

# HumanaDental Prepaid 350 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](http://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 350 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

| <b>Appointments</b>  | <b>Member pays</b> |  |                    |
|--|--------------------|--|--------------------|
| D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....                                  | \$ 25.00           | D1330 Oral hygiene instruction .....                               | no charge          |
| D9430 Office visit (normal hours) .....  | \$ 10.00           | D1351 Sealant-per tooth .....                                      | \$ 15.00           |
| D9440 Office visit (after regularly scheduled hours) ..  | \$ 35.00           | D1510 Space maintainer—fixed, unilateral .....                     | \$ 60.00+lab       |
| D9999 Emergency visit during regularly scheduled hours, by report. ....  | \$ 20.00           | D1515 Space maintainer—fixed, bilateral .....                      | \$ 60.00+lab       |
| 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           | D1520 Space maintainer—removable, unilateral ...                   | \$ 100.00+lab      |
|  |                    | D1525 Space maintainer—removable, bilateral ....                   | \$ 100.00+lab      |
|  |                    | D1550 Recementation of space maintainer .....                      | \$ 15.00           |
| <b>Diagnostic</b>  | <b>Member pays</b> | <b>Restorative</b>   | <b>Member pays</b> |
| D0120 Periodic oral examination .....  | no charge          | D2140 Amalgam—one surface, primary or permanent .....              | \$ 25.00           |
| D0140 Limited/comprehensive/detailed and extensive oral eval. ....   | no charge          | D2150 Amalgam—two surfaces, primary or permanent .....             | \$ 30.00           |
| D0150 Limited/comprehensive/detailed and extensive oral eval. ....   | no charge          | D2160 Amalgam—three surfaces, primary or permanent .....           | \$ 35.00           |
| D0160 Limited/comprehensive/detailed and extensive oral eval .....   | no charge          | D2161 Amalgam—four or more surfaces, primary or permanent .....    | \$ 45.00           |
| D0180 Comprehensive periodontal evaluation. ....   | \$ 20.00           | D2940 Sedative filling .....                                       | \$ 25.00           |
| D0210 X-ray intraoral—complete series including bitewings. ....  | no charge          | D2999 Sedative base (under fillings), by report .....              | no charge          |
| D0220 X-ray intraoral—periapical, first radiographic image .....   | no charge          | <b>Resin restorative</b>   | <b>Member pays</b> |
| D0230 X-ray intraoral—periapical, each additional radiographic image .....   | no charge          | D2330 Resin based composite—one surface, anterior                  | \$ 45.00           |
| D0270 X-ray bitewing—single radiographic image ..  | no charge          | D2331 Resin based composite—two surfaces, anterior .....           | \$ 50.00           |
| D0272 X-ray bitewings—two radiographic images ..   | no charge          | D2332 Resin based composite—three surfaces, anterior .....         | \$ 60.00           |
| D0274 Bitewings—four radiographic images .....   | no charge          | D2391 Resin based composite—one surface, posterior .....           | \$ 80.00           |
| D0330 Panoramic radiographic image .....   | no charge          | D2392 Resin based composite—two surfaces, posterior .....          | \$ 100.00          |
| D0460 Pulp vitality tests .....  | no charge          | D2393 Resin based composite—three surfaces, posterior .....        | \$ 120.00          |
| D0470 Diagnostic casts .....   | no charge          | D2394 Resin based composite—four or more surfaces, posterior ..... | \$ 140.00          |
| <b>Preventive</b>  | <b>Member pays</b> | D2510 Inlay—metallic, one surface .....                            | \$ 135.00          |
| D1110 Prophylaxis—adult, routine (once every 6 months) .....   | no charge          | D2520 Inlay—metallic, two surfaces .....                           | \$ 145.00          |
| D1120 Prophylaxis—child, routine (once every 6 months) .....   | no charge          | D2530 Inlay—metallic, three or more surfaces .....                 | \$ 170.00          |
| D1110 Prophylaxis—adult/child, (additional) .....  | \$ 30.00           | <b>Crown and bridge</b>  | <b>Member pays</b> |
| D1120 Prophylaxis—adult/child, (additional) .....  | \$ 30.00           | D2740 Crown—porcelain/ceramic .....                                | \$ 340.00+lab      |
| D1201 Topical application of fluoride (including prophylaxis) child (up to 16 years of age) .....  | no charge          | D2750* Crown—porcelain fused to high noble metal ..                | \$ 340.00          |
| D1203 Topical application of fluoride (not including prophylaxis) child (up to 16 years of age) .....  | no charge          | D2751 Crown—porcelain fused to predominantly base metal .....      | \$ 340.00          |
|  |                    | D2752* Crown—porcelain fused to noble metal .....                  | \$ 340.00          |
|  |                    | D2790* Crown—full cast high noble metal .....                      | \$ 340.00          |

