HumanaDental Advantage Plus 1S Plan

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 in
 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.

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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	□ \$5/\$15	□ \$10/\$15	
Annual maximum ☐ \$1,000	□ \$1,500	□ \$2,000	☐ No annual maximum

Summary of services

Preven	tive	Member pays	Basic	Mem	ber pays
D0120a		no charge	D1510	Space maintainer—fixed, unilateral	
D0140a	Limited oral evaluation—problem focu	ised no charge		(limited to child <14) \$	53.00
D0145	Oral evaluation for a patient under three	ee	D1515	Space maintainer—fixed, bilateral	
	years of age and counseling with prime	ary		(limited to child <14) \$	70.00
	caregiver (limit 1 every 12 months)		D1520	Space maintainer—removable, unilateral	
D0150	Comprehensive oral evaluation—new/			(limited to child <14) \$	66.00
	established patient (limit 1 every 24 mo	onths) . no charge	D1525	Space maintainer—removable, bilateral	
D0160	Limited/comprehensive/detailed and			(limited to child <14)	
	extensive oral eval (limit 1 every 12 mo	onths) . no charge	D1550	Re-cement or re-bond space maintainer \$	
D0170	Re-evaluation—limited problem focus	ed .	D2140	Amalgam—one surface primary or permanent \$	24.00
	(limit 1 every 12 months)	no charge	D2150	Amalgam—two surfaces primary or	
D0180	Comprehensive periodontal eval—nev	<i>//</i>	50460	permanent\$	31.00
D0040	established patient (limit 1 every 24 mg	onths) . no charge	D2160	Amalgam—three surfaces primary or	27.00
D0210	X-ray intraoral—complete series (limit 1		D2464	permanent\$	37.00
D0330	every 3 years)	no charge	D2161	Amalgam—four/more surfaces	1.000
D0220	X-ray intraoral—periapical, first radiogra	DOSSO)	חבבבת	primary/permanent\$	46.00
D0220	image (limit 9 every 12 months includes	DU23U) no charge	D2330	Resin based composite—one surface, anterior\$	27.00
D0230	X-ray intraoral—periapical, each additi		D2331	Surface, antenor	24.00
	radiographic image (limit 9 every 12 moincludes D0220)		DZ331	Resin based composite—two surfaces, anterior \$	21.00
D0240	X-ray intraoral—occlusal radiographic	imago no chargo	D2332	Resin based composite—three surfaces,	31.00
D0240	Extra-oral – 2D projection radiographic		DZJJZ	anterior\$	38 00
D0230	image created using a stationary radio	tion	D2335	Resin based composite —four or more	30.00
	source, and detector		DZJJJ	surfaces, involving incisal angle\$	45.00
D0260	X-ray extraoral, each additional	no charge	D2390	Resin based composite—crown anterior\$	49.00
D0200	radiographic image	no charae	D2391	Resin based composite—one surface,	13.00
D0270a		no charge	02331	posterior\$	28.00
D0272a	Bitewings—two radiographic images.	no charge	D2392	Resin based composite—two surfaces,	20.00
D0273a		no charge		posterior\$	37.00
D0274a	Bitewings—four radiographic images.		D2393	Resin based composite—three surfaces.	
D0277a		mages. no charge		posterior	46.00
D0330	Panoramic radiographic image (limit 1	3	D2394	Resin based composite—four or more	
	every 3 years)	no charge		surfaces, posterior \$	56.00
D0470	Diagnostic casts	no charge	D4341	Periodontal scaling and root planing—per	
D1110 ^a				quadrant, four or more teeth	
D1120a				(limit 1 per quad every 12 months)\$	39.00
D1203 ^a			D4342	Periodontal scaling and root planing—per	
D1206°				quadrant, 1-3 teeth	
	child <16)	no charge		(limit 1 per quad every 12 months)\$	21.00
D1351	Sealant—per tooth	1.40	D4355	Full mouth debridement to enable	
	(limit 1 per tooth every 12 months for chil	d <14). no charge		comprehensive evaluation and diagnosis	26.62
				(limit 1 every 5 years)\$	26.00

