# HumanaDental DHMO 150 C Plan

## Use your HumanaDental benefits

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

- No waiting periods
- No claims to file
- No annual maximums

### Know what your plan covers

Attached is a summary of HumanaDental C Series 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 general dentist. To select a dental provider from our 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 DHMO plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- If you need a specialty dentist, you may receive up to a 25 percent discount by using certain participating specialty dentists from our network. Visit **Humana.com** to find a participating specialist.

## 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 DHMO plan enables you to take better care of your teeth, and you'll pay less doing so.



## Questions?

Check out Humana.com

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

# HumanaDental DHMO 150 C Plan

The HumanaDental DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. C plans copayments for listed procedures are applicable only at a participating general dentist.

Member costs listed here are for services provided by your chosen participating primary care dentist (PCD) only. A PCD may decide that you need to see a participating specialist. No referral is necessary to see a participating specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For C plans and benefits for procedures not listed on the schedule, you may receive up to a 25 percent discount by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist.

## Summary of services

| **Appointments** | | **Member pays** |
|---|---|---|
| D9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | $ 15.00 |
| D9430 | Office visit (normal hours) | $ 5.00 |
| D9440 | Office visit (after regularly scheduled hours) | $ 35.00 |
| D9999 | Emergency visit during regularly scheduled hours, by report | $ 20.00 |
| D9999 | Broken appointments (without 24 hr notice, per 15 min) Maximum $40 per broken appointment. No charge will be made due to emergencies. | $ 10.00 |

| **Diagnostic** | | **Member pays** |
|---|---|---|
| D0120 | Periodic oral examination | no charge |
| D0140 | Limited/comprehensive/detailed and extensive oral eval | no charge |
| D0150 | Limited/comprehensive/detailed and extensive oral eval | no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval | no charge |
| D0180 | Comprehensive periodontal evaluation | $ 10.00 |
| D0210 | X-ray intraoral—complete series including bitewings | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image | no charge |
| D0270 | X-ray bitewing—single radiographic image | no charge |
| D0272 | X-ray bitewings—two radiographic images | no charge |
| D0274 | Bitewings—four radiographic images | no charge |
| D0330 | Panoramic radiographic image | no charge |
| D0460 | Pulp vitality tests | no charge |
| D0470 | Diagnostic casts | no charge |

| **Preventive** | | **Member pays** |
|---|---|---|
| D1110 | Prophylaxis—adult, routine (once every 6 months) | no charge |
| D1120 | Prophylaxis—child, routine (once every 6 months) | no charge |
| D1110 | Prophylaxis—adult/child, (additional) | $ 20.00 |
| D1120 | Prophylaxis—adult/child, (additional) | $ 20.00 |
| D1201 | Topical application of fluoride (including prophylaxis) child (up to 16 years of age) | no charge |
| D1203 | Topical application of fluoride (not including prophylaxis) child (up to 16 years of age) | no charge |
| D1330 | Oral hygiene instruction | no charge |
| D1351 | Sealant-per tooth | $ 10.00 |
| D1510 | Space maintainer—fixed, unilateral | $ 45.00+lab |
| D1515 | Space maintainer—fixed, bilateral | $ 45.00+lab |
| D1520 | Space maintainer—removable, unilateral | $ 85.00+lab |
| D1525 | Space maintainer—removable, bilateral | $ 85.00+lab |
| D1550 | Recementation of space maintainer | $ 10.00 |

| **Restorative** | | **Member pays** |
|---|---|---|
| D2140 | Amalgam—one surface, primary or permanent | no charge |
| D2150 | Amalgam—two surfaces, primary or permanent | no charge |
| D2160 | Amalgam—three surfaces, primary or permanent | no charge |
| D2161 | Amalgam—four or more surfaces, primary or permanent | no charge |
| D2940 | Sedative filling | $ 15.00 |
| D2999 | Sedative base (under fillings), by report | no charge |