|        |   |               |
|--------|---|---------------|
| D2791  | Crown—full cast predominantly base metal ..                 | \$ 340.00     |
| D2792* | Crown—full cast noble metal .....                           | \$ 340.00     |
| D2910  | Recement inlay .....  | \$ 25.00      |
| D2920  | Recement crown .....  | \$ 25.00      |
| D2930  | Prefabricated stainless steel crown—<br>primary tooth ..... | \$ 105.00     |
| D2950  | Core buildup, including any pins .....                      | \$ 55.00      |
| D2951  | Pin retention—per tooth .....                               | \$ 25.00      |
| D2952  | Cast post and core in addition to crown .....               | \$ 110.00+lab |
| D2953  | Each additional cast post—same tooth .....                  | \$ 110.00+lab |
| D2954  | Prefabricated post and core in addition<br>to crown .....   | \$ 110.00     |
| D2962  | Labial veneer (porcelain<br>laminate)—laboratory .....      | \$ 340.00+lab |

**Prosthodontics (fixed) Member pays**

|        |   |           |
|--------|---|-----------|
| D6210* | Pontic—cast high noble metal .....                          | \$ 340.00 |
| D6211  | Pontic—cast predominantly base metal .....                  | \$ 340.00 |
| D6212* | Pontic—cast noble metal .....                               | \$ 340.00 |
| D6240* | Pontic—porcelain fused to high noble metal ..               | \$ 340.00 |
| D6241  | Pontic—porcelain fused to predominantly<br>base metal ..... | \$ 340.00 |
| D6242* | Pontic—porcelain fused to noble metal .....                 | \$ 340.00 |
| D6750* | Crown—porcelain fused to high noble metal ..                | \$ 340.00 |
| D6751  | Crown—porcelain fused to predominantly<br>base metal .....  | \$ 340.00 |
| D6752* | Crown—porcelain fused to noble metal .....                  | \$ 340.00 |
| D6790* | Crown—full cast high noble metal .....                      | \$ 340.00 |
| D6791  | Crown—full cast predominantly base metal ..                 | \$ 340.00 |
| D6792* | Crown—full cast noble metal .....                           | \$ 340.00 |
| D6930  | Recement fixed partial denture (per unit) .....             | \$ 20.00  |

**Endodontics Member pays**

|       |  |           |
|-------|--|-----------|
| D3220 | Therapeutic pulpotomy .....  | \$ 45.00  |
| D3221 | Pulpal debridement, primary and<br>permanent teeth .....                   | \$ 125.00 |
| D3310 | Root canal therapy—anterior<br>(excluding final restoration) .....         | \$ 200.00 |
| D3320 | Endodontic therapy, premolar tooth<br>(excluding final restorations) ..... | \$ 300.00 |
| D3330 | Endodontic therapy, molar tooth<br>(excluding final restorations) .....    | \$ 350.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior                                 | \$ 175.00 |

**Periodontics (gum treatment) Member pays**

|       |  |           |
|-------|--|-----------|
| D4210 | Gingivectomy/gingivoplasty 4+ teeth, per<br>quad .....                           | \$ 175.00 |
| D4211 | Gingivectomy/gingivoplasty 1-3 teeth, per<br>quad .....                          | \$ 50.00  |
| D4260 | Osseous surgery, 4+ teeth, per quad .....  | \$ 400.00 |
| D4261 | Osseous surgery, 1-3 teeth, per quad .....                                       | \$ 400.00 |
| D4271 | Free soft tissue graft procedure (including donor<br>site surgery) .....         | \$ 275.00 |
| D4341 | Periodontal scaling and root planing 4+ teeth,<br>per quad .....                 | \$ 60.00  |
| D4342 | Periodontal scaling and root planing<br>1 to 3 teeth per quadrant .....          | \$ 60.00  |
| D4355 | Full mouth debridement to enable<br>comprehensive evaluation and diagnosis ..... | \$ 55.00  |
| D4381 | Localized delivery of chemotherapeutic<br>agents (per tooth) .....               | \$ 55.00  |
| D4910 | Periodontal maintenance .....  | \$ 60.00  |