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D/010	Devis de atalon sistem anno disertat accomo		
D4910	Periodontal maintenance (limit 1 every 6	D2/20	addtl root
	months, inclusive of D1110 and D1120) \$ 23.00	D3430	Retrograde filling—per root
D7111	Extraction coronal remnants deciduous tooth \$ 20.00	D4210 ^c	Gingivectomy/gingivoplasty—four or more
D7140	Extraction erupted tooth or exposed root \$ 26.00		teeth, quad\$358.00
Maior	· · · · · · · · · · · · · · · · · · ·	D4211 ^c	Gingivectomy/gingivoplasty—1 to 3
Major	member pays		Gingivectomy/gingivoplasty—1 to 3 teeth, quad
D2510b	Inlay—metallic, one surface\$313.00	D4240°	Gingival flap proc—four or more teeth, quad . \$421.00
	Inlay—metallic, two surfaces\$355.00		Gingival flap proc—1 to 3 teeth, quad \$217.00
	Inlay—metallic, three or more surfaces \$410.00	D4249	Clinical crown lengthening – hard tissue \$481.00
D2542 ^b	Onlay—metallic, two surfaces \$402.00	D4240	Osseous surgery (including elevation of a full
D2543 ^b	Onlay—metallic, three surfaces\$420.00	D4200	thickness flap and closure) – four or more
D2544 ^b	Onlay—metallic, four or more surfaces \$437.00		
D2544 D2610 ^b			contiguous teeth or tooth bounded spaces
	Inlay—porcelain/ceramic, one surface \$368.00	D/264	per quadrant
D2620b	Inlay—porcelain/ceramic, two surfaces \$389.00	D4261	Osseous surgery (including elevation of a full
D2630 ^b	Inlay—porcelain/ceramic, three or more		thickness flap and closure) – one to three
	surfaces\$414.00		contiguous teeth or tooth bounded spaces
D2642 ^b	Onlay—porcelain/ceramic, two surfaces \$403.00		per quadrant
D2643b	Onlay—porcelain/ceramic, three surfaces \$434.00	D5110 ^d	Complete denture—maxillary \$642.00
D2644b	Onlay—porcelain/ceramic, four or	D5120d	Complete denture—mandibular\$642.00
	more surfaces\$461.00		Immediate denture—maxillary\$700.00
D2650b	Inlay—resin based composite, one surface \$242.00		Immediate denture—mandibular \$700.00
	Inlay—resin based composite, two surfaces . \$288.00		Maxillary partial denture—resin base \$542.00
	Inlay—resin based composite, three or more	D5211	
DZUJZ	surfaces\$303.00	D5212 ^d	
D2662 ^b	Onlay—resin based composite, two surfaces. \$263.00	D3Z13-	
		DE24/d	resin base
D2663b	Onlay—resin based composite, three surfaces \$310.00	D5214 ^a	Mandibular partial denture—cast metal—
D2664 ^b	Onlay—resin based ccomposite, four or more		resin base
	surfaces\$332.00	D5410°	
D2710 ^b	Crown—resin based composite, indirect \$187.00	D5411 ^c	
	Crown—resin with high noble metal \$461.00	D5421 ^c	Adjust partial denture—maxillary\$ 35.00
D2721 ^b	Crown—resin with predominantly base metal. \$432.00	D5422c	Adjust partial denture—mandibular \$ 35.00
D2722b	Crown—resin with noble metal \$441.00	D5510	Repair broken complete denture base \$ 70.00
D2740b	Crown—porcelain/ceramic substrate \$473.00	D5520	Replace missing/broken teeth—
D2750b	Crown—porcelain fused to high noble metal . \$466.00		complete denture\$ 59.00
	Crown—porcelain fused predominantly	D5610	Repair resin denture base
22,01	base metal\$434.00	D5620	Repair cast framework\$ 82.00
D2752 ^b	Crown—porcelain fused to noble metal \$445.00	D5630	Repair or replace broken clasp—per tooth \$100.00
D2790 ^b	Crown—full cast high noble metal \$450.00	D5640	Replace broken teeth—per tooth
D2791 ^b	Crown—full cast predominantly base metal \$426.00	D5650	Add tooth to existing partial denture\$ 88.00
	Crown—full cast predominantly base metal	D5660	Add clasp to existing partial denture—per
		טססכע	
D2910	Re-cement or re-bond inlay, onlay, veneer or	DE74.00	tooth
D2020	partial coverage restoration \$ 41.00		Rebase complete maxillary denture \$261.00
D2920	Re-cement or re-bond crown		Rebase complete mandibular denture \$249.00
D2930	Crown—prefabricated stainless steel,	D5720e	Rebase maxillary partial denture\$246.00
	primary tooth		Rebase mandibular partial denture \$246.00
D2931	Crown—prefabricated stainless steel,		Reline complete maxillary denture \$147.00
	permanent tooth\$131.00		Reline complete mandibular denture \$147.00
D2932	Crown—prefabricated resin\$142.00	D5740e	Reline maxillary partial denture
D2940	Protective restoration\$ 44.00		Reline mandibular partial denture \$135.00
D2950	Core buildup including any pins \$110.00		Reline complete maxillary denture \$196.00
D2951	Pin retention—per tooth addition restoration. \$ 23.00		Reline complete mandibular denture \$196.00
D2952	Cast post and core in addition to crown \$168.00	D5760e	
D2954	Prefabricated post and core in addition to crown \$139.00	D5761e	
D3220	Therapeutic pulpotomy\$ 75.00	D5850	Tissue conditioning maxillary \$ 61.00
D3220	Root canal therapy—anterior	D5851	Tissue conditioning mandibular\$ 61.00
D3310			
	Root canal therapy—bicuspid\$385.00	D6092	Recement implant/abutment supported crown \$ 42.00
D3330	Root canal therapy—molar	D6093	Re-cement or re-bond implant/abutment
D3346	Previous root canal therapy—anterior \$424.00	DC340t	supported fixed partial denture
D3347	Previous root canal therapy—bicuspid \$500.00	D6210 ^f	Pontic—cast high noble metal
D3348	Previous root canal therapy—molar\$601.00	D6211 ^f	
D3410	Apicoectomy/periradicular surgery—anterior . \$361.00	D6212 ^f	Pontic—cast noble metal
D3421	Apicoectomy/periradicular surgery—bicuspid . \$394.00	D6240 ^f	Pontic—porcelain fused to high noble metal . \$426.00
D3425	Apicoectomy/periradicular surgery—molar \$445.00	D6241 ^f	Pontic—porceln fused predominantly base
D3426	Apicoectomy/periradicular surgery—each		metal\$393.00

