Humana Dental

https://your.humana.com/feds

1-877-692-2468

Humana®

2027

A Regional Dental Plan with PPO and EPO Options

Serving: Alabama, the majority of Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, the majority of Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, parts of Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, and West Virginia

IMPORTANT
- Rates: Back Cover
- Changes for 2027: Page 3
- Summary of Benefits: Page 63

This plan has five enrollment regions; please see the end of this brochure to determine your region and corresponding rates.

PPO Options:

High PPO Option Self Only

High PPO Option Self Plus One

High PPO Option Self and Family

EPO Options:

Standard Advantage EPO Option Self Only

Standard Advantage EPO Option Self Plus One

Standard Advantage EPO Option Self and Family

FEDVIP
Federal Employees
Dental And Vision Insurance Program

Authorized for distribution by the:

United States
Office of Personnel Management

Healthcare and Insurance
http://www.opm.gov/insure

Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The law directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants. Section 715 of the National Defense Authorization Act for Fiscal Year 2017 (FY 2017 NDAA), Public Law 114-328, expanded FEDVIP eligibility to certain TRICARE-eligible individuals.

This brochure describes the benefits of the High PPO and the Standard Advantage EPO options under Humana Dental Company contract OPM02-FEDVIP-02AP-10 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Humana Dental
PO Box 14287
Lexington, KY 40512
877-692-2468
https://your.humana.com/feds

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits. You and your family members do not have a right to benefits that were available before January 1, 2027 unless those benefits are also shown in this brochure.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One coverage, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

Humana Dental is responsible for the selection of in-network providers in your area. Contact us at 877-692-2468 for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our website https://your.humana.com/feds. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate them to join. Contact us at 877-692-2468 to nominate a provider who is currently not participating with the Humana Dental High PPO or Standard Advantage EPO Plan. You cannot change plans, outside of open season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

The Humana Dental High PPO and Standard Advantage EPO and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB)/ Postal Service Health Benefits (PSHB) Program.

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, https://your.humana.com/feds and click on the "Privacy Practices" link at the bottom of the page. If you would like to request individual rights forms via our automated service, please call 866-861-2762.

Discrimination is Against the Law

Humana Dental Company complies with all applicable Federal civil rights laws, to include both Title VII of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act. Pursuant to Section 1557, Humana Dental Company does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

ENGLISH: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-692-2468 (TTY: 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-692-2468 (TTY: 711).

Table of Contents

Introduction 1
How We Have Changed For 2027 3
FEDVIP Program Highlights 4
- A Choice of Plans and Options 4
- Enroll Through BENEFEDS 4
- Dual Enrollment 4
- Pre-Tax Salary Deduction for Employees 4
- Coverage Effective Date 4
- Annual Enrollment Opportunity 4
- Continued Group Coverage After Retirement 4
- Waiting Period 4
- Compliance with the American Dental Association (ADA) 4

Section 1 Eligibility 5
- Federal Employees 5
- Temporary/Seasonal Employees 5
- Federal Annuitants 5
- Survivor Annuitants 5
- Compensationers 5
- TRICARE-eligible individual 5
- Family Members 6
- Not Eligible 6

Section 2 Enrollment 7
- Enroll Through BENEFEDS 7
- Enrollment Types 7
- Dual Enrollment 7
- Opportunities to Enroll or Change Enrollment 8
- When Coverage Stops 10
- Continuation of Coverage 10
- FSAFEDS/High Deductible Health Plans and FEDVIP 10

Section 3 How You Obtain Care 11
- Identification Cards/Enrollment Confirmation 11
- Where You Get Covered Care 11
- Plan Providers 11
- In-Network 11
- Out-of-Network 11
- Emergency Services 11
- Plan Allowance 12
- Pre-Treatment Plan 12
- Alternate Benefit 12
- FEHB/PSHB First Payor 12
- Coordination of Benefits 12
- Service Area 12
- Rating Areas 13
- Limited Access Areas 13
- Dental Review 13

Section 4 Your Cost for Covered Services 14

Deductible 14
Coinsurance....14
Co-payment....14
Annual Benefit Maximum 14
Lifetime Benefit Maximum 15
In-Network Services 15
Out-of-Network Services 15
Emergency Services....15
Calendar Year....15
In-Progress Treatment....15
Section 5 Dental Services and Supplies Class A Basic - High PPO Option 16
Class B Intermediate - High PPO Option 19
Class C Major - High PPO....23
Class D Orthodontic - High PPO Option 29
General Services - High PPO Option....31
Section 5 Dental Services and Supplies Class A Basic - Standard Advantage EPO Option....32
Class B Intermediate - Standard Advantage EPO Option....35
Class C Major - Standard Advantage EPO Option 39
Class D Orthodontic - Standard Advantage EPO Option 48
General Services - Standard Advantage EPO Option 50
Section 6 International Services and Supplies 52
Section 7 General Exclusions – Things We Do Not Cover....53
Section 8 Claims Filing and Disputed Claims Processes....57
How to File a Claim for Covered Services 57
Deadline for Filing Your Claim....57
Disputed Claims Process....57
Section 9 Definitions of Terms We Use in This Brochure 58
Stop Health Care Fraud! 62
Summary of Benefits 63
Rate Information 69

How We Have Changed For 2027

Changes to the EPO plan include:

Code D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site: adding frequency limit of one every 36 months (Class C)

Changes to the PPO plan include:

Addition of Code D5859 Placement of semi-precision abutment – natural tooth - *Limitation: once per tooth every five calendar years.*

- Class B, Intermediate: Prosthodontic Services

Addition of Code D8689 Re-cement or re-bond orthodontic fixed appliance

- Class D, Orthodontics

Changes to the EPO and PPO plans:

Addition of Code D5521 Replace all teeth on complete denture – maxillary - *Limit 1 per 5 years*

- Class B, Intermediate: Prosthodontic Services, EPO copay = $154

Addition of Code D5522 Replace all teeth on complete denture - mandibular - *Limit 1 per 5 years*

- Class B, Intermediate: Prosthodontic Services, EPO copay = $154

Clarification to the PPO plan include:

Code D8040 Limited orthodontic treatment of the adult dentition – Humana supports access to online orthodontic services (Class D)

- Note: claims for online orthodontic services will be processed at the out-of-network level of benefits

FEDVIP Program Highlights

A Choice of Plans and Options	You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Some TRICARE beneficiaries may not be eligible to enroll in both. Visit www.opm.gov/dental or www.opm.gov/vision for more information.
Enroll Through BENEFEDS	You enroll online at www.BENEFEDS.gov. Please see Section 2, Enrollment, for more information.
Dual Enrollment	If you or one of your family members are enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.
Pre-Tax Salary Deduction for Employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars. TRICARE enrollees automatically pay premiums through payroll deduction or automatic bank withdrawal (ABW) using post-tax dollars.
Coverage Effective Date	If you sign up for a dental and/or vision plan during the 2026 Open Season, your coverage will begin on January 1, 2027. Premium deductions will start with the first full pay period beginning on/after January 1, 2027. You may use your benefits as soon as your enrollment is confirmed.
Annual Enrollment Opportunity	Each year, an open season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, open season runs from November 9, 2026 through midnight EST December 14, 2026. You do not need to re-enroll each open season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment for more information.
Continued Group Coverage After Retirement	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.
Waiting Period	There are no waiting periods associated with our plan options.
Compliance with the American Dental Association (ADA)	FEDVIP abides by the Current Dental Terminology (CDT) codification system in accordance with standards set by the American Dental Association (ADA). *Current Dental Terminology (CDT)*, Copyright © American Dental Association. All rights reserved.

Section 1 Eligibility

Federal Employees

If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP, if you are eligible for the Federal Employees Health Benefits (FEHB), the Postal Service Health Benefits (PSHB) Program, or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB/PSHB Program or a Health Insurance Marketplace (Exchange) plan is not required.

Temporary/ Seasonal Employees

Certain temporary, intermittent, and seasonal Federal and U.S. Postal Service employees are now eligible to enroll in FEDVIP. To be eligible, these employees must be expected to work 130 hours per calendar month for at least 90 days. In addition, certain firefighters hired under a temporary appointment and intermittent emergency response personnel are eligible to enroll in FEDVIP. The employing agency must determine and notify these employees of their eligibility.

Federal Annuitants

You are eligible to enroll if you:

- retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;
- retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.

Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB/PSHB Program.

Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.

Survivor Annuitants

If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.

Compensationers

A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.

TRICARE-eligible individual

An individual who is eligible for FEDVIP dental coverage based on the individual's eligibility to previously be covered under the TRICARE Retiree Dental Program or an individual eligible for FEDVIP vision coverage based on the individual's enrollment in a specified TRICARE health plan.

Retired members of the uniformed services and National Guard/Reserve components, including "gray-area" retirees under age 60 and their families are eligible for FEDVIP dental coverage. These individuals, if enrolled in a TRICARE health plan, are also eligible for FEDVIP vision coverage. In addition, uniformed services active duty family members who are enrolled in a TRICARE health plan are eligible for FEDVIP vision coverage.

Family Members

Except with respect to TRICARE-eligible individuals, family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support. FEDVIP rules and FEHB/PSHB rules for family member eligibility are **NOT** the same. For more information on family member eligibility visit the website at www.opm.gov/healthcare-insurance/dental-vision/ or contact your employing agency or retirement system.

With respect to TRICARE-eligible individuals, family members include your spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in your legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.

Not Eligible

The following persons are not eligible to enroll in FEDVIP, regardless of FEHB/PSHB eligibility or receipt of an annuity or portion of an annuity:

- Deferred annuitants
- Former spouses of employees or annuitants. **Note:** Former spouses of TRICARE-eligible individuals may enroll in a FEDVIP vision plan.
- FEHB/PSHB Temporary Continuation of Coverage (TCC) enrollees
- Anyone receiving an insurable interest annuity who is not also an eligible family member
- Active duty uniformed service members. **Note:** If you are an active duty uniformed service member, your dental and vision coverage will be provided by TRICARE. Your family members will still be eligible to enroll in the TRICARE Dental Plan (TDP).
- Temporary/seasonal employees who does not meet the 130 hours per calendar month for 90 days.

Section 2 Enrollment

Enroll Through BENEFEDS

You must use BENEFEDS to enroll or change enrollment in a FEDVIP plan. BENEFEDS is a secure enrollment website (www.BENEFEDS.gov) sponsored by OPM. If you do not have access to a computer, call 877-888-FEDS (877-888-3337), TTY: 711 International 1-571-730-5942 to enroll or change your enrollment.

If you are currently enrolled in FEDVIP and do not want to change plans your enrollment will continue automatically. Please Note: Your plans' premiums may change for 2027.

Note: You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

Enrollment Types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Self and Family: A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.

Open Season

If you are an eligible employee, annuitant, or TRICARE-eligible individual (TEI), you may enroll in a dental and/or vision plan during the November 9, 2026 through midnight EST December 14, 2026, Open Season. Coverage is effective January 1, 2027.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. **If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.**

New hire/Newly eligible

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP; or
- an employee returning to service following a break in service of at least 31 days.
- a TRICARE-eligible individual

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDS receives and confirms your enrollment.

Opportunities to Enroll or Change Enrollment

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLEs and the enrollment actions you may take:

Qualifying Life Event: Marriage
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Acquiring an eligible family member (non-spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing a covered family member
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: Yes
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Losing other dental/vision coverage (eligible or covered person)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: Yes
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Moving out of regional plan's service area
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes

Qualifying Life Event: Going on active military duty, non- pay status (enrollee or spouse)
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from active military duty (enrollee or spouse)
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Returning to pay status from Leave without pay
From Not Enrolled to Enrolled: Yes (if enrollment cancelled during LWOP)
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: Yes (if enrollment cancelled during LWOP)

Qualifying Life Event: Annuity/ compensation restored
From Not Enrolled to Enrolled: Yes
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: No
Change from One Plan to Another: No

Qualifying Life Event: Transferring to an eligible position*
From Not Enrolled to Enrolled: No
Increase Enrollment Type: No
Decrease Enrollment Type: No
Cancel: Yes
Change from One Plan to Another: No

*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next open season, unless you experience a QLE that allows such a change or cancellation.

VA Exception for Cancellation

Generally, you may cancel your enrollment only during the annual open season. However, if you are a FEDVIP enrollee paying premiums on a **post-tax basis**, and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may** change your enrollment type or cancel your enrollment within 60 days of receiving notification of VA dental or vision eligibility. This 60-day period may fall outside of open season. VA dental or vision eligibility documentation must be submitted to OPM via the BENEFEDS mailbox (benefedsportal@opm.gov) within 60 days of notification to support the FEDVIP enrollment change or cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date. An eligible family member's coverage also ends upon the effective date of the cancellation.