**Prosthodontics Member pays**

|       |                                   |               |
|-------|-----------------------------------|---------------|
| D5110 | Complete denture—maxillary .....  | \$ 350.00+lab |
| D5120 | Complete denture—mandibular ..... | \$ 350.00+lab |

|       |   |               |
|-------|---|---------------|
| D5130 | Immediate denture—maxillary .....   | \$ 350.00+lab |
| D5140 | Immediate denture—mandibular .....  | \$ 350.00+lab |
| D5211 | Maxillary partial denture—resin base .....                                    | \$ 350.00+lab |
| D5212 | Mandibular partial denture—resin base .....                                   | \$ 350.00+lab |
| D5213 | Maxillary partial denture—cast metal<br>framework, resin denture bases .....  | \$ 350.00+lab |
| D5214 | Mandibular partial denture—cast metal<br>framework, resin denture bases ..... | \$ 350.00+lab |
| D5410 | Adjust complete denture—maxillary .....                                       | \$ 25.00      |
| D5411 | Adjust complete denture—mandibular .....                                      | \$ 25.00      |
| D5421 | Adjust partial denture—maxillary .....  | \$ 25.00      |
| D5422 | Adjust partial denture—mandibular .....                                       | \$ 25.00      |

**Repairs to prosthetics Member pays**

|       |  |              |
|-------|--|--------------|
| D5510 | Repair broken complete denture base .....                              | \$ 25.00+lab |
| D5520 | Replace missing or broken teeth—complete<br>denture (each tooth) ..... | \$ 25.00+lab |
| D5610 | Repair resin denture base .....  | \$ 25.00+lab |
| D5630 | Repair or replace broken clasp—per tooth .....                         | \$ 25.00+lab |
| D5640 | Replace broken teeth—per tooth .....                                   | \$ 25.00+lab |
| D5650 | Add tooth to existing partial denture .....                            | \$ 40.00+lab |
| D5730 | Reline complete maxillary denture (chairside)                          | \$ 60.00     |
| D5731 | Reline complete mandibular<br>denture (chairside) .....                | \$ 60.00     |
| D5740 | Reline maxillary partial denture (chairside) ..                        | \$ 60.00     |
| D5741 | Reline mandibular partial denture (chairside)                          | \$ 60.00     |
| D5750 | Reline complete maxillary denture (laboratory)                         | \$ 45.00+lab |
| D5751 | Reline complete mandibular<br>denture (laboratory) .....               | \$ 45.00+lab |
| D5760 | Reline maxillary partial denture (laboratory) ..                       | \$ 45.00+lab |
| D5761 | Reline mandibular partial denture (laboratory) ..                      | \$ 45.00+lab |
| D5850 | Tissue conditioning—maxillary .....                                    | \$ 40.00     |
| D5851 | Tissue conditioning—mandibular .....                                   | \$ 40.00     |

**Extractions/oral and maxillofacial surgery Member pays**

|       |  |           |
|-------|--|-----------|
| D7111 | Extraction, coronal remnants – primary tooth   | \$ 30.00  |
| D7140 | Extraction, erupted tooth or exposed tooth ..  | \$ 30.00  |
| D7210 | Surgical removal of erupted tooth .....  | \$ 50.00  |
| D7220 | Removal of impacted tooth—soft tissue .....  | \$ 80.00  |
| D7230 | Removal of impacted tooth—partially bony ..  | \$ 100.00 |
| D7240 | Removal of impacted tooth—completely bony  | \$ 120.00 |
| D7250 | Surgical removal of residual tooth roots .....   | \$ 55.00  |
| D7310 | Alveoloplasty in conjunction with<br>extractions—per quadrant .....  | \$ 55.00  |
| D7311 | Alveoplasty in conjunction with extractions—<br>one to three teeth or tooth spaces,<br>per quadrant .....    | \$ 55.00  |
| D7320 | Alveoloplasty not in conjunction with<br>extractions—per quadrant .....                                      | \$ 90.00  |
| D7321 | Alveoplasty not in conjunction with<br>extractions—one to three teeth or tooth<br>spaces, per quadrant ..... | \$ 90.00  |
| D7510 | Incision and drainage of abscess—intraoral ..  | \$ 35.00  |

**Anesthesia Member pays**

|       |   |           |
|-------|---|-----------|
| D9215 | Local anesthesia .....                          | no charge |
| D9230 | Analgesia (nitrous oxide), per 15 minutes ..... | \$ 25.00  |

**Adjunctive general services Member pays**

|       |   |           |
|-------|---|-----------|
| D9450 | Case presentation, detailed and extensive<br>treatment planning ..... | no charge |
| D9951 | Occlusal adjustment—limited .....                                     | \$ 35.00  |
| D9952 | Occlusal adjustment—complete .....                                    | \$ 200.00 |

**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 .....      | \$ 2,300.00 |

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 .....      | \$ 2,300.00 |

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 .....      | \$ 2,500.00 |

D8680 Retention .....

|  |           |
|--|-----------|
|  | \$ 450.00 |
|--|-----------|

\* 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

