

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 20 percent discount by using certain participating specialty dentists from our network. Visit Humana.com to find a participating specialist who offers the discount on specialty services.

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.

HumanaDental Advantage Plus 5D Plan

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 a 20 percent discount by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist who offers the discount on specialty services.

Office visit copay

- \$0 \$5 \$10

Annual maximum

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

Summary of services

Preventive **Member pays**

| | | |
|--------------------|--|-----------|
| D0120 ^a | Periodic oral examination..... | no charge |
| D0140 ^a | Limited oral evaluation—problem focused... | 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 |
| D0150 | Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) . | no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) . | no charge |
| D0170 | Re-evaluation—limited problem focused (limit 1 every 12 months) | no charge |
| D0180 | Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) . | no charge |
| D0210 | X-ray intraoral—complete series (limit 1 every 3 years) | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220) | no charge |
| D0240 | X-ray intraoral—occlusal radiographic image | no charge |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | no charge |
| D0260 | X-ray extraoral, each additional radiographic image..... | no charge |
| D0270 ^a | Bitewing—single radiographic image | no charge |
| D0272 ^a | Bitewings—two radiographic images | no charge |
| D0273 ^a | Bitewings—three radiographic images..... | no charge |
| D0274 ^a | Bitewings—four radiographic images | no charge |
| D0277 ^a | Vertical bitewings—7 to 8 radiographic images. | no charge |
| D0330 | Panoramic radiographic image (limit 1 every 3 years) | no charge |
| D0470 | Diagnostic casts..... | no charge |
| D1110 ^a | Prophylaxis—adult (inclusive of D4910) | no charge |
| D1120 ^a | Prophylaxis—child (inclusive of D4910) | no charge |
| D1203 ^a | Topical fluoride varnish (for child <16)..... | no charge |
| D1206 ^a | Topical application of fluoride varnish (for child <16) | no charge |
| D1351 | Sealant—per tooth (limit 1 per tooth every 12 months for child <14) | no charge |
| D1510 | Space maintainer—fixed, unilateral (limited to child <14) | no charge |

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|-------|---|-----------|
| D1515 | Space maintainer—fixed, bilateral (limited to child <14) | no charge |
| D1520 | Space maintainer—removable, unilateral (limited to child <14) | no charge |
| D1525 | Space maintainer—removable, bilateral (limited to child <14) | no charge |
| D1550 | Re-cement or re-bond space maintainer | no charge |

Basic **Member pays**

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| D2140 | Amalgam—one surface primary or permanent . | \$ 64.00 |
| D2150 | Amalgam—two surfaces primary or permanent | \$ 83.00 |
| D2160 | Amalgam—three surfaces primary or permanent | \$100.00 |
| D2161 | Amalgam—four/more surfaces primary/permanent | \$122.00 |
| D2330 | Resin based composite—one surface, anterior | \$ 70.00 |
| D2331 | Resin based composite—two surfaces, anterior | \$ 90.00 |
| D2332 | Resin based composite—three surfaces, anterior | \$109.00 |
| D2335 | Resin based composite —four or more surfaces, involving incisal angle..... | \$138.00 |
| D2390 | Resin based composite—crown anterior | \$203.00 |
| D2391 | Resin based composite—one surface, posterior | \$ 86.00 |
| D2392 | Resin based composite—two surfaces, posterior | \$110.00 |
| D2393 | Resin based composite—three surfaces, posterior | \$136.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | \$166.00 |
| D3220 | Therapeutic pulpotomy..... | \$ 84.00 |
| D3310 | Root canal therapy—anterior..... | \$413.00 |
| D3320 | Root canal therapy—bicuspid..... | \$521.00 |
| D3330 | Root canal therapy—molar | \$651.00 |
| D3346 | Previous root canal therapy—anterior..... | \$519.00 |
| D3347 | Previous root canal therapy—bicuspid | \$660.00 |
| D3348 | Previous root canal therapy—molar..... | \$737.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior . | \$442.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid . | \$483.00 |
| D3425 | Apicoectomy/periradicular surgery—molar .. | \$545.00 |
| D3426 | Apicoectomy/periradicular surgery—each addtl root | \$181.00 |