If you are a FEDVIP enrollee paying premiums on a **pre-tax basis,** and you, your family member, or TEI family member becomes eligible for VA dental or vision benefits, then you **may not** change or cancel your FEDVIP enrollment until the next open season.

FEDVIP enrollees can verify if they are paying their premiums on a pre- or post- tax basis by contacting BENEFEDS at 1-877-888-3337, TTY: 711 International 1-571-730-5942.

When Coverage Stops

Coverage ends for active and retired Federal, U.S. Postal employees, and TRICARE-eligible individuals when you:

- no longer meet the definition of an eligible employee, annuitant, or TRICARE-eligible individual;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments;
- cancel the enrollment during open season;
- a Retired Reservist begins active duty; or
- the sponsor or primary enrollee leaves active duty.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Continuation of Coverage

Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under FEDVIP plans:

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

FSAFEDS/High Deductible Health Plans and FEDVIP

If you are planning to enroll in a FSAFEDS Health Care Flexible Spending Account (HCFSA), Limited Expense Health Care Flexible Spending Account (LEX HCFSA), or any flexible spending account, you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Please review IRS - Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (www.irs.gov/forms-pubs/about-publication-969) for additional information about carryover and contribution amounts for the upcoming tax year. If you have an HCFSA or LEX HCFSA FSAFEDS account and you have not exhausted your funds by December 31st of the plan year, FSAFEDS can automatically carry over a set maximum amount of unspent funds into another health care or limited expense account for the subsequent year. To be eligible for carryover, you must be employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st. You must also actively re-enroll in a health care or limited expense account during the next open season to be carryover eligible. Your re-enrollment must meet the minimum contribution amount for the plan year. If you do not re-enroll, or if you are not employed by an agency that participates in FSAFEDS and actively making allotments from your pay through December 31st, your funds will not be carried over.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in the program next year.

See www.fsafeds.gov or call 1-877-FSAFEDS (372-3337) or TTY: 1-866-353-8058. Note: FSAFEDS is not open to retired employees or to TRICARE eligible individuals.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you may use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB/PSHB and/or FEDVIP plans.

Section 3 How You Obtain Care

Identification Cards/ Enrollment Confirmation

We will send you an identification (ID) card within 15 days of your effective date. It is important to bring your FEDVIP and FEHB/PSHB ID card to every dental appointment because most FEHB/PSHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both ID cards can ensure that you receive the maximum allowable benefit under each Program.

If you do not receive your ID card within 30 days after the effective date of your enrollment or if you need replacement cards, you may request one through our website at https://your.humana.com/feds or call us at 877-692-2468.

Where You Get Covered Care

High PPO option:

You can obtain care from any licensed dentist you choose. You may be able to reduce your out-of-pocket expenses for covered services by selecting an in-network provider. You can find in-network plan providers by visiting our website at: https://your.humana.com/feds.

Standard Advantage EPO option:

Members should receive services from in-network providers. There is no coverage for services rendered by an out-of-network provider, with the exception of emergency services.

You can find in-network providers by visiting our website: https://your.humana.com/feds.

Plan Providers

Plan providers, also referred to as "in-network providers", are licensed dentist and dental providers who have contracted with us to provide negotiated discounts on covered services. We list plan providers in the provider directory, which we update periodically. The list is on our website at: https://your.humana.com/feds.

In-Network

You may see any in-network general dentist or specialist (e.g. Endodontist, Periodontist, etc.). You do not need a referral to see a specialist. You can find in-network providers by visiting our website at https://your.humana.com/feds.

Out-of-Network

High PPO option:

You may obtain care from any licensed dentist you choose. If the dentist you use is not part of our network, or not in our service area, benefits will be determined based on the out-of-network benefit level of the out-of-network plan allowance.

You are responsible for the difference between our payment and the amount billed.

Standard Advantage EPO option:

There are no out-of-network benefits available except for emergency care.

Emergency Services

High PPO option:

All expenses for emergency services are payable as any other expense and are subject to plan limitations such as frequencies, deductibles, and maximums. If you utilize the services of an out-of-network dentist for emergency services, benefits will be paid under the out-of-network Plan provisions. You are responsible for the difference between our payment and billed charges.

Standard Advantage EPO option:

If you have an emergency outside of the service area, visit any general dentist or specialist for care. We will reimburse you for emergency services up to $100 per member per year.

Plan Allowance	**High PPO option:** The plan allowance is the amount we allow for a specific procedure. When you use an in-network provider, your out-of-pocket cost is limited to the difference between the plan allowance and our payment. When you use an out-of-network provider, you are responsible for the difference between the plan allowance and our payment plus the difference between the amount the provider bills and the plan allowance. Note: The plan allowance only applies to the High PPO option.
Pre-Treatment Plan	**High PPO option:** In the event a procedure is anticipated to cost at least $300, you or your dentist may submit a dental treatment plan for us to review before your treatment. An estimate for services is not a guarantee of what we will pay. It tells you and your dentist in advance about the benefits payable for the covered expenses in the treatment plan. An estimate for services is not necessary for emergency care.
Alternate Benefit	**High PPO option:** If two or more services are acceptable to correct a dental condition, we will base benefits payable on the plan allowance for the least expensive covered service that produces a professionally satisfactory result, as determined by us. If you or your dentist decide on a more costly treatment than we determine to be satisfactory for treatment of the condition, you will be responsible for the remaining expense incurred. **Standard Advantage EPO option:** There are no alternate benefits associated with this plan. The copayment for each listed procedure you receive is the total amount you will owe the dentist.
FEHB/PSHB First Payor	When you visit a provider who participates with both, your FEHB/PSHB plan and your FEDVIP plan, the FEHB/PSHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB/PSHB and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB/PSHB first payor. You can assist with this process and also ensure that you are receiving the maximum allowable benefit under each program by presenting both your FEDVIP and FEHB/PSHB ID cards at the time of your dental appointment. The dentist should include both ID numbers when submitting the claim to the plans. It is important to bring your FEDVIP and FEHB/PSHB identification cards to every dental appointment because most FEHB/PSHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.
Coordination of Benefits	We will coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no fault insurance that pays benefits without regard to fault. We may request that you verify/identify your health insurance plan(s) annually or at time of service.
Service Area	To enroll in either plan, you must live in our service area. This is where our providers are located. Our service area is: Alabama, Arkansas, majority of Arizona, California, Colorado, District of Columbia, Florida, Georgia, majority of Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, parts of Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, and West Virginia.

Ordinarily, on the Standard Advantage EPO, you must get your care from providers within the service area who contract with us. If you receive care outside our service area, we will pay only for emergency care benefits. An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval.

If you move outside of our service area, you may enroll in another plan at that time. You do not have to wait until open season to change plans.

Contact BENEFEDS at www.BENEFEDS.gov or call 877-888-FEDS (877-888-3337), TTY: 711 International 1-571-730-5942 to change plans.

Rating Areas

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

Limited Access Areas

If you live in a limited access area and you receive covered services from an out-of-network provider, we will pay in accordance with our plan allowance. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas by contacting us at 877-692-2468.

Dental Review

High PPO option:

Claims submitted may be subject to dental review prior to payment. In these cases, the determination of benefits is based upon the review of clinical documentation by a licensed dentist.

Standard Advantage EPO option:

Claims submitted by dentists that may be for cosmetic purposes only are subject to dental review prior to payment.

Section 4 Your Cost for Covered Services

This is what you will pay out-of-pocket for covered care:

Deductible

A deductible is a fixed amount of expenses you must incur each calendar year for certain covered services and supplies before we will pay for covered services. Note, deductibles only apply to the PPO High option. **There are no deductibles for the Standard Advantage EPO option**.

Calendar Year Deductible:

In-Network High PPO Option: $50/individual
In-Network High PPO Option: $100/family
Out-of-Network High PPO Option: $50/individual
Out-of-Network High PPO Option: $150/family

Coinsurance

Coinsurance is the percentage of the plan allowance that you must pay for your care. Coinsurance does not begin until after you meet your deductible, if applicable. Note, Coinsurance only applies to the High PPO option. **There is no Coinsurance for the Standard Advantage EPO option**.

Class A
In-Network High PPO Option You Pay: 0%, no deductible
Out-of-Network High PPO Option You Pay: 10%, no deductible

Class B
In-Network High PPO Option You Pay: 20%, after deductible
Out-of-Network High PPO Option You Pay: 40%, after deductible

Class C
In-Network High PPO Option You Pay: 50%, after deductible
Out-of-Network High PPO Option You Pay: 60%, after deductible

Orthodontics
In-Network High PPO Option You Pay: 50% (no deductible) up to $2,500 lifetime orthodontic maximum
Out-of-Network High PPO Option You Pay: 50% (no deductible) up to $2,500 lifetime orthodontic maximum

Co-payment

A co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services. Co-payments only apply to the Standard Advantage EPO option. There are no co-payments for the High PPO option. The benefit schedule for the Standard Advantage EPO option lists the co-payments for each covered procedure. There are no additional charges.

Example: In the Standard Advantage EPO option, you pay $23 for an amalgam – one surface primary or permanent.

Annual Benefit Maximum

High PPO option:

The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.

Standard Advantage EPO option:

The annual benefit maximum under this plan is unlimited.

Lifetime Benefit Maximum	There is no lifetime benefit maximum under this plan (except for orthodontic services under the High PPO option).
In-Network Services	**High PPO option:** You pay the coinsurance percentage of the plan allowance for covered services after your in-network calendar year deductible has been satisfied. You are not responsible for charges above that allowance. **Standard Advantage EPO option:** The co-payment amounts listed in the benefit schedule for the Standard Advantage EPO option represent your total cost for in-network services.
Out-of-Network Services	**High PPO option:** You pay the coinsurance percentage of the plan allowance for covered services after your out-of-network calendar year deductible has been satisfied. You are also responsible for the difference between the plan allowance and billed charges. **Standard Advantage EPO option:** Benefits under your plan must be received through in-network dentists. There is no coverage for services rendered by an out-of-network provider.
Emergency Services	An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval. We will reimburse you up to $100 per member per year. When traveling overseas, we will authorize emergency services only.
Calendar Year	The calendar year refers to the plan year, which is defined as January 1, 2027 to December 31, 2027.
In-Progress Treatment	In-progress treatment for dependents of retiring active duty service members who were enrolled in the TRICARE Dental Program (TDP) will be covered for the 2027 plan year; regardless of any current plan exclusion for care initiated prior to the enrollee's effective date. This requirement includes assumption of payments for covered orthodontia services up to the FEDVIP policy limits, and full payment where applicable up to the terms of FEDVIP policy for covered services completed (but not initiated) in the 2027 plan year such as crowns and implants.

Section 5 Dental Services and Supplies Class A Basic - High PPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is $50/individual and $100/family if you use in-network provider. The calendar year deductible is $50/individual and $150/family if you use an out-of-network provider. The deductible applies to all services excluding preventive and orthodontia services.
- The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- The lifetime maximum for orthodontic services is $2,500 per covered person.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

There is no waiting period for these services.

Routine cleanings and oral examinations are limited to (3) per calendar year.
Periodontal maintenance is limited to (4) per year.

You Pay:

High PPO Option

- **In-Network:** $0 for covered Class A Basic services subject to applicable deductibles and maximums.
- **Out-of-Network:** 10% of the plan allowance for covered Class A Basic services subject to applicable deductible and maximums. Additionally, you will be responsible for the difference between the plan allowance and billed charges.

Note: Out-of-Network dentists can bill you the charges above the plan allowance covered by your Humana Dental plan. To ensure you do not receive additional charges, visit an in-network dentist.

