

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 1S 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 and participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: 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	Basic		Member pays
D0120 ^a	Periodic oral examination.....	no charge	D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00
D0140 ^a	Limited oral evaluation—problem focused...	no charge	D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00
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)	\$ 66.00
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge	D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D1550	Re-cement or re-bond space maintainer	\$ 12.00
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2140	Amalgam—one surface primary or permanent .	\$ 24.00
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2150	Amalgam—two surfaces primary or permanent	\$ 31.00
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2160	Amalgam—three surfaces primary or permanent	\$ 37.00
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2161	Amalgam—four/more surfaces primary/permanent	\$ 46.00
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2330	Resin based composite—one surface, anterior	\$ 24.00
D0240	X-ray intraoral—occlusal radiographic image	no charge	D2331	Resin based composite—two surfaces, anterior	\$ 31.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2332	Resin based composite—three surfaces, anterior	\$ 38.00
D0260	X-ray extraoral, each additional radiographic image.....	no charge	D2335	Resin based composite —four or more surfaces, involving incisal angle.....	\$ 45.00
D0270 ^a	Bitewing—single radiographic image	no charge	D2390	Resin based composite—crown anterior	\$ 49.00
D0272 ^a	Bitewings—two radiographic images	no charge	D2391	Resin based composite—one surface, posterior.....	\$ 28.00
D0273 ^a	Bitewings—three radiographic images.....	no charge	D2392	Resin based composite—two surfaces, posterior.....	\$ 37.00
D0274 ^a	Bitewings—four radiographic images	no charge	D2393	Resin based composite—three surfaces, posterior	\$ 46.00
D0277 ^a	Vertical bitewings—7 to 8 radiographic images.	no charge	D2394	Resin based composite—four or more surfaces, posterior	\$ 56.00
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge	D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D0470	Diagnostic casts.....	no charge	D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months).....	\$ 21.00
D1110 ^a	Prophylaxis—adult (inclusive of D4910)	no charge	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D1120 ^a	Prophylaxis—child (inclusive of D4910)	no charge			
D1203 ^a	Topical fluoride varnish (for child <16).....	no charge			
D1206 ^a	Topical application of fluoride varnish (for child <16)	no charge			
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge			

D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00			
D6245	Pontic—porcelain/ceramic.	\$439.00	D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth.	\$125.00 \$ 97.00
D6250 ^f	Pontic—resin with high noble metal.	\$420.00	D7320	Alveoloplasty not conjunction w/extractions—per quad.	\$181.00
D6251 ^f	Pontic—resin with predominantly base metal.	\$388.00	D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D6252 ^f	Pontic—resin with noble metal	\$400.00	D7510	Incision and drainage of abscess— intraoral.	\$120.00
D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00	D7520	Incision and drainage of abscess— extraoral.	\$570.00
D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces.	\$373.00	D7960	Frenulectomy—separate procedure.	\$111.00
D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00	D7970	Excision of hyperplastic tissue—per arch	\$272.00
D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00	D9110	Palliative treatment dental pain— minor procedure	\$ 45.00
D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces.	\$372.00	D9215	Local anesthesia	no charge
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00	D9241	Intravenous moderate (conscious) sedation/ analgesia – first 30 minutes	\$144.00
D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00	D9242	Intravenous moderate (conscious) sedation/ analgesia – each additional 15 minutes.	\$ 60.00
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces	\$406.00	D9310	Professional consultation by non-treating dentist	\$ 96.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00	D9951	Occlusal adjustment—limited	\$ 58.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces.	\$403.00	D9952	Occlusal adjustment—complete	\$326.00
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			
D6613 ^f	Retainer onlay—cast predominantly base metal, three or more surfaces	\$426.00			
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00			
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces.	\$414.00			
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00			
D6721 ^f	Retainer crown—resin with predominantly base metal.	\$450.00			
D6722 ^f	Retainer crown—resin with noble metal.	\$458.00			
D6740 ^f	Retainer crown—porcelain/ceramic.	\$499.00			
D6750 ^f	Retainer crown—porcelain fused to high noble metal.	\$486.00			
D6751 ^f	Retainer crown—porcelain fused to predominantly base metal	\$453.00			
D6752 ^f	Retainer crown—porcelain fused to noble metal.	\$464.00			
D6780 ^f	Retainer crown—3/4 cast high noble metal	\$458.00			
D6790 ^f	Retainer crown—full cast high noble metal.	\$469.00			
D6791 ^f	Retainer crown—full cast predominantly base metal.	\$445.00			
D6792 ^f	Retainer crown—full cast noble metal	\$461.00			
D6930 ^f	Re-cement or re-bond fixed partial denture	\$ 57.00			
D7210	Surgical removal—erupted tooth	\$108.00			
D7220	Removal of impacted tooth—soft tissue	\$135.00			
D7230	Removal of impacted tooth—partially bony	\$179.00			
D7240	Removal of impacted tooth— completely bony	\$211.00			
D7241	Remove impacted tooth—completely bony w/comp	\$265.00			
D7250	Surgical removal of residual tooth roots	\$114.00			
D7310	Alveoloplasty in conjunction w/extractions—				

- 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

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