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| D3430 | Retrograde filling—per root | \$133.00 | D2544 ^b | Onlay—metallic, four or more surfaces. | \$762.00 |
| D4210 ^c | Gingivectomy/gingivoplasty—four or more teeth, quad | \$368.00 | D2610 ^b | Inlay—porcelain/ceramic, one surface | \$474.00 |
| D4211 ^c | Gingivectomy/gingivoplasty—1 to 3 teeth, quad. | \$121.00 | D2620 ^b | Inlay—porcelain/ceramic, two surfaces | \$501.00 |
| D4240 ^c | Gingival flap proc—four or more teeth, quad | \$434.00 | D2630 ^b | Inlay—porcelain/ceramic, three or more surfaces | \$534.00 |
| D4241 ^c | Gingival flap proc—1 to 3 teeth, quad | \$297.00 | D2642 ^b | Onlay—porcelain/ceramic, two surfaces | \$702.00 |
| D4249 | Clinical crown lengthening – hard tissue. | \$522.00 | D2643 ^b | Onlay—porcelain/ceramic, three surfaces. | \$757.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$701.00 | D2644 ^b | Onlay—porcelain/ceramic, four or more surfaces. | \$803.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$701.00 | D2650 ^b | Inlay—resin based composite, one surface. | \$311.00 |
| D4341 | Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months) | \$135.00 | D2651 ^b | Inlay—resin based composite, two surfaces | \$371.00 |
| D4342 | Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months). | \$ 90.00 | D2652 ^b | Inlay—resin based composite, three or more surfaces | \$390.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years). | \$ 90.00 | D2662 ^b | Onlay—resin based composite, two surfaces. | \$459.00 |
| D4910 | Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120) | \$ 81.00 | D2663 ^b | Onlay—resin based composite, three surfaces. | \$540.00 |
| D7111 | Extraction coronal remnants deciduous tooth. | \$ 65.00 | D2664 ^b | Onlay—resin based composite, four or more surfaces | \$578.00 |
| D7140 | Extraction erupted tooth or exposed root | \$ 83.00 | D2710 ^b | Crown—resin based composite, indirect | \$224.00 |
| D7210 | Surgical removal—erupted tooth | \$129.00 | D2720 ^b | Crown—resin with high noble metal | \$550.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$166.00 | D2721 ^b | Crown—resin with predominantly base metal. | \$515.00 |
| D7230 | Removal of impacted tooth—partially bony | \$221.00 | D2722 ^b | Crown—resin with noble metal | \$527.00 |
| D7240 | Removal of impacted tooth—completely bony. | \$259.00 | D2740 ^b | Crown—porcelain/ceramic substrate | \$654.00 |
| D7241 | Remove impacted tooth—completely bony w/comp | \$454.00 | D2750 ^b | Crown—porcelain fused to high noble metal | \$603.00 |
| D7250 | Surgical removal of residual tooth roots | \$140.00 | D2751 ^b | Crown—porcelain fused predominantly base metal. | \$551.00 |
| D7310 | Alveoloplasty in conjunction w/extractions—per quad | \$155.00 | D2752 ^b | Crown—porcelain fused to noble metal | \$567.00 |
| D7311 | Alveoloplasty in conjunction w/extractions—1-3 teeth. | \$155.00 | D2790 ^b | Crown—full cast high noble metal | \$538.00 |
| D7320 | Alveoloplasty not conjunction w/extractions—per quad. | \$696.00 | D2791 ^b | Crown—full cast predominantly base metal. | \$509.00 |
| D7321 | Alveoloplasty not conjunction w/extractions—1-3 teeth | \$696.00 | D2792 ^b | Crown—full cast noble metal | \$520.00 |
| D7510 | Incision and drainage of abscess—extraoral. | \$161.00 | D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$ 53.00 |
| D7520 | Incision and drainage of abscess—extraoral | \$769.00 | D2920 | Re-cement or re-bond crown | \$ 55.00 |
| D7960 | Frenulectomy—separate procedure. | \$326.00 | D2930 | Crown—prefabricated stainless steel, primary tooth | \$152.00 |
| D7970 | Excision of hyperplastic tissue—per arch | \$336.00 | D2931 | Crown—prefabricated stainless steel, permanent tooth | \$171.00 |
| D9110 | Palliative treatment dental pain—minor procedure | \$ 49.00 | D2932 | Crown—prefabricated resin. | \$187.00 |
| D9215 | Local anesthesia | no charge | D2940 | Protective restoration. | \$ 71.00 |
| D9241 | Intravenous moderate (conscious) sedation/analgesia – first 30 minutes | \$269.00 | D2950 | Core buildup including any pins | \$144.00 |
| D9242 | Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes. | \$112.00 | D2951 | Pin retention—per tooth addition restoration. | \$ 30.00 |
| D9310 | Professional consultation by non-treating dentist | \$114.00 | D2952 | Cast post and core in addition to crown | \$220.00 |
| D9951 | Occlusal adjustment—limited | \$ 68.00 | D2954 | Prefabricated post and core in addition to crown | \$182.00 |
| D9952 | Occlusal adjustment—complete | \$386.00 | D5110 ^d | Complete denture—maxillary | \$826.00 |

| Major | Member pays |
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| D2510 ^b | Inlay—metallic, one surface. | \$403.00 | D5610 | Repair resin denture base. | \$ 94.00 |
| D2520 ^b | Inlay—metallic, two surfaces. | \$458.00 | D5620 | Repair cast framework. | \$ 99.00 |
| D2530 ^b | Inlay—metallic, three or more surfaces | \$527.00 | D5630 | Repair or replace broken clasp—per tooth. | \$120.00 |
| D2542 ^b | Onlay—metallic, two surfaces | \$700.00 | D5640 | Replace broken teeth—per tooth | \$ 82.00 |
| D2543 ^b | Onlay—metallic, three surfaces. | \$733.00 | D5650 | Add tooth to existing partial denture. | \$106.00 |
| | | | D5660 | Add clasp to existing partial denture—per | |

