

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 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: 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	X-ray extraoral, first radiographic image	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			

D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00	D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00
D7111	Extraction coronal remnants deciduous tooth ..	\$ 20.00	D3430	Retrograde filling—per root	\$109.00
D7140	Extraction erupted tooth or exposed root	\$ 26.00	D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00
Major			Member pays		
D2510 ^b	Inlay—metallic, one surface.	\$313.00	D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad.	\$153.00
D2520 ^b	Inlay—metallic, two surfaces.	\$355.00	D4240 ^c	Gingival flap proc—four or more teeth, quad .	\$421.00
D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00	D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	\$217.00
D2542 ^b	Onlay—metallic, two surfaces	\$402.00	D4249	Clinical crown lengthening – hard tissue.	\$481.00
D2543 ^b	Onlay—metallic, three surfaces.	\$420.00	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
D2544 ^b	Onlay—metallic, four or more surfaces.	\$437.00	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
D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D5110 ^d	Complete denture—maxillary	\$642.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5120 ^d	Complete denture—mandibular	\$642.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5130 ^d	Immediate denture—maxillary.	\$700.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces. . . .	\$434.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces.	\$461.00	D5212 ^d	Mandibular partial denture—resin base	\$629.00
D2650 ^b	Inlay—resin based composite, one surface. . .	\$242.00	D5213 ^d	Maxillary partial denture—cast metal—resin base	\$709.00
D2651 ^b	Inlay—resin based composite, two surfaces . .	\$288.00	D5214 ^d	Mandibular partial denture—cast metal—resin base	\$709.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5410 ^c	Adjust complete denture—maxillary.	\$ 35.00
D2662 ^b	Onlay—resin based composite, two surfaces. .	\$263.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2663 ^b	Onlay—resin based composite, three surfaces. .	\$310.00	D5421 ^c	Adjust partial denture—maxillary.	\$ 35.00
D2664 ^b	Onlay—resin based ccomposite, four or more surfaces	\$332.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5510	Repair broken complete denture base	\$ 70.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2721 ^b	Crown—resin with predominantly base metal. .	\$432.00	D5610	Repair resin denture base.	\$ 76.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5620	Repair cast framework.	\$ 82.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5630	Repair or replace broken clasp—per tooth. . . .	\$100.00
D2750 ^b	Crown—porcelain fused to high noble metal .	\$466.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2751 ^b	Crown—porcelain fused predominantly base metal.	\$434.00	D5650	Add tooth to existing partial denture.	\$ 88.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5660	Add clasp to existing partial denture—per tooth	\$105.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5710 ^e	Rebase complete maxillary denture.	\$261.00
D2791 ^b	Crown—full cast predominantly base metal. . .	\$426.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5720 ^e	Rebase maxillary partial denture.	\$246.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5730 ^e	Reline complete maxillary denture.	\$147.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5740 ^e	Reline maxillary partial denture.	\$135.00
D2932	Crown—prefabricated resin.	\$142.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2940	Protective restoration.	\$ 44.00	D5750 ^e	Reline complete maxillary denture.	\$196.00
D2950	Core buildup including any pins	\$110.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2951	Pin retention—per tooth addition restoration. .	\$ 23.00	D5760 ^e	Reline maxillary partial denture.	\$193.00
D2952	Cast post and core in addition to crown	\$168.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D5850	Tissue conditioning maxillary.	\$ 61.00
D3220	Therapeutic pulpotomy.	\$ 75.00	D5851	Tissue conditioning mandibular.	\$ 61.00
D3310	Root canal therapy—anterior.	\$315.00	D6092	Recement implant/abutment supported crown	\$ 42.00
D3320	Root canal therapy—bicuspid.	\$385.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D3330	Root canal therapy—molar	\$497.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3346	Previous root canal therapy—anterior.	\$424.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6212 ^f	Pontic—cast noble metal.	\$420.00
D3348	Previous root canal therapy—molar.	\$601.00	D6240 ^f	Pontic—porcelain fused to high noble metal .	\$426.00
D3410	Apicoectomy/periradicular surgery—anterior .	\$361.00			
D3421	Apicoectomy/periradicular surgery—bicuspid .	\$394.00			
D3425	Apicoectomy/periradicular surgery—molar ..	\$445.00			

D6241 ^f	Pontic—porceln fused predominantly base metal.....	\$393.00	D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00	D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth.....	\$ 97.00
D6245	Pontic—porcelain/ceramic.....	\$439.00	D7320	Alveoloplasty not conjunction w/extractions—per quad.....	\$181.00
D6250 ^f	Pontic—resin with high noble metal.....	\$420.00	D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D6251 ^f	Pontic—resin with predominantly base metal	\$388.00	D7510	Incision and drainage of abscess—intraoral..	\$120.00
D6252 ^f	Pontic—resin with noble metal	\$400.00	D7520	Incision and drainage of abscess—extraoral .	\$570.00
D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00	D7960	Frenulectomy—separate procedure.....	\$111.00
D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces.....	\$373.00	D7970	Excision of hyperplastic tissue—per arch	\$272.00
D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00	D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00	D9215	Local anesthesia	no charge
D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces.....	\$372.00	D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$144.00
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00	D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes.....	\$ 60.00
D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00	D9310	Professional consultation by non-treating dentist	\$ 96.00
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces.....	\$406.00	D9951	Occlusal adjustment—limited	\$ 58.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00	D9952	Occlusal adjustment—complete	\$326.00
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			
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			

- 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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