| **Resin restorative** | | **Member pays** |
|---|---|---|
| D2330 | Resin based composite—one surface, anterior | $ 35.00 |
| D2331 | Resin based composite—two surfaces, anterior | $ 40.00 |
| D2332 | Resin based composite—three surfaces, anterior | $ 50.00 |
| D2391 | Resin based composite—one surface, posterior | $ 60.00 |
| D2392 | Resin based composite—two surfaces, posterior | $ 80.00 |
| D2393 | Resin based composite—three surfaces, posterior | $ 100.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | $ 120.00 |
| D2510 | Inlay—metallic, one surface | $ 95.00 |
| D2520 | Inlay—metallic, two surfaces | $ 105.00 |
| D2530 | Inlay—metallic, three or more surfaces | $ 130.00 |

| **Crown and bridge** | | **Member pays** |
|---|---|---|
| D2740 | Crown—porcelain/ceramic | $ 280.00+lab |
| D2750* | Crown—porcelain fused to high noble metal | $ 280.00 |
| D2751 | Crown—porcelain fused to predominantly base metal | $ 280.00 |

| | | |
|---|---|---|
| D2752* | Crown—porcelain fused to noble metal | $ 280.00 |
| D2790* | Crown—full cast high noble metal | $ 280.00 |
| D2791 | Crown—full cast predominantly base metal | $ 280.00 |
| D2792* | Crown—full cast noble metal | $ 280.00 |
| D2910 | Recement inlay | $ 15.00 |
| D2920 | Recement crown | $ 15.00 |
| D2930 | Prefabricated stainless steel crown—primary tooth | $ 75.00 |
| D2950 | Core buildup, including any pins | $ 45.00 |
| D2951 | Pin retention—per tooth | $ 15.00 |
| D2952 | Cast post and core in addition to crown | $ 90.00+lab |
| D2953 | Each additional cast post—same tooth | $ 90.00+lab |
| D2954 | Prefabricated post and core in addition to crown | $ 90.00 |
| D2962 | Labial veneer (porcelain laminate)—laboratory | $ 280.00+lab |

| **Prosthodontics (fixed)** | | **Member pays** |
|---|---|---|
| D6210* | Pontic—cast high noble metal | $ 280.00 |
| D6211 | Pontic—cast predominantly base metal | $ 280.00 |
| D6212* | Pontic—cast noble metal | $ 280.00 |
| D6240* | Pontic—porcelain fused to high noble metal | $ 280.00 |
| D6241 | Pontic—porcelain fused to predominantly base metal | $ 280.00 |
| D6242* | Pontic—porcelain fused to noble metal | $ 280.00 |
| D6750* | Crown—porcelain fused to high noble metal | $ 280.00 |
| D6751 | Crown—porcelain fused to predominantly base metal | $ 280.00 |
| D6752* | Crown—porcelain fused to noble metal | $ 280.00 |
| D6790* | Crown—full cast high noble metal | $ 280.00 |
| D6791 | Crown—full cast predominantly base metal | $ 280.00 |
| D6792* | Crown—full cast noble metal | $ 280.00 |
| D6930 | Recement fixed partial denture (per unit) | $ 10.00 |

| **Endodontics** | | **Member pays** |
|---|---|---|
| D3220 | Therapeutic pulpotomy | $ 35.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | $ 100.00 |
| D3310 | Root canal therapy—anterior (excluding final restoration) | $ 100.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) | $ 200.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | $ 250.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior | $ 125.00 |

| **Periodontics (gum treatment)** | | **Member pays** |
|---|---|---|
| D4210 | Gingivectomy/gingivoplasty 4+ teeth, per quad | $ 125.00 |
| D4211 | Gingivectomy/gingivoplasty 1-3 teeth, per quad | $ 40.00 |
| D4341 | Periodontal scaling and root planing 4+ teeth, per quad | $ 50.00 |
| D4342 | Periodontal scaling and root planing 1 to 3 teeth per quadrant | $ 50.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis | $ 45.00 |
| D4381 | Localized delivery of chemotherapeutic agents (per tooth) | $ 45.00 |
| D4910 | Periodontal maintenance | $ 50.00 |