Diagnostic and Treatment Services
D0120 Periodic oral evaluation - established patient – *Limited to three per calendar year*
D0140 Limited oral evaluation – problem focused – *Limited to one per calendar year*
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver – *Limited to three per calendar year (cross reduces limit under D0120 Periodic oral evaluation - established patient)*
D0150 Comprehensive oral evaluation - new or established patient – *Limited to two per calendar year*
D0160 Detailed and extensive oral evaluation – problem focused, by report - *Limited to 1 per patient per lifetime*
D0180 Comprehensive periodontal evaluation - new or established patient – *Limited to two per calendar year*
D0210 Intraoral – comprehensive series of radiographic images – *Limited to one set (Full Mouth series or panoramic images)*
D0220 Intraoral - periapical first radiographic image
D0230 Intraoral - periapical each additional radiographic image
D0240 Intraoral - occlusal radiographic image
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0251 Extra-oral posterior dental radiographic image

Diagnostic and Treatment Services - continued on next page

Diagnostic and Treatment Services (cont.)
D0270 Bitewing - single radiographic image
(Codes D0272 Bitewings - two radiographic images, D0273 Bitewings - three radiographic images, D0274 Bitewings - four radiographic images, D0277 Vertical bitewings - 7 to 8 radiographic images share frequency limitation of one set per calendar year)
D0272 Bitewings - two radiographic images
D0273 Bitewings - three radiographic images
D0274 Bitewings - four radiographic images
D0277 Vertical bitewings - 7 to 8 radiographic images
D0330 Panoramic radiographic image – *Limited to one set (Full Mouth series or panoramic images); Covered for individuals aged six years old or older.*
D0425 Caries susceptibility tests
Preventive Services
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures – *Limited to one per calendar year for members age 40 and older*
D1110 Prophylaxis – adult – *Limited to three per calendar year*
D1120 Prophylaxis – child – *Limited to three per calendar year*
D1206 Application of medicament - topical fluoride varnish; full mouth - *Limited to twice per calendar year for members age 16 and younger*
D1208 Application of medicament - topical fluoride - excluding varnish; full mouth - *Limited to twice per calendar year for members age 16 and younger*
D1351 Sealant – per tooth – *Limited to children under age 19. One sealant per tooth in a lifetime*
D1353 Sealant repair – per tooth
D1354 Application of caries arresting medicament without surgical intervention - per tooth
D1510 Space maintainer - fixed, unilateral – per quadrant – *Limited to children age 15 and younger*
D1516 Space maintainer – fixed – bilateral, maxillary - *Limited to children age 15 and younger*
D1517 Space maintainer – fixed – bilateral, mandibular - *Limited to children age 15 and younger*
D1520 Space maintainer - removable, unilateral - per quadrant – *Limited to children age 15 and younger*
D1526 Space maintainer - removable - bilateral, maxillary -*Limited to children age 15 and younger*
D1527 Space maintainer - removable - bilateral, mandibular - *Limited to children age 15 and younger*
D1551 Re-cement or re-bond bilateral space maintainer - maxillary - *Limited to children age 15 and younger*
D1552 Re-cement or re-bond bilateral space maintainer – mandibular - *Limited to children age 15 and younger*
D1553 Re-cement or re-bond unilateral space maintainer – per quadrant - *Limited to children age 15 and younger*
D1556 Removal of fixed unilateral space maintainer – per quadrant - *Limited to children age 15 and younger*
D1557 Removal of fixed bilateral space maintainer – maxillary - *Limited to children age 15 and younger*
D1558 Removal of fixed bilateral space maintainer – mandibular - *Limited to children age 15 and younger*
D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant - *Limited to children age 15 and younger*
D4910 Periodontal maintenance – *Limited to four per calendar year*
Additional Procedures covered as Basic Services
D9110 Palliative treatment of dental pain – per visit
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician
D9311 Consultation with a medical health care professional
D9440 Office visit - after regularly scheduled hours

Additional Procedures covered as Basic Services - continued on next page

Additional Procedures covered as Basic Services (cont.)
Not Covered: • *Plaque control programs* • *Oral hygiene instruction* • *Dietary instructions* • *Sealants for teeth other than permanent molars* • *Over-the-counter dental products such as teeth whiteners, toothpaste, dental floss*

Class B Intermediate - High PPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is $50/individual $100/family if you use an in-network provider. The calendar year deductible is $50/individual $150/family if you use an out-of-network provider. The deductible applies to all services excluding preventive and orthodontia services.
- The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- The lifetime maximum for orthodontic services is $2,500 per covered person.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

There is no waiting period for these services.

You Pay:

High PPO Option

- **In-Network:** 20% of the plan allowance for covered Class B Intermediate services subject to applicable deductibles and maximums.
- **Out-of-Network:** 40% of the plan allowance for covered Class B Intermediate services subject to applicable deductibles and maximums. Additionally, you will be responsible for the difference between the plan allowance and billed charges.

Note: Out-of-Network dentists can bill you for charges above the plan allowance covered by your Humana Dental plan. To ensure you do not receive additional charges, visit an in-network dentist.

Minor Restorative Services

(D2140 Amalgam - one surface, primary or permanent, D2150 Amalgam - two surfaces, primary or permanent, D2160 Amalgam - three surfaces, primary or permanent, D2161 Amalgam - four or more surfaces, primary or permanent, D2330 Resin-based composite - one surface, anterior, D2331 Resin-based composite - two surfaces, anterior, D2332 Resin-based composite - three surfaces, anterior, D2335 Resin-based composite - four or more surfaces (anterior), D2390 Resin-based composite crown - direct, D2391 Resin-based composite - one surface, posterior, D2392 Resin-based composite - two surfaces, posterior, D2393 Resin-based composite - three surfaces, posterior, and D2394 Resin-based composite - four or more surfaces, posterior share frequency of 1 per tooth per 2 year period.)

D2140 Amalgam - one surface, primary or permanent
D2150 Amalgam - two surfaces, primary or permanent
D2160 Amalgam - three surfaces, primary or permanent
D2161 Amalgam - four or more surfaces, primary or permanent
D2330 Resin–based composite - one surface, anterior
D2331 Resin-based composite - two surfaces, anterior
D2332 Resin-based composite - three surfaces, anterior
D2335 Resin-based composite - four or more surfaces (anterior)
D2390 Resin-based composite crown - direct
D2391 Resin-based composite - one surface, posterior - *Alternate benefit of amalgam will be provided on posterior teeth*

Minor Restorative Services - continued on next page

Minor Restorative Services (cont.)
D2392 Resin-based composite - two surfaces, posterior - *Alternate benefit of amalgam will be provided on posterior teeth*
D2393 Resin-based composite - three surfaces, posterior - *Alternate benefit of amalgam will be provided on posterior teeth*
D2394 Resin-based composite - four or more surfaces, posterior - *Alternate benefit of amalgam will be provided on posterior teeth*
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core
D2920 Re-cement or re-bond crown
D2921 Reattachment of tooth fragment, incisal edge or cusp
D2930 Prefabricated stainless steel crown - primary tooth
D2931 Prefabricated stainless steel crown - permanent tooth
D2951 Pin retention - per tooth, in addition to restoration
Endodontic Services
D3110 Pulp cap - direct (excluding final restoration)
D3120 Pulp cap – indirect (excluding final restoration)
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament - *Allowed on primary teeth only*
D3221 Pulpal debridement, primary and permanent teeth
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3355 Pulpal regeneration - initial visit
D3356 Pulpal regeneration - interim medication replacement
D3357 Pulpal regeneration - completion of treatment
Periodontal Services
D4341 Periodontal scaling and root planing - four or more teeth per quadrant – *Limited to a maximum of once per quadrant in a three year period*
D4342 Periodontal scaling and root planing - one to three teeth per quadrant – *Limited to a maximum of once per quadrant in a three year period*
D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation - *Limited to one per year and cross reduces with codes D1110 Prophylaxis - adult and D1120 Prophylaxis - child*
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
Prosthodontic Services
D5410 Adjust complete denture - maxillary - *Not covered if done within 6 months of installation*
D5411 Adjust complete denture - mandibular - *Not covered if done within 6 months of installation*
D5421 Adjust partial denture - maxillary - *Not covered if done within 6 months of installation*
D5422 Adjust partial denture - mandibular - *Not covered if done within 6 months of installation*
D5511 Repair complete denture base, mandibular
D5512 Repair complete denture base, maxillary
D5520 Replace missing or broken teeth – complete denture – per tooth
D5521 Replace all teeth on complete denture – maxillary - *Limit 1 per 5 years*
D5522 Replace all teeth on complete denture – mandibular - *Limit 1 per 5 years*
D5611 Repair resin partial denture base, mandibular
D5612 Repair resin partial denture base, maxillary
D5621 Repair cast partial framework, mandibular
D5622 Repair cast partial framework, maxillary

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D5630 Repair or replace broken retentive clasping materials – per tooth
D5640 Replace missing or broken teeth – partial denture – per tooth
D5650 Add tooth to existing partial denture – per tooth
D5660 Add clasp to existing partial denture - per tooth
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)
D5710 Rebase complete maxillary denture – *Not covered within first six months of placement, limited to once in a 3 year period*
D5711 Rebase complete mandibular denture - *Not covered within first six months of placement, limited to once in a 3 year period*
D5720 Rebase maxillary partial denture – *Not covered within first six months of placement, limited to once in a 3 year period*
D5721 Rebase mandibular partial denture – *Not covered within first six months of placement, limited to once in a 3 year period*
D5730 Reline complete maxillary denture (direct) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5731 Reline complete mandibular denture (direct) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5740 Reline maxillary partial denture (direct) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5741 Reline mandibular partial denture (direct) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5750 Reline complete maxillary denture (indirect) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5751 Reline complete mandibular denture (indirect) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5760 Reline maxillary partial denture (indirect) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5761 Reline mandibular partial denture (indirect) – *Not covered within first six months of placement, limited to once in a 3 year period*
D5850 Tissue conditioning, maxillary
D5851 Tissue conditioning, mandibular
D5859 Placement of semi-precision abutment - natural tooth - *Limitation: once per tooth every five calendar years.*
D5876 Add metal substructure to acrylic complete denture – per arch
D6930 Re-cement or re-bond fixed partial denture
D6980 Fixed partial denture repair necessitated by restorative material failure
Oral Surgery
D7111 Extraction, coronal remnants – primary tooth
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220 Removal of impacted tooth - soft tissue
D7230 Removal of impacted tooth - partially bony
D7240 Removal of impacted tooth - completely bony
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications
D7250 Removal of residual tooth roots (cutting procedure)
D7251 Coronectomy – intentional partial tooth removal, impacted teeth only

Oral Surgery - continued on next page

Oral Surgery (cont.)
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth
D7280 Exposure of an unerupted tooth
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7471 Removal of lateral exostosis (maxilla or mandible)
D7509 Marsupialization of odontogenic cyst
D7510 Incision and drainage of abscess - intraoral soft tissue
D7910 Suture of recent small wounds up to 5 cm
D7921 Collection and application of autologous blood concentrate product - *Limited to one in 36 months*
D7956 Guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957 Guided tissue regeneration, edentulous area – non-resorbable barrier, per site
D7971 Excision of pericoronal gingiva
Additional Procedures Covered as Intermediate Services
D6092 Re-cement or re-bond implant/abutment supported crown
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture
Not Covered: • *Restorations for cosmetic purposes only*

Class C Major - High PPO

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is $50/individual and $100/family if you use an in-network provider. The calendar year deductible is $50/individual and $150/family if you use an out-of-network provider. The deductible applies to all services excluding preventive and orthodontia services.
- The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- The lifetime maximum for orthodontic services is $2,500 per covered person.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

There is no waiting period for these services.

You Pay:

High PPO Option

- **In-Network:** 50% of the plan allowance for covered Class C Major services subject to applicable deductibles and maximums.
- **Out-of-Network:** 60% of the plan allowance for covered Class C Major services subject to applicable deductibles and maximums. Additionally, you will be responsible for the difference between the plan allowance and billed charges.

Note: Out-of-Network dentists can bill you for charges above the plan allowance covered by your Humana Dental plan. To ensure you do not receive additional charges, visit an in-network dentist.