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D6242 ^f	Pontic—porcelain fused to noble metal \$415.0	0
D6245	Pontic—porcelain/ceramic\$439.0	
D6250 ^f	Pontic—resin with high noble metal\$420.00	0
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	0
D6601 ^f	Retainer inlay—porcelain/ceramic, three or	
	more surfaces\$373.00	0
D6602 ^f	Retainer inlay—cast high noble metal, two	
	surfaces	J
D6603 ^f	Retainer inlay—cast high noble metal, three	
	or more surfaces	J
D6604 ^f	Retainer inlay—cast predominantly base	_
D.C.C.O.E.	metal, two surfaces	J
D6605 ^f	Retainer inlay—cast predominantly base	^
DCCOCF	metal, three or more surfaces	J
D6606 ^f	Retainer inlay—cast noble metal, two	^
DCC07f	surfaces \$366.00 Retainer inlay—cast noble metal, three or	J
D6607 ^f		\cap
D6608 ^f	more surfaces	J
D0000	surfaces\$386.0	n
D6609 ^f	Retainer onlay—porcelain/ceramic, three or	J
D0003	more surfaces\$403.0	n
D6610 ^f	Retainer onlay—cast high noble metal, two	J
D0010	surfaces\$409.00	n
D6611 ^f	Retainer onlay—cast high noble metal,	0
20011	three or more surfaces\$448.00	0
D6612 ^f	Retainer onlay—cast predominantly base	_
	metal, two surfaces \$407.00	0
D6613 ^f	Retainer onlay—cast predominantly base	
	metal, three or more surfaces\$426.0	0
D6614 ^f	Retainer onlay—cast noble metal, two	
	surfaces	J
D6615 ^f	Retainer onlay—cast noble metal, three or	
	more surfaces\$414.0	
D6720 ^f	Retainer crown—resin with high noble metal. \$474.0	J
D6721 ^f	Retainer crown—resin with predominantly	_
DC722f	base metal\$450.0	J
D6722 ^f	Retainer crown—resin with noble metal \$458.0	
D6740 ^f D6750 ^f	Retainer crown—porcelain/ceramic\$499.0	J
D0/20.	Retainer crown—porcelain fused to high noble metal\$486.00	n
D6751 ^f	Retainer crown—porcelain fused to	J
D0/31	predominantly base metal	n
D6752 ^f	Retainer crown—porcelain fused to noble	J
D0732	metal\$464.0	n
D6780 ^f	Retainer crown—3/4 cast high noble metal \$458.0	
D6790 ^f	Retainer crown—full cast high noble metal \$469.0	
D6791 ^f	Retainer crown—full cast predominantly	,
50751	base metal\$445.00	0
D6792 ^f	Retainer crown—full cast noble metal \$461.00	0
D6930 ^f	Re-cement or re-bond fixed partial denture \$ 57.00	0
D7210	Surgical removal—erupted tooth \$108.0	0
D7220	Removal of impacted tooth—soft tissue \$135.00	0
D7230	Removal of impacted tooth—partially bony . \$179.00	0
D7240	Removal of impacted tooth—	
	completely bony \$211.00	O
D7241	Remove impacted tooth—completely bony	
	w/comp\$265.00	C
D7250	Surgical removal of residual tooth roots \$114.0	C
D7310	Alveoloplasty in conjunction w/extractions—	

D7311	per quad	\$125.00
D/311	w/extractions—1-3 teeth	\$ 97.00
D7320	Alveoloplasty not conjunction	
D7224	w/extractions—per quad	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—intraoral	
D7520	Incision and drainage of abscess—extraoral.	
D7960	Frenulectomy—separate procedure	\$111.00
D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—	ć /F00
D021F	minor procedure	\$ 45.00
D9215 D9241	Local anesthesia	no charge
D3241	analgesia – first 30 minutes	\$144.00
D9242	Intravenous moderate (conscious) sedation/	+ - · · · · · ·
	analgesia – each additional 15 minutes	\$ 60.00
D9310	Professional consultation by	ć 06.00
D00F1	non-treating dentist	\$ 96.00
D9951 D9952	Occlusal adjustment—limited	
DJJJZ	occiusui aujustinent – compiete	7720.00

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- 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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