

HumanaDental Advantage Plus 2D Plan with Ortho

Use your HumanaDental benefits

The HumanaDental Advantage Plus D plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus D plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus D plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- If you need a specialty dentist, you may receive up to a 25 percent discount on services by using one of the participating specialty dentists from our network. Visit **Humana.com** to find a participating dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out Humana.com

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

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Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. D plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus D plans, members may receive up to a 25 percent discount by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay

- \$0 \$5 \$10

Annual maximum

- \$1,000 \$1,500 \$2,000 No annual maximum

Summary of services

Preventive		Member pays	Basic		Member pays
D0120 ^a	Periodic oral examination.....	no charge	D1510	Space maintainer—fixed, unilateral (limited to child <14)	no charge
D0140 ^a	Limited oral evaluation—problem focused ...	no charge	D1515	Space maintainer—fixed, bilateral (limited to child <14)	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	D1520	Space maintainer—removable, unilateral (limited to child <14)	no charge
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months)	no charge	D1525	Space maintainer—removable, bilateral (limited to child <14)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D1550	Re-cement or re-bond space maintainer	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2140	Amalgam—one surface primary or permanent .	no charge
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2150	Amalgam—two surfaces primary or permanent	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2160	Amalgam—three surfaces primary or permanent	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2161	Amalgam—four/more surfaces primary/permanent	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2330	Resin based composite—one surface, anterior .	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge	D2331	Resin based composite—two surfaces, anterior .	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2332	Resin based composite—three surfaces, anterior	no charge
D0260	X-ray extraoral, each additional radiographic image.....	no charge	D2335	Resin based composite —four or more surfaces, involving incisal angle	no charge
D0270 ^a	Bitewing—single radiographic image	no charge	D2390	Resin based composite—crown anterior	no charge
D0272 ^a	Bitewings—two radiographic images	no charge	D2391	Resin based composite—one surface, posterior .	no charge
D0273 ^a	Bitewings—three radiographic images.....	no charge	D2392	Resin based composite—two surfaces, posterior.	no charge
D0274 ^a	Bitewings—four radiographic images.....	no charge	D2393	Resin based composite—three surfaces, posterior	no charge
D0277 ^a	Vertical bitewings—7 to 8 radiographic images.	no charge	D2394	Resin based composite—four or more surfaces, posterior	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge	D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	no charge
D0470	Diagnostic casts.....	no charge	D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	no charge
D1110 ^a	Prophylaxis—adult (inclusive of D4910)	no charge	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	no charge
D1120 ^a	Prophylaxis—child (inclusive of D4910)	no charge	D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D1203 ^a	Topical fluoride varnish (for child <16).....	no charge	D7111	Extraction coronal remnants deciduous tooth .	no charge
D1206 ^a	Topical application of fluoride varnish (for child <16)	no charge	D7140	Extraction erupted tooth or exposed root	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge			