Major Restorative Services
D2510 Inlay - metallic - one surface - *An alternate benefit will be provided*
D2520 Inlay - metallic - two surfaces - *An alternate benefit will be provided*
D2530 Inlay - metallic - three or more surfaces - *An alternate benefit will be provided*
D2542 Onlay - metallic - two surfaces
D2543 Onlay - metallic - three surfaces
D2544 Onlay - metallic - four or more surfaces
D2610 Inlay - porcelain/ceramic - one surface - *Limited 1 every 5 years*
D2620 Inlay - porcelain/ceramic - two surfaces - *Limited 1 every 5 years*
D2630 Inlay - porcelain/ceramic - three or more surfaces - *Limited 1 every 5 years*
D2740 Crown - porcelain/ceramic - *An alternate benefit will be provided on posterior teeth*
D2750 Crown - porcelain fused to high noble metal - *An alternate benefit will be provided on posterior teeth*
D2751 Crown - porcelain fused to predominantly base metal - *An alternate benefit will be provided on posterior teeth*
D2752 Crown - porcelain fused to noble metal - *An alternate benefit will be provided on posterior teeth*
D2780 Crown - 3/4 cast high noble metal - *An alternate benefit will be provided on posterior teeth*
D2781 Crown - 3/4 cast predominantly base metal

Major Restorative Services - continued on next page

Major Restorative Services (cont.)
D2782 Crown - 3/4 cast noble metal
D2783 Crown - 3/4 porcelain/ceramic - *An alternate benefit will be provided on posterior teeth*
D2790 Crown - full cast high noble metal - *An alternate benefit will be provided on posterior teeth*
D2791 Crown - full cast predominantly base metal
D2792 Crown - full cast noble metal
D2794 Crown - titanium and titanium alloys - *An alternate benefit will be provided on posterior teeth*
D2950 Core buildup, including any pins when required
D2954 Prefabricated post and core in addition to crown
D2980 Crown repair necessitated by restorative material failure
D2981 Inlay repair necessitated by restorative material failure
D2982 Onlay repair necessitated by restorative material failure
D2983 Veneer repair necessitated by restorative material failure
D2990 Resin infiltration of incipient smooth surface lesions
Endodontic Services
D3310 Endodontic therapy, anterior tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*
D3320 Endodontic therapy, premolar tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*
D3330 Endodontic therapy, molar tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*
D3346 Retreatment of previous root canal therapy - anterior - *Limited to 1 per tooth per lifetime*
D3347 Retreatment of previous root canal therapy - premolar - *Limited to 1 per tooth per lifetime*
D3348 Retreatment of previous root canal therapy - molar - *Limited to 1 per tooth per lifetime*
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)
D3352 Apexification/recalcification – interim medication replacement
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)
D3410 Apicoectomy - anterior
D3421 Apicoectomy - premolar (first root)
D3425 Apicoectomy - molar (first root)
D3426 Apicoectomy (each additional root)
D3430 Retrograde filling - per root
D3450 Root amputation - per root
D3471 Surgical repair of root resorption - anterior
D3472 Surgical repair of root resorption – premolar
D3473 Surgical repair of root resorption – molar
D3920 Hemisection (including any root removal), not including root canal therapy
Periodontal Services
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant - *Limited to once in a 3 year period*
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant - *Limited to 1 per tooth per lifetime*
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - *Limited to once in a 3 year period*
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant - *Limited to once in a 3 year period*
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant - *Limited to once in a 3 year period*

Periodontal Services - continued on next page

Periodontal Services (cont.)
D4249 Clinical crown lengthening - hard tissue - *Limited to once in a 3 year period*
D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant - *Limited to once in a 3 year period*
D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant - *Limited to once in a 3 year period*
D4263 Bone replacement graft – retained natural tooth – first site in quadrant - *Limited to one per quadrant every 3 years*
D4266 Guided tissue regeneration, natural teeth – resorbable barrier, per site - *Limited to one per quadrant every 3 years*
D4268 Surgical revision procedure, per tooth - *Limited to once in a 3 year period*
D4270 Pedicle soft tissue graft procedure - *Limited to once in a 3 year period*
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft - *Limited to once in a 3 year period*
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft - *Limited to once in a 3 year period*
D4276 Combined connective tissue and pedicle graft, per tooth - *Limited to once in a 3 year period*
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft - *Limited to once in a 3 year period*
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site - *Limited to once in a 3 year period*
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site - *Limited to once in a 3 year period*
D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site - *Limited to once in a 3 year period*
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - *Limited to once per lifetime*
Prosthodontic Services
D5110 Complete denture - maxillary
D5120 Complete denture - mandibular
D5130 Immediate denture - maxillary
D5140 Immediate denture - mandibular
D5211 Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5221 Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5222 Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)
D5225 Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)
D5226 Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)
D5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)
D5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)
D5282 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D5283 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular
D5725 Rebase hybrid prosthesis
D5765 Soft liner for complete or partial removable denture – indirect
D6010 Surgical placement of implant body: endosteal implant
D6013 Surgical placement of mini implant
D6040 Surgical placement: eposteal implant
D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure
D6050 Surgical placement: transosteal implant
D6055 Connecting bar – implant supported or abutment supported
D6056 Prefabricated abutment – includes modification and placement
D6057 Custom fabricated abutment – includes placement
D6058 Abutment supported porcelain/ceramic crown
D6059 Abutment supported porcelain fused to metal crown (high noble metal)
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061 Abutment supported porcelain fused to metal crown (noble metal)
D6062 Abutment supported cast metal crown (high noble metal)
D6063 Abutment supported cast metal crown (predominantly base metal)
D6064 Abutment supported cast metal crown (noble metal)
D6065 Implant supported porcelain/ceramic crown
D6066 Implant supported crown - porcelain fused to high noble alloys
D6067 Implant supported crown - high noble alloys
D6068 Abutment supported retainer for porcelain/ceramic FPD
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072 Abutment supported retainer for cast metal FPD (high noble metal)
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074 Abutment supported retainer for cast metal FPD (noble metal)
D6075 Implant supported retainer for ceramic FPD
D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys
D6077 Implant supported retainer for metal FPD - high noble alloys
D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments
D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure - *Limited to 1 per tooth every 3 years*
D6089 Accessing and retorquing loose implant screw - per screw
D6090 Repair of implant/abutment supported prosthesis
D6091 Replacement of replaceable part of semi-precision attachment of implant/abutment retained prosthesis, per attachment
D6094 Abutment supported crown - titanium and titanium alloys
D6100 Surgical removal of implant body
D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure

Prosthodontic Services - continued on next page

Prosthodontic Services (cont.)
D6106 Guided tissue regeneration – resorbable barrier, per implant
D6107 Guided tissue regeneration – non-resorbable barrier, per implant
D6110 Implant /abutment retained removable denture for edentulous arch - maxillary
D6111 Implant /abutment retained removable denture for edentulous arch - mandibular
D6112 Implant /abutment retained removable denture for partially edentulous arch - maxillary
D6113 Implant /abutment retained removable denture for partially edentulous arch - mandibular
D6114 Implant /abutment supported fixed denture for edentulous arch – maxillary
D6115 Implant /abutment supported fixed denture for edentulous arch – mandibular
D6116 Implant/abutment supported fixed denture for partially edentulous arch - maxillary
D6117 Implant/abutment supported fixed denture for partially edentulous arch - mandibular
D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments
D6191 Placement of semi-precision abutment - implant body
D6192 Semi-precision attachment – placement
D6194 Abutment supported retainer crown for FPD – titanium and titanium alloys
D6210 Pontic - cast high noble metal - *An alternate benefit will be provided on posterior teeth*
D6211 Pontic - cast predominantly base metal
D6212 Pontic - cast noble metal
D6214 Pontic - titanium and titanium alloys - *An alternate benefit will be provided on posterior teeth*
D6240 Pontic - porcelain fused to high noble metal - *An alternate benefit will be provided on posterior teeth*
D6241 Pontic - porcelain fused to predominantly base metal - *An alternate benefit will be provided on posterior teeth*
D6242 Pontic - porcelain fused to noble metal - *An alternate benefit will be provided on posterior teeth*
D6245 Pontic - porcelain/ceramic - *An alternate benefit will be provided on posterior teeth*
D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch
D6545 Retainer - cast metal for resin bonded fixed prosthesis
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis - *An alternate benefit will be provided on posterior teeth*
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces
D6604 Retainer inlay - cast predominantly base metal, two surfaces
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces - *Limited to 1 per tooth every 5 years*
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces
D6740 Retainer crown - porcelain/ceramic - *An alternate benefit will be provided on posterior teeth*
D6750 Retainer crown - porcelain fused to high noble metal - *An alternate benefit will be provided on posterior teeth*
D6751 Retainer crown - porcelain fused to predominantly base metal - *An alternate benefit will be provided on posterior teeth*
D6752 Retainer crown - porcelain fused to noble metal - *An alternate benefit will be provided on posterior teeth*
D6780 Retainer crown - 3/4 cast high noble metal - *An alternate benefit will be provided on posterior teeth*
D6781 Retainer crown - 3/4 cast predominantly base metal
D6782 Retainer crown - 3/4 cast noble metal
D6783 Retainer crown - 3/4 porcelain/ceramic - *An alternate benefit will be provided on posterior teeth*
D6790 Retainer crown - full cast high noble metal - *An alternate benefit will be provided on posterior teeth*
D6791 Retainer crown - full cast predominantly base metal
D6792 Retainer crown - full cast noble metal
D6794 Retainer crown - titanium and titanium alloys

Additional Procedures Covered as Major Services
D9932 Cleaning and inspection of removable complete denture, maxillary
D9933 Cleaning and inspection of removable complete denture, mandibular
D9934 Cleaning and inspection of removable partial denture, maxillary
D9935 Cleaning and inspection of removable partial denture, mandibular
D9941 Fabrication of athletic mouthguard - *Limited to one per 12 month period*
D9944 Occlusal guard – hard appliance, full arch - *Limit 1 every 12 months for patients 13 and older*
D9945 Occlusal guard – soft appliance, full arch - *Limit 1 every 12 months for patients 13 and older*
D9946 Occlusal guard – hard appliance, partial arch – *Occlusal guards which includes D9944 Occlusal guard – hard appliance, full arch, D9945 Occlusal guard – soft appliance, full arch, D9946 Occlusal guard – hard appliance, partial arch are limited to once per Calendar Year for covered persons age 13 or older and treatment is for bruxism or to protect the teeth from grinding, chipping or fracture. An occlusal guard for temporomandibular joint dysfunction or other non-dental related treatment is not covered. Charges submitted without a report will be denied as non-covered benefits.*
Not Covered: • *Restoration for cosmetic purposes only* • *Precision attachments, personalization, precious metal bases, and other specialized techniques* • *Replacement of dentures that have been lost, stolen, or misplaced* • *Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date*

Class D Orthodontic - High PPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted dental protocols.
- There is no deductible for orthodontic services.
- The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- The lifetime maximum for orthodontic services is $2,500 per covered person.
- Invisalign treatment is covered under the orthodontic benefit (additional fees may apply). As with any orthodontic treatment, pre-estimates are always recommended.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

There is no waiting period for these services.

You Pay:

High PPO Option

- **In-Network:** 50% of the plan allowance for covered Class D Orthodontic services subject to applicable maximums.
- **Out-of-Network:** 50% of the plan allowance for covered Class D Orthodontic services subject to applicable maximums. Additionally, you will be responsible for the difference between the plan allowance and billed charges.

Note: Out-of-Network dentists can bill you for charges above the plan allowance covered by your Humana Dental plan. To ensure you do not receive additional charges, visit an in-network dentist.

Orthodontic Services
D0340 2D cephalometric radiographic image – acquisition, measurement and analysis
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally
D0372 Intraoral tomosynthesis - comprehensive series of radiographic images
D0373 Intraoral tomosynthesis - bitewing radiographic image
D0374 Intraoral tomosynthesis - periapical radiographic image
D0470 Diagnostic casts
D8010 Limited orthodontic treatment of the primary dentition
D8020 Limited orthodontic treatment of the transitional dentition
D8030 Limited orthodontic treatment of the adolescent dentition
D8040 Limited orthodontic treatment of the adult dentition - *Limited to 1 treatment per lifetime* *(claims for online orthodontic services will be processed at the out-of-network level of benefits)*
D8070 Comprehensive orthodontic treatment of the transitional dentition
D8080 Comprehensive orthodontic treatment of the adolescent dentition
D8090 Comprehensive orthodontic treatment of the adult dentition
D8210 Adjunctive orthodontic therapy - removable appliance - *Limited to 14 years or younger, 1 per lifetime*

Orthodontic Services - continued on next page

Orthodontic Services (cont.)
D8220 Adjunctive orthodontic therapy - fixed appliance - *Limited to 14 years or younger, 1 per lifetime*
D8660 Pre-orthodontic treatment examination to monitor growth and development
D8670 Periodic orthodontic treatment visit
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s))
D8681 Removable orthodontic retainer adjustment
D8689 Re-cement or re-bond orthodontic fixed appliance

General Services - High PPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- The calendar year deductible is $50/individual and $100/family if you use an in-network provider. The calendar year deductible is $50/individual and $150/family if you use an out-of-network provider. The deductible applies to all services excluding preventive and orthodontia services.
- The Annual Benefit Maximum is the total amount of benefits that will be paid for each covered person during a calendar year. The Annual Benefit Maximum is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- The lifetime maximum for orthodontic services is $2,500 per covered person.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

There is no waiting period for these services.

You Pay:

High PPO Option

- **In-Network:** 20% of the plan allowance for covered General Services subject to applicable deductibles and maximums.
- **Out-of-Network:** 40% of the plan allowance for covered General Services subject to applicable deductibles and maximums. Additionally, you will be responsible for the difference between the plan allowance and billed charges.

Note: Out-of-Network dentists can bill you for charges above the plan allowance covered by your Humana Dental plan. To ensure you do not receive additional charges, visit an in-network dentist.

