$196.00			
D5751 ^e	Reline complete mandibular denture	\$196.00			
D5760 ^e	Reline maxillary partial denture	\$193.00			
D5761 ^e	Reline mandibular partial denture	\$193.00			
D5850	Tissue conditioning maxillary	\$ 61.00			
D5851	Tissue conditioning mandibular	\$ 61.00			
D6092	Recement implant/abutment supported crown	\$ 42.00			
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00			
D6210 ^f	Pontic—cast high noble metal	\$431.00			
D6211 ^f	Pontic—cast predominantly base metal	\$404.00			
D6212 ^f	Pontic—cast noble metal	\$420.00			
D6240 ^f	Pontic—porcelain fused to high noble metal ..	\$426.00			
D6241 ^f	Pontic—porcelain fused predominantly base metal	\$393.00			
D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00			
D6245	Pontic, Porcelain/Ceramic	\$439.00			
D6250 ^f	Pontic—resin with high noble metal	\$420.00			
D6251 ^f	Pontic—resin with predominantly base metal ..	\$388.00			
D6252 ^f	Pontic—resin with noble metal	\$400.00			
D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00			
D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces	\$373.00			
D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00			
D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00			
D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces	\$372.00			
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00			
D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00			
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces	\$406.00			
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00			
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces	\$403.00			
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00			
D6611 ^f	Retainer onlay—cast high noble metal, three or more surfaces	\$448.00			
D6612 ^f	Retainer onlay—cast predominantly base metal, two surfaces	\$407.00			

- a Limit of one every six months
- b Limit one per tooth every eight years
- c Limit one every 12 months
- d Limit one every five years
- e Limit of one every three years
- f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible to receive up to a 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by Humana Insurance Company or HumanaDental Insurance Company

Humana[®]

Humana.com 