

HumanaDental Prepaid 150 CS Plan

Use your HumanaDental benefits

The HumanaDental CS 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 CS 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 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 Prepaid 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. Copayments are applicable at either a participating general dentist or 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 Prepaid plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

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



Questions?

Check out Humana.com

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

HumanaDental Prepaid 150 CS Plan

The HumanaDental Prepaid 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. CS plans copayments are applicable at either a participating general dentist or a participating specialist.

A primary care dentist (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. 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
D4260	Osseous surgery, 4+ teeth, per quad	\$ 350.00
D4261	Osseous surgery, 1-3 teeth, per quad	\$ 350.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$ 225.00
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	Alveoloplasty 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	Alveoloplasty 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

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	\$ 1,800.00

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	\$ 1,800.00

D8090 Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over
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	\$ 2,000.00

D8680 Retention

	\$ 450.00
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* 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 availability 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 Company