Anesthesia, Medication and Other Services
D9219 Evaluation for moderate sedation, deep sedation or general anesthesia
D9222 Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof
D9223 Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof
D9230 Administration of nitrous oxide - *Covered when necessary in conjunction with covered dental services; once per date of service*
D9239 Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof
D9243 Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof
D9246 Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof
D9247 Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof
D9610 Therapeutic parenteral drug, single administration
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
D9613 Infiltration of sustained release therapeutic drug, per quadrant
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report
D9974 Internal bleaching - per tooth - *Limited to once per tooth per three year period*

Section 5 Dental Services and Supplies Class A Basic - Standard Advantage EPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for these services.
- The annual benefit maximum is unlimited.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

You Pay:

Standard Advantage EPO Option

- **In-Network:** You pay Nothing.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

Benefit Description	Co-Pay Amount
Diagnostic and Treatment Services	**Standard Advantage EPO**
D0120 Periodic oral evaluation – established patient – *Limited to 3 per calendar year*	$0
D0140 Limited oral evaluation – problem focused - *Limited to 1 every 12 months*	$0
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver - *Limited to 2 per 12 months*	$0
D0150 Comprehensive oral evaluation – new or established patient - *Limited to 1 every 12 months*	$0
D0180 Comprehensive periodontal evaluation – new or established patient - *Limited to 1 every 12 months*	$0
D0210 Intraoral – comprehensive series of radiographic images - *Limited to 1 every 3 years*	$0
D0220 Intraoral – periapical first radiographic image	$0
D0230 Intraoral – periapical each additional radiographic image	$0
D0240 Intraoral – occlusal radiographic image	$0
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$0
D0251 Extra-oral posterior dental radiographic image	$0
D0270 Bitewing – single radiographic image - *Limited to 2 per calendar year*	$0
D0272 Bitewings – two radiographic images - *Limited to 2 per calendar year*	$0
D0273 Bitewings – three radiographic images - *Limited to 2 per calendar year*	$0
D0274 Bitewings – four radiographic images - *Limited to 2 per calendar year*	$0
D0277 Vertical bitewings – 7 to 8 radiographic images - *Limited to 2 per calendar year*	$0

Diagnostic and Treatment Services - continued on next page

Benefit Description	Co-Pay Amount
Diagnostic and Treatment Services (cont.)	**Standard Advantage EPO**
D0330 Panoramic radiographic image - *Limited to 1 every 3 years*	$0
D0340 2D cephalometric radiographic image – acquisition, measurement and analysis	$0
D0350 2D oral/facial photographic image obtained intra-orally or extra-orally	$0
D0372 Intraoral tomosynthesis - comprehensive series of radiographic images	$0
D0373 Intraoral tomosynthesis - bitewing radiographic image	$0
D0374 Intraoral tomosynthesis - periapical radiographic image	$0
D0425 Caries susceptibility tests	$0
D0470 Diagnostic casts	$0
Preventive Services	**Standard Advantage EPO**
D1110 Prophylaxis – adult - *Limited to 3 per calendar year*	$0
D1120 Prophylaxis – child - *Limited to 3 per calendar year*	$0
D1206 Application of medicament - topical fluoride varnish; full mouth - *Limited to 2 per calendar year*	$0
D1208 Application of medicament - topical fluoride - excluding varnish; full mouth - *Limited to 2 per calendar year*	$0
D1351 Sealant – per tooth - *Limited to permanent molar and children under age 18. One sealant per tooth in a 3-year period.*	$0
D1353 Sealant repair - per tooth - *Limited to permanent teeth - 1 every 3 year period*	$0
D1354 Application of caries arresting medicament without surgical intervention - per tooth - *Limited to permanent teeth - 1 every 3 years*	$0
D1510 Space maintainer - fixed, unilateral – per quadrant - *Limited to children under age 19*	$0
D1516 Space maintainer – fixed – bilateral, maxillary - *Limited to children under age 19*	$0
D1517 Space maintainer – fixed – bilateral, mandibular - *Limited to children under age 19*	$0
D1520 Space maintainer - removable, unilateral - per quadrant - *Limited to children under age 19*	$0
D1526 Space maintainer – removable – bilateral, maxillary - *Limited to children under age 19*	$0
D1527 Space maintainer – removable – bilateral, mandibular - *Limited to children under age 19*	$0
D1551 Re-cement or re-bond bilateral space maintainer - maxillary - *Limited to children under age 19*	$0
D1552 Re-cement or re-bond bilateral space maintainer - mandibular - *Limited to children under age 19*	$0
D1553 Re-cement or re-bond unilateral space maintainer - per quadrant - *Limited to children under age 19*	$0
D1556 Removal of fixed unilateral space maintainer - per quadrant - *Limited to children under 19*	$0
D1557 Removal of fixed bilateral space maintainer - maxillary - *Limited to children under 19*	$0
D1558 Removal of fixed bilateral space maintainer - mandibular - *Limited to children under 19*	$0
D1575 Distal shoe space maintainer - fixed, unilateral - per quadrant	$0

Benefit Description	Co-Pay Amount
Additional Procedures Covered as Basic Services	**Standard Advantage EPO**
D9110 Palliative treatment of dental pain – per visit	$0
D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	$0
D9311 Consultation with a medical health care professional	$0
D9440 Office visit - after regularly scheduled hours	$0
Not covered: • *Plaque control programs* • *Oral hygiene instruction* • *Dietary instructions* • *Sealants for teeth other than permanent molars* • *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*	N/A

Class B Intermediate - Standard Advantage EPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for these services.
- The annual benefit maximum is unlimited.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

You Pay:

Standard Advantage EPO Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

Benefit Description	Co-Pay Amount
Minor Restorative Services	**Standard Advantage EPO**
D2140 Amalgam - one surface, primary or permanent - *Limited to 1 per tooth every 24 months*	$23
D2150 Amalgam - two surfaces, primary or permanent - *Limited to 1 per tooth every 24 months*	$31
D2160 Amalgam – three surfaces, primary or permanent - *Limited to 1 per tooth every 24 months*	$37
D2161 Amalgam – four or more surfaces, primary or permanent - *Limited to 1 per tooth every 24 months*	$44
D2330 Resin–based composite – one surface, anterior - *Limited to 1 per tooth every 24 months*	$29
D2331 Resin-based composite - two surfaces, anterior - *Limited to 1 per tooth every 24 months*	$36
D2332 Resin-based composite - three surfaces, anterior - *Limited to 1 per tooth every 24 months*	$44
D2335 Resin-based composite - four or more surfaces (anterior) - *Limited to 1 per tooth every 24 months*	$52
D2390 Resin-based composite crown - direct	$90
D2391 Resin-based composite - one surface, posterior - *Limited to 1 per tooth every 24 months*	$43
D2392 Resin-based composite – two surfaces, posterior - *Limited to 1 per tooth every 24 months*	$56
D2393 Resin-based composite – three surfaces, posterior - *Limited to 1 per tooth every 24 months*	$69
D2394 Resin-based composite – four or more surfaces, posterior - *Limited to 1 per tooth every 24 months*	$83
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$24
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	$24
D2920 Re-cement or re-bond crown	$24
D2921 Reattachment of tooth fragment, incisal edge or cusp	$50

Minor Restorative Services - continued on next page

Benefit Description	Co-Pay Amount
Minor Restorative Services (cont.)	**Standard Advantage EPO**
D2930 Prefabricated stainless steel crown - primary tooth - *Limited to 1 per tooth per lifetime to age 15 or higher if as a result of accidental injury*	$67
D2931 Prefabricated stainless steel crown - permanent tooth - *Limited to 1 per tooth per lifetime to age 15 or higher if as a result of accidental injury*	$74
D2951 Pin retention - per tooth, in addition to restoration	$16
Endodontic Services	**Standard Advantage EPO**
D3110 Pulp cap – direct (excluding final restoration) - *Limited to 1 per tooth per lifetime*	$21
D3120 Pulp cap – indirect (excluding final restoration) - *Limited to 1 per tooth per lifetime*	$19
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament - *Limited to 1 per tooth per lifetime*	$46
D3221 Pulpal debridement, primary and permanent teeth - *Limited to 1 per tooth per lifetime*	$60
D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development - *Limited to 1 per tooth per lifetime*	$64
D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – *Limited to 1 per tooth per lifetime up to age 11*	$53
D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) – *Limited to 1 per tooth per lifetime up to age 11*	$60
Periodontal Services	**Standard Advantage EPO**
D4341 Periodontal scaling and root planing - four or more teeth per quadrant - *Limited to 1 per quadrant every 24 months*	$51
D4342 Periodontal scaling and root planing - one to three teeth per quadrant - *Limited to 1 per quadrant every 24 months*	$33
D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation - *Limited to 1 every 36 months*	$39
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - *Limited to 1 every 12 months, to a maximum of 3 tooth sites per quadrant*	$17
D4910 Periodontal maintenance - *Limited to 4 every 12 months*	$32
Prosthodontic Services	**Standard Advantage EPO**
D5410 Adjust complete denture – maxillary	$22
D5411 Adjust complete denture – mandibular	$22
D5421 Adjust partial denture – maxillary	$22
D5422 Adjust partial denture – mandibular	$22
D5511 Repair complete denture base, mandibular	$44
D5512 Repair complete denture base, maxillary	$44
D5520 Replace missing or broken teeth – complete denture – per tooth	$41

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D5521 Replace all teeth on complete denture – maxillary - *Limit 1 per 5 years*	$154
D5522 Replace all teeth on complete denture – mandibular - *Limit 1 per 5 years*	$154
D5612 Repair resin partial denture base, maxillary	$46
D5621 Repair cast partial framework, mandibular	$49
D5611 Repair resin partial denture base, mandibular	$46
D5622 Repair cast partial framework, maxillary	$49
D5630 Repair or replace broken retentive clasping materials - per tooth	$56
D5640 Replace missing or broken teeth – partial denture – per tooth	$42
D5650 Add tooth to existing partial denture – per tooth	$52
D5660 Add clasp to existing partial denture - per tooth	$57
D5670 Replace all teeth and acrylic on cast metal framework (maxillary) - *Limited to 1 every 5 years*	$78
D5671 Replace all teeth and acrylic on cast metal framework (mandibular) - *Limited to 1 every 5 years*	$171
D5710 Rebase complete maxillary denture	$138
D5711 Rebase complete mandibular denture	$133
D5720 Rebase maxillary partial denture	$127
D5721 Rebase mandibular partial denture	$124
D5730 Reline complete maxillary denture (direct)	$82
D5731 Reline complete mandibular denture (direct)	$82
D5740 Reline maxillary partial denture (direct)	$77
D5741 Reline mandibular partial denture (direct)	$75
D5750 Reline complete maxillary denture (indirect)	$114
D5751 Reline complete mandibular denture (indirect)	$114
D5760 Reline maxillary partial denture (indirect)	$112
D5761 Reline mandibular partial denture (indirect)	$112
D5850 Tissue conditioning, maxillary	$36
D5851 Tissue conditioning, mandibular	$36
D5876 Add metal substructure to acrylic complete denture – per arch	$44
D6930 Re-cement or re-bond fixed partial denture	$33
D6980 Fixed partial denture repair necessitated by restorative material failure	$63
Oral Surgery	**Standard Advantage EPO**
D7111 Extraction, coronal remnants – primary tooth	$38
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$32
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$53
D7220 Removal of impacted tooth – soft tissue	$68

Oral Surgery - continued on next page

Benefit Description	Co-Pay Amount
Oral Surgery (cont.)	**Standard Advantage EPO**
D7230 Removal of impacted tooth – partially bony	$89
D7240 Removal of impacted tooth – completely bony	$105
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications	$152
D7250 Removal of residual tooth roots (cutting procedure)	$73
D7251 Coronectomy – intentional partial tooth removal, impacted teeth only - *Limited to 1 per tooth per lifetime*	$186
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$154
D7280 Exposure of an unerupted tooth	$171
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$84
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$68
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$155
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$124
D7471 Removal of lateral exostosis (maxilla or mandible)	$259
D7510 Incision and drainage of abscess – intraoral soft tissue	$73
D7910 Suture of recent small wounds up to 5 cm	$110
D7921 Collection and application of autologous blood concentrate product - *Limited to 1 per tooth per lifetime*	$450
D7971 Excision of pericoronal gingiva	$61
Additional Procedures Covered as Intermediate Services	**Standard Advantage EPO**
D6092 Re-cement or re-bond implant/abutment supported crown	$24
D6093 Re-cement or re-bond implant/abutment supported fixed partial denture	$33
Not Covered: • *Gold foil restorations* • *Restorations for cosmetic purposes only*	N/A

Class C Major - Standard Advantage EPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for these services.
- The annual benefit maximum is unlimited.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

You Pay:

