

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 also receive a 20 percent discount on services not listed on your schedule of benefits when visiting certain participating dentists. Visit **Humana.com** to find a participating dentist who offers the discount on unlisted services.

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 2S 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	Basic	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	D2140 Amalgam—one surface primary or permanent .	no charge
D0180 Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2150 Amalgam—two surfaces primary or permanent	no charge
D0210 X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2160 Amalgam—three surfaces primary or permanent	no charge
D0220 X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2161 Amalgam—four/more surfaces primary/permanent	no charge
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	no charge
D0240 X-ray intraoral—occlusal radiographic image	no charge	D2331 Resin based composite—two surfaces, anterior	no charge
D0250 X-ray extraoral, first radiographic image	no charge	D2332 Resin based composite—three surfaces, anterior	no charge
D0260 X-ray extraoral, each additional radiographic image.....	no charge	D2335 Resin based composite —four or more surfaces, involving incisal angle.....	no charge
D0260 X-ray extraoral, each additional radiographic image.....	no charge	D2390 Resin based composite—crown anterior	no charge
D0270 ^a Bitewing—single radiographic image	no charge	D2391 Resin based composite—one surface, posterior .	no charge
D0272 ^a Bitewings—two radiographic images	no charge	D2392 Resin based composite—two surfaces, posterior .	no charge
D0273 ^a Bitewings—three radiographic images.....	no charge	D2393 Resin based composite—three surfaces, posterior	no charge
D0274 ^a Bitewings—four radiographic images	no charge	D2394 Resin based composite—four or more surfaces, posterior	no charge
D0277 ^a Vertical bitewings—7 to 8 radiographic images.	no charge	D4341 Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	no charge
D0330 Panoramic radiographic image (limit 1 every 3 years)	no charge	D4342 Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	no charge
D0470 Diagnostic casts.....	no charge	D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	no charge
D1110 ^a Prophylaxis—adult (inclusive of D4910)	no charge	D4910 Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D1120 ^a Prophylaxis—child (inclusive of D4910)	no charge	D7111 Extraction coronal remnants deciduous tooth .	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		

D7140 Extraction erupted tooth or exposed root 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 composite, 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
D3220	Therapeutic pulpotomy.	\$ 75.00
D3310	Root canal therapy—anterior.	\$315.00
D3320	Root canal therapy—bicuspid.	\$385.00
D3330	Root canal therapy—molar.	\$497.00
D3346	Previous root canal therapy—anterior.	\$424.00
D3347	Previous root canal therapy—bicuspid.	\$500.00
D3348	Previous root canal therapy—molar.	\$601.00
D3410	Apicoectomy/periradicular surgery—anterior.	\$361.00
D3421	Apicoectomy/periradicular surgery—bicuspid.	\$394.00
D3425	Apicoectomy/periradicular surgery—molar.	\$445.00
D3426	Apicoectomy/periradicular surgery—each addtl root.	\$148.00
D3430	Retrograde filling—per root.	\$109.00

D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad.	\$358.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad.	\$153.00
D4240 ^c	Gingival flap proc—four or more teeth, quad.	\$421.00
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad.	\$217.00
D4249	Clinical crown lengthening – hard tissue.	\$481.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$680.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$354.00
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
D5610	Repair resin denture base.	\$ 76.00
D5620	Repair cast framework.	\$ 82.00
D5630	Repair or replace broken clasp.	\$100.00
D5640	Replace broken teeth—per tooth.	\$ 64.00
D5650	Add tooth to existing partial denture.	\$ 88.00
D5660	Add clasp to existing partial denture—per tooth.	\$105.00
D5710 ^e	Rebase complete maxillary denture.	\$261.00
D5711 ^e	Rebase complete mandibular denture.	\$249.00
D5720 ^e	Rebase maxillary partial denture.	\$246.00
D5721 ^e	Rebase mandibular partial denture.	\$246.00
D5730 ^e	Reline complete maxillary denture.	\$147.00
D5731 ^e	Reline complete mandibular denture.	\$147.00
D5740 ^e	Reline maxillary partial denture.	\$135.00
D5741 ^e	Reline mandibular partial denture.	\$135.00
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	D9241	Intravenous moderate (conscious) sedation/ analgesia – first 30 minutes	\$144.00
D6252 ^f	Pontic—resin with noble metal	\$400.00	D9242	Intravenous moderate (conscious) sedation/ analgesia – each additional 15 minutes	\$ 60.00
D6600 ^f	Inlay—porcelain/ceramic, two surfaces	\$355.00	D9310	Professional consultation by non-treating dentist	\$ 96.00
D6601 ^f	Inlay—porcelain/ceramic, three or more surfaces.	\$373.00	D9951	Occlusal adjustment—limited	\$ 58.00
D6602 ^f	Inlay—cast high noble metal, two surfaces ..	\$380.00	D9952	Occlusal adjustment—complete	\$326.00
D6603 ^f	Inlay—cast high noble metal, three or more surfaces.	\$418.00			
D6604 ^f	Inlay—cast predominantly base metal, two surfaces.	\$372.00			
D6605 ^f	Inlay—cast predominantly base metal, three or more surfaces.	\$394.00			
D6606 ^f	Inlay—cast noble metal, two surfaces	\$366.00			
D6607 ^f	Inlay—cast noble metal, three or more surfaces. .	\$406.00			
D6608 ^f	Onlay—porcelain/ceramic, two surfaces	\$386.00			
D6609 ^f	Onlay—porcelain/ceramic, three or more surfaces.	\$403.00			
D6610 ^f	Onlay—cast high noble metal, two surfaces. .	\$409.00			
D6611 ^f	Onlay—cast high noble metal, three or more surfaces.	\$448.00			
D6612 ^f	Onlay—cast predominantly base metal, two surfaces.	\$407.00			
D6613 ^f	Onlay—cast predominantly base metal, three or more surfaces	\$426.00			
D6614 ^f	Onlay—cast noble metal, two surfaces	\$399.00			
D6615 ^f	Onlay—cast noble metal, three or more surfaces.	\$414.00			
D6720 ^f	Crown—resin with high noble metal	\$474.00			
D6721 ^f	Crown—resin with predominantly base metal	\$450.00			
D6722 ^f	Crown—resin with noble metal	\$458.00			
D6740 ^f	Crown—porcelain/ceramic	\$499.00			
D6750 ^f	Crown—porcelain fused to high noble metal .	\$486.00			
D6751 ^f	Crown—porcelain fused to predominantly base metal.	\$453.00			
D6752 ^f	Crown—porcelain fused to noble metal	\$464.00			
D6780 ^f	Crown—3/4 cast high noble metal	\$458.00			
D6790 ^f	Crown—full cast high noble metal	\$469.00			
D6791 ^f	Crown—full cast predominantly base metal. .	\$445.00			
D6792 ^f	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— per quad	\$125.00			
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth.	\$ 97.00			
D7320	Alveoloplasty not conjunction w/extractions—per quad.	\$181.00			
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00			
D7510	Incision and drainage of abscess—intraoral. .	\$120.00			
D7520	Incision and drainage of abscess—extraoral .	\$570.00			
D7960	Frenulectomy—separate procedure.	\$111.00			
D7970	Excision of hyperplastic tissue—per arch	\$272.00			
D9110	Palliative treatment dental pain— minor procedure	\$ 45.00			
D9215	Local anesthesia	no charge			

- 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 are available at certain participating dentist's usual fee less 20%. Visit **Humana.com** to find a participating dentist who offers the discount on unlisted services.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by HumanaDental Insurance Company

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