Major	Member pays		
D2510 ^b	Inlay—metallic, one surface	\$313.00	D4240 ^c Gingival flap proc—four or more teeth, quad \$421.00
D2520 ^b	Inlay—metallic, two surfaces	\$355.00	D4241 ^c Gingival flap proc—1 to 3 teeth, quad \$217.00
D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00	D4249 Clinical crown lengthening – hard tissue \$481.00
D2542 ^b	Onlay—metallic, two surfaces	\$402.00	D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant \$680.00
D2543 ^b	Onlay—metallic, three surfaces	\$420.00	D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant \$354.00
D2544 ^b	Onlay—metallic, four or more surfaces	\$437.00	D5110 ^d Complete denture—maxillary \$642.00
D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D5120 ^d Complete denture—mandibular \$642.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5130 ^d Immediate denture—maxillary \$700.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5140 ^d Immediate denture—mandibular \$700.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5211 ^d Maxillary partial denture—resin base \$542.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces	\$434.00	D5212 ^d Mandibular partial denture—resin base \$629.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces	\$461.00	D5213 ^d Maxillary partial denture—cast metal—resin base \$709.00
D2650 ^b	Inlay—resin based composite, one surface	\$242.00	D5214 ^d Mandibular partial denture—cast metal—resin base \$709.00
D2651 ^b	Inlay—resin based composite, two surfaces	\$288.00	D5410 ^c Adjust complete denture—maxillary \$ 35.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5411 ^c Adjust complete denture—mandibular \$ 35.00
D2662 ^b	Onlay—resin based composite, two surfaces	\$263.00	D5421 ^c Adjust partial denture—maxillary \$ 35.00
D2663 ^b	Onlay—resin based composite, three surfaces	\$310.00	D5422 ^c Adjust partial denture—mandibular \$ 35.00
D2664 ^b	Onlay—resin based composite, four or more surfaces	\$332.00	D5510 Repair broken complete denture base \$ 70.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5520 Replace missing/broken teeth—complete denture \$ 59.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5610 Repair resin denture base \$ 76.00
D2721 ^b	Crown—resin with predominantly base metal	\$432.00	D5620 Repair cast framework \$ 82.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5630 Repair or replace broken clasp—per tooth \$100.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5640 Replace broken teeth—per tooth \$ 64.00
D2750 ^b	Crown—porcelain fused to high noble metal	\$466.00	D5650 Add tooth to existing partial denture \$ 88.00
D2751 ^b	Crown—porcelain fused predominantly base metal	\$434.00	D5660 Add clasp to existing partial denture—per tooth \$105.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5710 ^e Rebase complete maxillary denture \$261.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5711 ^e Rebase complete mandibular denture \$249.00
D2791 ^b	Crown—full cast predominantly base metal	\$426.00	D5720 ^e Rebase maxillary partial denture \$246.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5721 ^e Rebase mandibular partial denture \$246.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5730 ^e Reline complete maxillary denture \$147.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5731 ^e Reline complete mandibular denture \$147.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5740 ^e Reline maxillary partial denture \$135.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5741 ^e Reline mandibular partial denture \$135.00
D2932	Crown—prefabricated resin	\$142.00	D5750 ^e Reline complete maxillary denture \$196.00
D2940	Protective restoration	\$ 44.00	D5751 ^e Reline complete mandibular denture \$196.00
D2950	Core buildup including any pins	\$110.00	D5760 ^e Reline maxillary partial denture \$193.00
D2951	Pin retention—per tooth addition restoration	\$ 23.00	D5761 ^e Reline mandibular partial denture \$193.00
D2952	Cast post and core in addition to crown	\$168.00	D5850 Tissue conditioning maxillary \$ 61.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D5851 Tissue conditioning mandibular \$ 61.00
D3220	Therapeutic pulpotomy	\$ 75.00	D6092 Recement implant/abutment supported crown \$ 42.00
D3310	Root canal therapy—anterior	\$315.00	D6093 Re-cement or re-bond implant/abutment supported fixed partial denture \$ 57.00
D3320	Root canal therapy—bicuspid	\$385.00	D6210 ^f Pontic—cast high noble metal \$431.00
D3330	Root canal therapy—molar	\$497.00	D6211 ^f Pontic—cast predominantly base metal \$404.00
D3346	Previous root canal therapy—anterior	\$424.00	D6212 ^f Pontic—cast noble metal \$420.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6240 ^f Pontic—porcelain fused to high noble metal \$426.00
D3348	Previous root canal therapy—molar	\$601.00	D6241 ^f Pontic—porcelain fused predominantly base metal \$393.00
D3410	Apicoectomy/periradicular surgery—anterior	\$361.00	D6242 ^f Pontic—porcelain fused to noble metal \$415.00
D3421	Apicoectomy/periradicular surgery—bicuspid	\$394.00	D6245 Pontic, porcelain/ceramic \$439.00
D3425	Apicoectomy/periradicular surgery—molar	\$445.00	D6250 ^f Pontic—resin with high noble metal \$420.00
D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00	D6251 ^f Pontic—resin with predominantly base metal \$388.00
D3430	Retrograde filling—per root	\$109.00	D6252 ^f Pontic—resin with noble metal \$400.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00	D6600 ^f Retainer inlay—porcelain/ceramic, two surfaces \$355.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153.00	D6601 ^f Retainer inlay—porcelain/ceramic, three or more surfaces \$373.00

D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00
D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00
D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces	\$372.00
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00
D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces	\$406.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	Retainer onlay—cast high noble metal, three or more surfaces	\$448.00
D6612 ^f	Retainer onlay—cast predominantly base metal, two surfaces	\$407.00
D6613 ^f	Retainer onlay—cast predominantly base metal, three or more surfaces	\$426.00
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces	\$414.00
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00
D6721 ^f	Retainer crown—resin with predominantly base metal	\$450.00
D6722 ^f	Retainer crown—resin with noble metal	\$458.00
D6740 ^f	Retainer crown—porcelain/ceramic	\$499.00
D6750 ^f	Retainer crown—porcelain fused to high noble metal	\$486.00
D6751 ^f	Retainer crown—porcelain fused to predominantly base metal	\$453.00
D6752 ^f	Retainer crown—porcelain fused to noble metal	\$464.00
D6780 ^f	Retainer crown—3/4 cast high noble metal ..	\$458.00
D6790 ^f	Retainer crown—full cast high noble metal ..	\$469.00
D6791 ^f	Retainer crown—full cast predominantly base metal	\$445.00
D6792 ^f	Retainer crown—full cast noble metal	\$461.00
D6930 ^f	Re-cement or re-bond fixed partial denture ..	\$ 57.00
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony ..	\$179.00
D7240	Removal of impacted tooth—completely bony.	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	\$ 97.00
D7320	Alveoloplasty not conjunction w/extractions—per quad	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—intraoral ..	\$120.00
D7520	Incision and drainage of abscess—extraoral ..	\$570.00
D7960	Frenulectomy—separate procedure	\$111.00
D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—minor procedure	\$ 45.00

D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$144.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$ 60.00
D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

Orthodontics	Member pays
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D8070	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2100.00
D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; Up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning	\$ 250.00
	Orthodontic treatment	\$2300.00
D8680	Retention	\$ 450.00

- a Limit of one every six months
- b Limit one per tooth every eight years
- c Limit one every 12 months
- d Limit one every five years
- e Limit of one every three years
- f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company or Humana Employers Health Plan of Georgia, Inc.



Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Չանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվակախ ոգնությունները Ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.