Standard Advantage EPO Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

Not covered: Additional Procedures Covered as Major Services

- Gold foil restoration
- Restoration for cosmetic purposes only
- Precision attachments, personalization, precious metal bases, and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date

Benefit Description	Co-Pay Amount
Major Restorative Services	**Standard Advantage EPO**
D2510 Inlay - metallic - one surface - *Limited to 1 per tooth every 5 years*	$353
D2520 Inlay - metallic - two surfaces - *Limited to 1 per tooth every 5 years*	$341
D2530 Inlay - metallic - three or more surfaces - *Limited to 1 per tooth every 5 years*	$432
D2542 Onlay - metallic - two surfaces - *Limited to 1 per tooth every 5 years*	$315
D2543 Onlay - metallic - three surfaces - *Limited to 1 per tooth every 5 years*	$342
D2544 Onlay - metallic - four or more surfaces - *Limited to 1 per tooth every 5 years*	$362
D2610 Inlay - porcelain/ceramic - one surface - *Limited to 1 per tooth every 5 years*	$335
D2620 Inlay - porcelain/ceramic - two surfaces - *Limited to 1 per tooth every 5 years*	$324
D2630 Inlay - porcelain/ceramic - three or more surfaces - *Limited to 1 per tooth every 5 years*	$410
D2740 Crown - porcelain/ceramic - *Limited to 1 per tooth every 5 years*	$430
D2750 Crown – porcelain fused to high noble metal - *Limited to 1 per tooth every 5 years*	$432
D2751 Crown - porcelain fused to predominantly base metal - *Limited to 1 per tooth every 5 years*	$396

Major Restorative Services - continued on next page

Benefit Description	Co-Pay Amount
Major Restorative Services (cont.)	**Standard Advantage EPO**
D2752 Crown – porcelain fused to noble metal - *Limited to 1 per tooth every 5 years*	$408
D2753 Crown – porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$437
D2780 Crown – 3/4 cast high noble metal - *Limited to 1 per tooth every 5 years*	$447
D2781 Crown - 3/4 cast predominantly base metal - *Limited to 1 per tooth every 5 years*	$419
D2782 Crown – 3/4 cast noble metal - *Limited to 1 per tooth every 5 years*	$431
D2783 Crown – 3/4 porcelain/ceramic - *Limited to 1 per tooth every 5 years*	$456
D2790 Crown – full cast high noble metal - *Limited to 1 per tooth every 5 years*	$412
D2791 Crown - full cast predominantly base metal - *Limited to 1 per tooth every 5 years*	$381
D2792 Crown – full cast noble metal - *Limited to 1 per tooth every 5 years*	$389
D2794 Crown - titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$417
D2950 Core buildup, including any pins when required	$90
D2954 Prefabricated post and core in addition to crown	$109
D2980 Crown repair necessitated by restorative material failure	$70
D2981 Inlay repair necessitated by restorative material failure	$141
D2982 Onlay repair necessitated by restorative material failure	$141
D2983 Veneer repair necessitated by restorative material failure	$141
D2990 Resin infiltration of incipient smooth surface lesions	$45
Endodontic Services	**Standard Advantage EPO**
D3310 Endodontic therapy, anterior tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*	$328
D3320 Endodontic therapy, premolar tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*	$400
D3330 Endodontic therapy, molar tooth (excluding final restoration) - *Limited to 1 per tooth per lifetime*	$508
D3346 Retreatment of previous root canal therapy – anterior	$426
D3347 Retreatment of previous root canal therapy - premolar	$502
D3348 Retreatment of previous root canal therapy – molar	$600
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$175
D3352 Apexification/recalcification – interim medication replacement	$87
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	$250
D3355 Pulpal regeneration - initial visit - *Limited to 1 per tooth per lifetime*	$210
D3356 Pulpal regeneration - interim medication replacement - *Limited to 1 per tooth per lifetime*	$100
D3357 Pulpal regeneration - completion of treatment - *Limited to 1 per tooth per lifetime*	$260
D3410 Apicoectomy - anterior	$342

Endodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Endodontic Services (cont.)	**Standard Advantage EPO**
D3421 Apicoectomy - premolar (first root)	$359
D3425 Apicoectomy - molar (first root)	$420
D3426 Apicoectomy (each additional root)	$146
D3430 Retrograde filling – per root	$115
D3450 Root amputation – per root	$208
D3471 Surgical repair of root resorption – anterior	$270
D3472 Surgical repair of root resorption – premolar	$270
D3473 Surgical repair of root resorption – molar	$270
D3920 Hemisection (including any root removal), not including root canal therapy	$165
Periodontal Services	**Standard Advantage EPO**
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$226
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$81
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$91
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant - *Limited to 1 every 36 months*	$298
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant - *Limited to 1 every 36 months*	$236
D4249 Clinical crown lengthening - hard tissue	$332
D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant - *Limited to 1 every 24 months*	$510
D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant - *Limited to 1 every 24 months*	$285
D4268 Surgical revision procedure, per tooth	$130
D4270 Pedicle soft tissue graft procedure - *Limited to 1 every 36 months*	$363
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft - *Limited to 1 every 36 months*	$421
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft - *Limited to 1 every 36 months*	$447
D4276 Combined connective tissue and pedicle graft, per tooth - *Limited to 1 every 36 months*	$475
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft - *Limited to 1 every 36 months*	$560
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site - *Limited to 1 every 36 months*	$280
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site - *Limited to once in a 3 year period*	$253

Periodontal Services - continued on next page

Benefit Description	Co-Pay Amount
Periodontal Services (cont.)	**Standard Advantage EPO**
D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$268
D4355 Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - *Limited to 1 per lifetime*	$51
Prosthodontic Services	**Standard Advantage EPO**
D5110 Complete denture – maxillary - *Limited 1 per 5 years*	$510
D5120 Complete denture – mandibular - *Limited 1 per 5 years*	$510
D5130 Immediate denture – maxillary - *Limited 1 per 5 years*	$544
D5140 Immediate denture – mandibular - *Limited to 1 per tooth every 5 years*	$544
D5211 Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth) - *Limited 1 per 5 years*	$407
D5212 Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth) - *Limited 1 per 5 years*	$435
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) – *Limited 1 per 5 years*	$559
D5214 Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) – *Limited 1 per 5 years*	$559
D5221 Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) - *Limited 1 per 5 years*	$407
D5222 Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) - *Limited to 1 per 5 years*	$435
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) – *Limited 1 per 5 years*	$559
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) – *Limited 1 per 5 years*	$559
D5225 Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - *Limited 1 per 5 years*	$575
D5226 Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - *Limited 1 per 5 years*	$584
D5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$575
D5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$584
D5282 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary - *Limited to 1 per arch every 5 years*	$295
D5283 Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular - *Limited to 1 per arch every 5 years*	$295
D5284 Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth) – per quadrant - *Limited to 1 per quadrant every 5 years*	$295
D5286 Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant - *Limited to 1 per quadrant every 5 years*	$295

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D5725 Rebase hybrid prosthesis	$124
D5765 Soft liner for complete or partial removable denture – indirect	$112
D6010 Surgical placement of implant body: endosteal implant - *Limited to 1 per tooth per lifetime*	$980
D6013 Surgical placement of mini implant - *Limited to 1 per tooth per lifetime*	$600
D6040 Surgical placement: eposteal implant - *Limited to 1 per tooth per lifetime*	$980
D6049 Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	$110
D6050 Surgical placement: transosteal implant - *Limited to 1 per tooth per lifetime*	$895
D6055 Connecting bar – implant supported or abutment supported - *Limited to 1 per tooth every 5 years*	$300
D6056 Prefabricated abutment – includes modification and placement - *Limited to 1 per tooth every 5 years*	$280
D6057 Custom fabricated abutment – includes placement - *Limited to 1 per tooth every 5 years*	$390
D6058 Abutment supported porcelain/ceramic crown - *Limited to 1 per tooth every 5 years*	$680
D6059 Abutment supported porcelain fused to metal crown (high noble metal) - *Limited to 1 per tooth every 5 years*	$630
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal) - *Limited to 1 per tooth every 5 years*	$560
D6061 Abutment supported porcelain fused to metal crown (noble metal) - *Limited to 1 per tooth every 5 years*	$630
D6062 Abutment supported cast metal crown (high noble metal) - *Limited to 1 per tooth every 5 years*	$650
D6063 Abutment supported cast metal crown (predominantly base metal) - *Limited to 1 per tooth every 5 years*	$630
D6064 Abutment supported cast metal crown (noble metal) - *Limited to 1 per tooth every 5 years*	$680
D6065 Implant supported porcelain/ceramic crown - *Limited to 1 per tooth every 5 years*	$680
D6066 Implant supported crown - porcelain fused to high noble alloys - *Limited to 1 per tooth every 5 years*	$731
D6067 Implant supported crown - high noble alloys - *Limited to 1 per tooth every 5 years*	$635
D6068 Abutment supported retainer for porcelain/ceramic FPD - *Limited to 1 per tooth every 5 years*	$500
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal) - *Limited to 1 per tooth every 5 years*	$650
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) - *Limited to 1 per tooth* every *5 years*	$590
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) - *Limited to 1 per tooth every 5 years*	$620
D6072 Abutment supported retainer for cast metal FPD (high noble metal) - *Limited to 1 per tooth every 5 years*	$610
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal) - *Limited to 1 per tooth every 5 years*	$540

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D6074 Abutment supported retainer for cast metal FPD (noble metal) - *Limited to 1 per tooth every 5 years*	$690
D6075 Implant supported retainer for ceramic FPD - *Limited to 1 per tooth every 5 years*	$690
D6076 Implant supported retainer for FPD - porcelain fused to high noble alloys - *Limited to 1 per tooth every 5 years*	$604
D6077 Implant supported retainer for metal FPD - high noble alloys - *Limited to 1 per tooth* every *5 years*	$466
D6080 Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments - *Limited to 1 per tooth every 5 years*	$50
D6081 Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure - *Limited to 1 per tooth every 3 years*	$110
D6082 Implant supported crown – porcelain fused to predominantly base alloys - *Limited to 1 per tooth every 5 years*	$676
D6083 Implant supported crown - porcelain fused to noble alloys - *Limited to 1 per tooth every 5 years*	$690
D6084 Implant supported crown – porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$740
D6086 Implant supported crown – predominantly base alloys - *Limited to 1 per tooth every 5 years*	$588
D6087 Implant supported crown – noble alloys - *Limited to 1 per tooth every 5 years*	$600
D6088 Implant supported crown – titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$643
D6089 Accessing and retorquing loose implant screw - per screw	$55
D6090 Repair of implant/abutment supported prosthesis - *Limited to 1 every 5 years*	$80
D6091 Replacement of replaceable part of semi-precision attachment of implant/abutment retained prosthesis, per attachment - *Limited to 1 per tooth every 5 years*	$30
D6094 Abutment supported crown - titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$630
D6097 Abutment supported crown – porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$638
D6098 Implant supported retainer - porcelain fused to predominantly base alloys - *Limited to 1 per tooth every 5 years*	$558
D6099 Implant supported retainer for FPD - porcelain fused to noble alloys - *Limited to 1 per tooth every 5 years*	$570
D6100 Surgical removal of implant body - *Limited to 1 per tooth every 5 years*	$180
D6102 Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure - *Limited to 1 per tooth every 5 years*	$375
D6105 Removal of implant body not requiring bone removal or flap elevation	$118
D6110 Implant /abutment retained removable denture for edentulous arch - maxillary - *Limited to 1 every 5 years*	$1,020
D6111 Implant /abutment retained removable denture for edentulous arch - mandibular - *Limited to 1 every 5 years*	$1,020