| **Prosthodontics** | | **Member pays** |
|---|---|---|
| D5110 | Complete denture—maxillary | $ 300.00+lab |
| D5120 | Complete denture—mandibular | $ 300.00+lab |
| D5130 | Immediate denture—maxillary | $ 300.00+lab |
| D5140 | Immediate denture—mandibular | $ 300.00+lab |
| D5211 | Maxillary partial denture—resin base | $ 300.00+lab |
| D5212 | Mandibular partial denture—resin base | $ 300.00+lab |
| D5213 | Maxillary partial denture—cast metal framework, resin denture bases | $ 300.00+lab |
| D5214 | Mandibular partial denture—cast metal framework, resin denture bases | $ 300.00+lab |
| D5410 | Adjust complete denture—maxillary | $ 15.00 |
| D5411 | Adjust complete denture—mandibular | $ 15.00 |
| D5421 | Adjust partial denture—maxillary | $ 15.00 |
| D5422 | Adjust partial denture—mandibular | $ 15.00 |

| **Repairs to prosthetics** | | **Member pays** |
|---|---|---|
| D5510 | Repair broken complete denture base | $ 15.00+lab |
| D5520 | Replace missing or broken teeth—complete denture (each tooth) | $ 15.00+lab |
| D5610 | Repair resin denture base | $ 15.00+lab |
| D5630 | Repair or replace broken clasp—per tooth | $ 15.00+lab |
| D5640 | Replace broken teeth—per tooth | $ 15.00+lab |
| D5650 | Add tooth to existing partial denture | $ 30.00+lab |
| D5730 | Reline complete maxillary denture (chairside) | $ 50.00 |
| D5731 | Reline complete mandibular denture (chairside) | $ 50.00 |
| D5740 | Reline maxillary partial denture (chairside) | $ 50.00 |
| D5741 | Reline mandibular partial denture (chairside) | $ 50.00 |
| D5750 | Reline complete maxillary denture (laboratory) | $ 35.00+lab |
| D5751 | Reline complete mandibular denture (laboratory) | $ 35.00+lab |
| D5760 | Reline maxillary partial denture (laboratory) | $ 35.00+lab |
| D5761 | Reline mandibular partial denture (laboratory) | $ 35.00+lab |
| D5850 | Tissue conditioning—maxillary | $ 30.00 |
| D5851 | Tissue conditioning—mandibular | $ 30.00 |

| **Extractions/oral and maxillofacial surgery** | | **Member pays** |
|---|---|---|
| D7111 | Extraction, coronal remnants - primary tooth | no charge |
| D7140 | Extraction, erupted tooth or exposed tooth | no charge |
| D7210 | Surgical removal of erupted tooth | $ 40.00 |
| D7220 | Removal of impacted tooth—soft tissue | $ 50.00 |
| D7230 | Removal of impacted tooth—partially bony | $ 70.00 |
| D7240 | Removal of impacted tooth—completely bony | $ 85.00 |
| D7250 | Surgical removal of residual tooth roots | $ 35.00 |
| D7310 | Alveoloplasty in conjunction with extractions—per quadrant | $ 35.00 |
| D7311 | Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant | $ 35.00 |
| D7320 | Alveoloplasty not in conjunction with extractions—per quadrant | $ 70.00 |
| D7321 | Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant | $ 70.00 |
| D7510 | Incision and drainage of abscess—intraoral | $ 25.00 |

| **Anesthesia** | | **Member pays** |
|---|---|---|
| D9215 | Local anesthesia | no charge |
| D9230 | Analgesia (nitrous oxide), per 15 minutes | $ 15.00 |

| **Adjunctive general services** | | **Member pays** |
|---|---|---|
| D9450 | Case presentation, detailed and extensive treatment planning | no charge |
| D9951 | Occlusal adjustment—limited | $ 25.00 |
| D9952 | Occlusal adjustment—complete | $ 150.00 |

| Orthodontics | Member pays |
|---|---|
| NOTE: You may receive up to a 25 percent discount by visiting certain in-network orthodontists. Visit **Humana.com** to find a participating orthodontist. Members may contact a participating provider to determine if discounts apply on non-covered orthodontic services. | |

* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed $125 per unit and $75 per unit for semi-precious metal.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availabilty of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply on non-covered services. Visit **Humana.com** to find a participating dentist.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional $50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Insured or administered by CompBenefits Dental, Inc. or CompBenefits Insurance Company

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**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):** Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

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

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

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.