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D6112 Implant /abutment retained removable denture for partially edentulous arch - maxillary - *Limited to 1 every 5 years*	$930
D6113 Implant /abutment retained removable denture for partially edentulous arch - mandibular - *Limited to 1 every 5 years*	$930
D6114 Implant /abutment supported fixed denture for edentulous arch – maxillary - *Limited to 1 every 5 years*	$1,130
D6115 Implant /abutment supported fixed denture for edentulous arch – mandibular - *Limited to 1 every 5 years*	$1,130
D6116 Implant /abutment supported fixed denture for partially edentulous arch – maxillary - *Limited to 1 every 5 years*	$570
D6117 Implant /abutment supported fixed denture for partially edentulous arch – mandibular - *Limited to 1 every 5 years*	$570
D6120 Implant supported retainer - porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$611
D6121 Implant supported retainer for metal FPD - predominantly base alloys - *Limited to 1 per tooth every 5 years*	$431
D6122 Implant supported retainer for metal FPD - noble alloys - *Limited to 1 per tooth every 5 years*	$440
D6123 Implant supported retainer for metal FPD - titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$472
D6180 Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	$45
D6191 Placement of semi-precision abutment - implant body	$300
D6192 Semi-precision attachment – placement	$300
D6194 Abutment supported retainer crown for FPD – titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$630
D6195 Abutment supported retainer - porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$630
D6197 Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$47
D6210 Pontic – cast high noble metal - *Limited to 1 per tooth every 5 years*	$399
D6211 Pontic - cast predominantly base metal - *Limited to 1 per tooth every 5 years*	$375
D6212 Pontic – cast noble metal - *Limited to 1 per tooth every 5 years*	$391
D6214 Pontic – titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$405
D6240 Pontic – porcelain fused to high noble metal - *Limited to 1 per tooth every 5 years*	$407
D6241 Pontic - porcelain fused to predominantly base metal - *Limited to 1 per tooth every 5 years*	$373
D6242 Pontic – porcelain fused to noble metal - *Limited to 1 per tooth every 5 years*	$388
D6243 Pontic - porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$416
D6245 Pontic – porcelain/ceramic - *Limited to 1 per tooth every 5 years*	$384
D6280 Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	$40

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D6545 Retainer – cast metal for resin bonded fixed prosthesis	$178
D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis	$196
D6600 Retainer inlay - porcelain/ceramic, two surfaces - *Limited to 1 per tooth every 5 years*	$356
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces - *Limited to 1 per tooth every 5 years*	$389
D6602 Retainer inlay - cast high noble metal, two surfaces - *Limited to 1 per tooth every 5 years*	$342
D6603 Retainer inlay - cast high noble metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$391
D6604 Retainer inlay - cast predominantly base metal, two surfaces - *Limited to 1 per tooth every 5 years*	$341
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$379
D6606 Retainer inlay - cast noble metal, two surfaces - *Limited to 1 per tooth every 5 years*	$343
D6607 Retainer inlay - cast noble metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$384
D6608 Retainer onlay - porcelain/ceramic, two surfaces - *Limited to 1 per tooth every 5 years*	$394
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces - *Limited to 1 per tooth every 5 years*	$418
D6610 Retainer onlay - cast high noble metal, two surfaces - *Limited to 1 per tooth every 5 years*	$412
D6611 Retainer onlay - cast high noble metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$381
D6612 Retainer onlay - cast predominantly base metal, two surfaces - *Limited to 1 per tooth every 5 years*	$409
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$368
D6614 Retainer onlay - cast noble metal, two surfaces - *Limited to 1 per tooth every 5 years*	$408
D6615 Retainer onlay - cast noble metal, three or more surfaces - *Limited to 1 per tooth every 5 years*	$368
D6740 Retainer crown – porcelain/ceramic - *Limited to 1 per tooth every 5 years*	$381
D6750 Retainer crown – porcelain fused to high noble metal - *Limited to 1 per tooth every 5 years*	$435
D6751 Retainer crown – porcelain fused to predominantly base metal - *Limited to 1 per tooth every 5 years*	$401
D6752 Retainer crown – porcelain fused to noble metal - *Limited to 1 per tooth every 5 years*	$411
D6753 Retainer crown - porcelain fused to titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$441
D6780 Retainer crown – 3/4 cast high noble metal - *Limited to 1 per tooth every 5 years*	$388
D6781 Retainer crown – 3/4 cast predominantly base metal - *Limited to 1 per tooth every 5 years*	$394
D6782 Retainer crown – 3/4 cast noble metal - *Limited to 1 per tooth every 5 years*	$392
D6783 Retainer crown – 3/4 porcelain/ceramic - *Limited to 1 per tooth every 5 years*	$418
D6784 Retainer crown - 3/4 titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$420
D6790 Retainer crown – full cast high noble metal - *Limited to 1 per tooth every 5 years*	$415
D6791 Retainer crown - full cast predominantly base metal - *Limited to 1 per tooth every 5 years*	$389

Prosthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Prosthodontic Services (cont.)	**Standard Advantage EPO**
D6792 Retainer crown – full cast noble metal - *Limited to 1 per tooth every 5 years*	$399
D6794 Retainer crown – titanium and titanium alloys - *Limited to 1 per tooth every 5 years*	$416
Additional Procedures Covered as Major Services	**Standard Advantage EPO**
D0160 Detailed and extensive oral evaluation – problem focused, by report - *Limited to 1 per patient per lifetime*	$53
D9941 Fabrication of athletic mouthguard	$95
D9943 Occlusal guard adjustment	$60
D9944 Occlusal guard – hard appliance, full arch - *Limited to 1 arch: maxillary or mandibular every 5 years*	$155
D9945 Occlusal guard – soft appliance, full arch - *Limited to 1 arch: maxillary or mandibular every 5 years*	$155
D9946 Occlusal guard – hard appliance, partial arch - *Limited to 1 arch: maxillary or mandibular every 5 years*	$155

Class D Orthodontic - Standard Advantage EPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no age limit for these services.
- There is no waiting period for these services.
- There is no lifetime maximum for orthodontia.
- Invisalign treatment is covered under the orthodontic benefit (additional fees may apply). As with any orthodontic treatment, pre-estimates are always recommended.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

You Pay:

Standard Advantage EPO Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

Not covered:

- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliance

Benefit Description	Co-Pay Amount
Orthodontic Services	**Standard Advantage EPO**
D8010 Limited orthodontic treatment of the primary dentition - *Limited to 1 treatment per lifetime*	$685
D8020 Limited orthodontic treatment of the transitional dentition - *Limited to 1 treatment per lifetime*	$894
D8030 Limited orthodontic treatment of the adolescent dentition - *Limited to 1 treatment per lifetime*	$1,007
D8040 Limited orthodontic treatment of the adult dentition - *Limited to 1 treatment per lifetime*	$1,143
D8070 Comprehensive orthodontic treatment of the transitional dentition - *Limited to 1 treatment per lifetime*	$2,765
D8080 Comprehensive orthodontic treatment of the adolescent dentition - *Limited to 1 treatment per lifetime*	$2,820
D8090 Comprehensive orthodontic treatment of the adult dentition - *Limited to 1 treatment per lifetime*	$2,820
D8210 Adjunctive orthodontic therapy - removable appliance - *Limited to 1 treatment per lifetime*	$583
D8220 Adjunctive orthodontic therapy - fixed appliance -*Limited to 1 treatment per lifetime*	$662
D8660 Pre-orthodontic treatment examination to monitor growth and development - *Limited to 1 treatment per lifetime*	$35
D8670 Periodic orthodontic treatment visit	$0

Orthodontic Services - continued on next page

Benefit Description	Co-Pay Amount
Orthodontic Services (cont.)	**Standard Advantage EPO**
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) - *Limited to 1 treatment per lifetime*	$286
D8681 Removable orthodontic retainer adjustment	$75

General Services - Standard Advantage EPO Option

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for these services.
- The annual benefit maximum is unlimited.
- The following list of services includes those services most commonly provided to covered individuals. It is not an all-inclusive list of covered services. Please request a predetermination of benefits or reach out to Humana directly if you have any questions regarding treatment coverage.

You Pay:

Standard Advantage EPO Option

- **In-Network:** The co-payment shown in the Benefit Schedule.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

Not covered:

- Oral sedation

Benefit Description	Co-Pay Amount
Anesthesia Services	**Standard Advantage EPO**
D9215 Local anesthesia in conjunction with operative or surgical procedures	$0
D9219 Evaluation for moderate sedation, deep sedation or general anesthesia	$30
D9222 Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	$70
D9223 Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	$60
D9230 Administration of nitrous oxide - *Covered when necessary in conjunction with covered dental services; once per date of service*	$15
Intravenous & Non-Intravenous Sedation	**Standard Advantage EPO**
D9239 Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	$62
D9243 Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	$53
D9246 Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	$44
D9247 Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	$38

Benefit Description	Co-Pay Amount
Medications	**Standard Advantage EPO**
D9610 Therapeutic parenteral drug, single administration	$23
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	$38
D9613 Infiltration of sustained release therapeutic drug, per quadrant	$38
Post Surgical Services	**Standard Advantage EPO**
D9930 Treatment of complications (post-surgical) - unusual circumstances, by report	$0
Miscellaneous Services	**Standard Advantage EPO**
D9932 Cleaning and inspection of removable complete denture, maxillary	$0
D9933 Cleaning and inspection of removable complete denture, mandibular	$0
D9934 Cleaning and inspection of removable partial denture, maxillary	$0
D9935 Cleaning and inspection of removable partial denture, mandibular	$0
D9974 Internal bleaching – per tooth	$161

Section 6 International Services and Supplies

International Claims Payment	This plan provides a benefit for emergency services when overseas. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network plan provider. For the High PPO option, if you utilize the services of an out-of-network dentist for emergency services, benefits will be paid under the out-of-network plan provisions. All expenses for emergency services are payable as any other expense and are subject to plan limitations such as frequencies, deductibles, and maximums. You are responsible for the difference between our payment and billed charges. For the Standard Advantage EPO option, you will be reimbursed for emergency services up to $100 per member per year.
Finding an International Provider	This plan provides a benefit for international emergency services when services are received from a licensed dentist.
Filing International Claims	The following should be provided when submitting a claim for International emergency services: • Name of country where services were received • American Dental Association procedure codes • Translation of language to English • Translation into US currency or accurate day rate • Tooth number(s) and/or quadrants • Date(s) of service • Dentist name
Customer Service Website and Phone Numbers	Our plan website is https://your.humana.com/feds. You may also contact us by phone at 877-692-2468.

Section 7 General Exclusions – Things We Do Not Cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

High PPO option:

This plan does not provide benefits for the following:

- Nitrous Oxide – Coverage is excluded for the following services: Diagnostic, Preventive, Prostho, removable Maxillofacial prostho, Orthodontics and Adjunctive general services.
- Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
- Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
- Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
- Any expense arising from the completion of forms.
- Your failure to keep an appointment with the dentist.
- Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
  - Facings on crowns or pontics (the portion of a fixed bridge between the abutments)posterior to the second bicuspid;
  - Any service to correct congenital malformation;
  - Any service performed primarily to improve appearance;
  - Characterizations and personalization of prosthetic devices; or
  - Any procedure to change the spacing and/or shape of the teeth.
- Charges for:
  - Precision or semi-precision attachments;
  - Overdentures and any endodontic treatment associated with overdentures;
  - Other customized attachments;
  - Any service for 3D imaging (cone beam images);
  - Temporary and interim dental services;
  - Additional charges related to material or equipment used in the delivery of dental care.
  - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the group.
- Any service related to:
  - Restoration or maintenance of occlusion;
  - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;

- Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
- Bite registration or bite analysis.

- Infection control, including but not limited to sterilization techniques
- Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
- Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
- Prescription drugs or pre-medications, other than those specifically listed as covered herein, whether dispensed or prescribed.
- Any service not specifically listed as covered in this brochure.
- Any service that:
  - Is not eligible for benefits based upon clinical review;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional acceptance; or
  - Is deemed to be experimental or investigational in nature.
- Any expense incurred before your effective date or after the date your coverage under this plan terminates.
- Services provided by someone who ordinarily lives in your home or who is a family member.
- Charges exceeding the reimbursement limit for the service.
- Treatment resulting from any intentionally self-inflicted injury or bodily illness.
- Local anesthetics, irrigation, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service, unless otherwise noted as covered herein. These services are considered an integral part of the entire dental service.
- Temporary dental services.
- Repair and replacement of orthodontic appliances.
- Replacement of crowns, onlays, buildups, and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least five years prior to the replacement and satisfactory evidence is presented that it is not and cannot be made serviceable.
- Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
- The oral surgery benefits under this plan does not include:
  - Any services for orthognathic surgery;
  - Any services for destruction of lesions by any method;
  - Any services for tooth transplantation;
  - Any services for removal of a foreign body from the oral tissue or bone;
  - Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
  - Any separate fees for pre and post-operative care.
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.
- General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:
  - Pain control unless a documented allergy to local anesthetic is provided.

- Anxiety;
- Fear of pain;
- Pain management;
- Emotional inability to undergo surgery

(Note: Nitrous Oxide coverage is allowed for the above reasons)

- Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
- Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
- Any laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
- Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
- We do not cover services that generally are considered to be medical services except those specifically noted as covered in this plan.

Plan Limitations:

- Bitewing x-rays are limited to 2 films per year under age 10 and up to 4 films per year for ages 10 and older.

Standard Advantage EPO option:

This plan does not provide benefits for the following:

- Any dental service or treatment not specifically listed as a covered service;
- Nitrous Oxide – Coverage is excluded for the following services: Diagnostic, Preventive, Prostho, removable Maxillofacial prostho, Orthodontics and Adjunctive general services
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of their license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services which in the opinion of the in-network dentist or specialist are not necessary treatment to establish and/or maintain your oral health;
- Any service that is not consistent with the normal and/or usual services provided by the in-network dentist or specialist or which in the opinion of the in-network dentist or specialist would endanger your health;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD);

- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- The cost of hospitalization, pharmaceuticals, drugs or medications;
- Any service or procedure which the in-network dentist or specialist is unable to perform because of your general health or physical limitations;
- Treatment for cysts, neoplasms and malignancies;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services are covered by other medical insurance even when provided by a general dentist or oral surgeon;
- Services and treatment of any dentist other than an in-network general dentist or specialist, except out-of-area emergency services up to co-pay amount of $100 per member per year. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network provider.
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.
- General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:
  - Pain control unless a documented allergy to local anesthetic is
  - Anxiety;
  - Fear of pain;
  - Pain management;
  - Emotional inability to undergo surgery

(Note: Nitrous Oxide coverage is allowed for the above reasons)

Plan Limitations:

- Three (3) teeth cleanings (prophylaxis) are covered 3 per calendar year;
- Replacement of a filling is covered if it is more than two (2) years from the date of original placement;
- Replacement of a bridge, crown or denture is covered if it is more than five (5) years from the date of original placement;
- Implant D6010 Surgical placement of implant body: endosteal implant is covered one (1) per tooth per lifetime. Original date of placement, prior to Humana coverage is within the lifetime of the member.

Section 8 Claims Filing and Disputed Claims Processes

How to File a Claim for Covered Services

To obtain claim forms or other claim filing advice or answers about your benefits, contact us at 877-692-2468 or go to our web site at https://your.humana.com/feds.

Deadline for Filing Your Claim

For emergency and international claims, you have one year from the date of service to file your claim.

The date of loss is 12 months on fully insured commercial plans plus 90 days after the date of loss to give proof.

Disputed Claims Process

Follow this disputed claims process, if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide for OPM to review disputed claims.**

Disputed Claim Steps

1. Ask us in writing to reconsider our initial decision. You must submit a formal written statement to our Grievance and Appeals Department at: PO Box 14638 Lexington, KY 40512-4638 within one (1) year from occurrence of the events upon which the grievance is based, and must contain a statement of the action requested, your name, address, telephone number, Member number, signature and the date.
2. We have 60 days from the date we received your request to render a decision to either pay or deny the claim and communicate such decision back to you. However, if the grievance involves collection of information from outside our service area, an additional thirty (30) days will be allowed for processing.
3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must request reconsideration by the Grievance Panel within sixty (60) days after receipt of the initial grievance written decision by submitting a written request to the our Grievance and Appeals Department at: PO Box 14638 Lexington, KY 40512-4638.
4. If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. The decision of the independent third party is binding and is the final review of your claim. To request a third-party review, you must submit a written request to our Grievance and Appeals Department at: PO Box 14638 Lexington, KY 40512-4638.

Section 9 Definitions of Terms We Use in This Brochure

Annual Benefit Maximum	The maximum annual benefit that you can receive per person.
Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Class A Services	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
Class B Services	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
Class C Services	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
Class D Services	Orthodontic services.
Coinsurance	Coinsurance is the percentage of the plan allowance that you must pay for your care. Coinsurance does not begin until after you meet your deductible, if applicable. Note: Coinsurance only applies to the High PPO option.
Co-pay	Co-pay or co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services. Note: Co-pay only applies to the Standard Advantage EPO option.
Emergency Services	Treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider.
Enrollee	The Federal employee, annuitant, or TRICARE-eligible individual enrolled in this plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Generally Accepted Dental Protocols	The standards set by the American Dental Association or which are customarily used for dental care. Humana Dental reserves the right to determine the level of necessary treatment.
In-Progress Treatment	Dental services initiated in 2026 that will be completed in 2027.
Plan Allowance	The amount we use to determine our payment for services.
Preexisting Condition	Any disease or condition of the teeth or supporting structures which existed on the effective date of coverage.
Sponsor	Generally, a sponsor means the individual who is eligible for medical or dental benefits under 10 U.S.C. chapter 55 based on their direct affiliation with the uniformed services (including military members of the National Guard and Reserves).
TEI certifying family member	Under circumstances where a sponsor is not an enrollee, a TEI family member may accept responsibility to self-certify as an enrollee and enroll TEI family members.

TRICARE-eligible individual (TEI) family member	TEI family members include a sponsor's spouse, unremarried widow, unremarried widower, unmarried child, and certain unmarried persons placed in a sponsor's legal custody by a court. Children include legally adopted children, stepchildren, and pre-adoptive children. Children and dependent unmarried persons must be under age 21 if they are not a student, under age 23 if they are a full-time student, or incapable of self-support because of a mental or physical incapacity.
We/Us	Humana Dental Company.
You	Enrollee or eligible family member.

Non-FEDVIP Benefits Available to Plan Members

The benefits on this page are not part of the FEDVIP contract or premium, and you cannot file a FEDVIP disputed claim about them. Fees you pay for these services do not count toward FEDVIP deductibles or annual maximums. These programs and materials are the responsibility of Humana Dental, and all appeals must follow their guidelines. For additional information contact us at, 877-692-2468 or visit the website at **https://your.humana.com/feds.html**.

Humana member website (secured)

Humana members will get the most out of their plan with a registered MyHumana account, and take Humana essentials wherever they go with the **MyHumana mobile app.**

The MyHumana app is an easy, convenient tool for members to access their plan information anytime, anywhere. Members can:

- Explore coverage and benefit details
- Get member ID cards and add to your phone's wallet
- Find providers close to you and get directions on your phone
- Review claims status
- Access exclusive member discounts

Humana's Special Discount Program is designed to help you achieve lifelong well-being with valuable discounts and exclusive deals on popular health and wellness services. As a Humana member, you have access to this valuable program (program eligibility varies based on your service area). This program is subject to change at any time and not available where prohibited by law.

Dental Discounts:

- **Oral-B/Crest:** 20% discount on all Oral-B/Crest products for items like conventional and electric toothbrushes, toothpaste, teeth whitening strips and dental floss.
- **Truthbrush:** Truthbrush is an innovative dental health device that includes a tracker that attaches to any toothbrush and automatically keeps track of every brushing session. This information is then stored in the Truthbrush app, where users can understand their current brushing behavior, see personalized feedback, and can allow parents to monitor the progress of their children. Truthbrush helps improve dental care habits by easily becoming part of your normal dental health routine. Members receive 20% off Truthbrush trackers.
- **Teeth whitening:** Humana teamed up with ProSmileUSATM to offer up to 70% off teeth whitening. ProSmileUSA specializes in Hi-IntensityTM, competitive strength, professional teeth bleaching. To order a teeth whitening kit, sign in to MyHumana and select the link to ProSmileUSA.

Vision Discounts:

- **EyeMed Discount Program**
  The EyeMed vision discount program includes discounts on eye exams, glasses frames and lenses, contacts, and Lasik, with convenient provider locations including LensCrafters, Pearle Vision and Target Optical, plus many other private practitioners.
- **Lasik:** Many of today's common vision problems, including nearsightedness, farsightedness and astigmatism, can be treated with LASIK. Save $1,000 ($500/eye) off Lasik with free consultations and finance options available. Call 844-608-2020 to schedule your free consultation today. To view a participation provider, sign in to MyHumana.

Alternative medicine:
Immediate savings. That's what this discount can mean to you. These holistic approaches provide you a natural option for pain relief. You'll get on-the-spot discounts of up to 30% when you receive services from the WholeHealth Network providers. Choose from:

- Chiropractic, Massage therapy, Acupuncture or Weight Management

To find a provider in your area, visit the WholeHealth Choices website at https ://www. whlchoices.com.

Hearing aids:
Good hearing is important to your health. That's why Humana provides access to the Audicus program, which saves you 50%–65% on hearing aids. Convenient hearing test and hearing aid selection done form the comfort of your home, with customers average savings of $1,600 per hearing aid. Enroll in a 60-day risk-free trial period by calling 855-971-0451.

Stop Health Care Fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 877-692-2468 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless they are disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.

Summary of Benefits

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure, for more detail.
- If you want to enroll or change your enrollment in this plan, please visit www. BENEFEDS.gov or call 877-888-FEDS (877-888-3337), TTY: 711 International 1-571-730-5942.
- High PPO Option: The Annual Benefit Maximum for PPO is unlimited for in-network services and $5,000 for out-of-network services. Once you reach this amount, you are responsible for all additional charges. Class A Basic and Class D Orthodontic services are excluded from the annual benefit maximum.
- High PPO Option: The calendar year deductible is $50/individual and $100/family if you use in-network provider. The calendar year deductible is $50/individual and $150/family if you use an out-of-network provider. The deductible applies to all services excluding preventive and orthodontia services.

Benefit	You Pay:	
High PPO Option Benefits	**In-Network**	**Out-of-Network**
Class A (Basic) Services – preventive and diagnostic	0%, no deductible	10%, no deductible
Class B (Intermediate) Services – includes minor restorative services	20%, after deductible	40%, after deductible
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	50%, after deductible	60%, after deductible
Class D Services – orthodontic Note: Up to $2,500 lifetime orthodontic maximum	50%, no deductible	50%, no deductible
Standard Advantage EPO Option Benefits (In-Network only)	**In-Network**	**Out-of-Network**
Class A (Basic) Services – preventive and diagnostic	Nothing	100%
Class B (Intermediate) Services – includes minor restorative services	Co-Pay	100%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	Co-pay	100%
Class D Services – orthodontic No Lifetime Maximum	Co-pay	100%

Notes

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Rate Information

How to find your monthly and bi-weekly rates:

- In the first chart below, look up your state or first three digits of your zip code to determine your rating area.
- In the second chart on the following page match your Rating Area to the enrollment type and plan option.

Premium Rating Areas by State/Zip Code (first three digits)								
State	**Zip**	**Rating Region**	**State**	**Zip**	**Rating Region**	**State**	**Zip**	**Rating Region**
AL	356-358	3	IL	600-609, 613	4	OH	450-452	3
AL	350-352, 362	2	IN	460-464, 472-473	4	OH	Rest of state	2
AL	Rest of state	1	IN	470	3	OK	Entire state	2
AR	Entire state	2	IN	Rest of state	2	PA	172 - 174	3
AZ	855, 859-860, 863, 865	3	KS	660-662, 666	4	SC	297	4
AZ	850-853, 856-857	5	KS	Rest of state	1	SC	Rest of state	2
CA	932, 936-938, 953,955, 960-961	3	KY	410, 459	3	TN	Entire state	2
CA	942, 956-959	4	KY	Rest of state	2	TX	733, 750-754, 760-762, 786-787	4
CA	Rest of state	5	LA	Entire state	2	TX	783-784	1
CO	807, 811, 813-816	3	MD	205-212, 214, 216-217	3	TX	770, 772-775, 780-782	3
CO	Rest of state	5	MO	640-641, 644-645, 649	4	TX	Rest of state	2
DC	Entire district	3	MO	630-631, 633	3	UT	Entire state	1
FL	330-334, 349	5	MO	Rest of state	1	VA	228-229, 239-246	1
FL	Rest of state	2	MS	Entire state	2	VA	231, 233-237	4
GA	304, 307-310, 312-319, 398	1	NC	275-277, 283	5	VA	Rest of state	3
GA	Rest of state	4	NC	279-282	4	WV	254	3
IL	620, 622	3	NC	Rest of state	2	WV	Rest of state	1
IL	610-611, 614-619, 623-629	1	OH	434-436, 438-439, 444-445, 448-449, 456-458	1			

High (PPO) & Standard (EPO) Rates

Rating Area	High - Bi-Weekly			High - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	$21.52	$43.05	$64.57	$46.63	$93.28	$139.90
2	$23.65	$47.30	$70.95	$51.24	$102.48	$153.73
3	$24.81	$49.63	$74.44	$53.76	$107.53	$161.29
4	$26.54	$53.08	$79.62	$57.50	$115.01	$172.51
5	$31.91	$63.83	$95.74	$69.14	$138.30	$207.44

Rating Area	Standard - Bi-Weekly			Standard - Monthly		
	Self Only	Self Plus One	Self and Family	Self Only	Self Plus One	Self and Family
1	$11.71	$23.43	$35.14	$25.37	$50.77	$76.14
2	$12.62	$25.23	$37.85	$27.34	$54.67	$82.01
3	$13.61	$27.22	$40.83	$29.49	$58.98	$88.47
4	$14.94	$29.89	$44.83	$32.37	$64.76	$97.13
5	$17.15	$34.30	$51.45	$37.16	$74.32	$111.48