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| | tooth | \$127.00 | D6750 ^f | Retainer crown—porcelain fused to high noble metal | \$630.00 |
| D5710 ^e | Rebase complete maxillary denture | \$316.00 | D6751 ^f | Retainer crown—porcelain fused to predominantly base metal | \$590.00 |
| D5711 ^e | Rebase complete mandibular denture | \$302.00 | D6752 ^f | Retainer crown—porcelain fused to noble metal | \$604.00 |
| D5720 ^e | Rebase maxillary partial denture | \$298.00 | D6780 ^f | Retainer crown—3/4 cast high noble metal .. | \$544.00 |
| D5721 ^e | Rebase mandibular partial denture | \$298.00 | D6790 ^f | Retainer crown—full cast high noble metal .. | \$570.00 |
| D5730 ^e | Reline complete maxillary denture | \$178.00 | D6791 ^f | Retainer crown—full cast predominantly base metal | \$542.00 |
| D5731 ^e | Reline complete mandibular denture | \$178.00 | D6792 ^f | Retainer crown—full cast noble metal | \$560.00 |
| D5740 ^e | Reline maxillary partial denture | \$163.00 | D6930 ^f | Re-cement or re-bond fixed partial denture .. | \$ 67.00 |
| D5741 ^e | Reline mandibular partial denture | \$163.00 | | | |
| D5750 ^e | Reline complete maxillary denture | \$238.00 | | | |
| D5751 ^e | Reline complete mandibular denture | \$238.00 | | | |
| D5760 ^e | Reline maxillary partial denture | \$234.00 | | | |
| D5761 ^e | Reline mandibular partial denture | \$234.00 | | | |
| D5850 | Tissue conditioning maxillary | \$ 74.00 | | | |
| D5851 | Tissue conditioning mandibular | \$ 74.00 | | | |
| D6092 | Re-cement implant/abutment supported crown .. | \$ 55.00 | | | |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$ 67.00 | | | |
| D6210 ^f | Pontic—cast high noble metal | \$526.00 | | | |
| D6211 ^f | Pontic—cast predominantly base metal | \$496.00 | | | |
| D6212 ^f | Pontic—cast noble metal | \$514.00 | | | |
| D6240 ^f | Pontic—porcelain fused to high noble metal .. | \$592.00 | | | |
| D6241 ^f | Pontic—porcelain fused predominantly base metal | \$518.00 | | | |
| D6242 ^f | Pontic—porcelain fused to noble metal | \$567.00 | | | |
| D6245 | Pontic, Porcelain/Ceramic | \$669.00 | | | |
| D6250 ^f | Pontic—resin with high noble metal | \$502.00 | | | |
| D6251 ^f | Pontic—resin with predominantly base metal .. | \$466.00 | | | |
| D6252 ^f | Pontic—resin with noble metal | \$480.00 | | | |
| D6600 ^f | Retainer inlay—porcelain/ceramic, two surfaces | \$600.00 | | | |
| D6601 ^f | Retainer inlay—porcelain/ceramic, three or more surfaces | \$630.00 | | | |
| D6602 ^f | Retainer inlay—cast high noble metal, two surfaces | \$458.00 | | | |
| D6603 ^f | Retainer inlay—cast high noble metal, three or more surfaces | \$500.00 | | | |
| D6604 ^f | Retainer inlay—cast predominantly base metal, two surfaces | \$450.00 | | | |
| D6605 ^f | Retainer inlay—cast predominantly base metal, three or more surfaces | \$497.00 | | | |
| D6606 ^f | Retainer inlay—cast noble metal, two surfaces | \$442.00 | | | |
| D6607 ^f | Retainer inlay—cast noble metal, three or more surfaces | \$497.00 | | | |
| D6608 ^f | Retainer onlay—porcelain/ceramic, two surfaces | \$653.00 | | | |
| D6609 ^f | Retainer onlay—porcelain/ceramic, three or more surfaces | \$681.00 | | | |
| D6610 ^f | Retainer onlay—cast high noble metal, two surfaces | \$692.00 | | | |
| D6611 ^f | Retainer onlay—cast high noble metal, three or more surfaces | \$757.00 | | | |
| D6612 ^f | Retainer onlay—cast predominantly base metal, two surfaces | \$688.00 | | | |
| D6613 ^f | Retainer onlay—cast predominantly base metal, three or more surfaces | \$719.00 | | | |
| D6614 ^f | Retainer onlay—cast noble metal, two surfaces | \$674.00 | | | |
| D6615 ^f | Retainer onlay—cast noble metal, three or more surfaces | \$700.00 | | | |
| D6720 ^f | Retainer crown—resin with high noble metal. | \$562.00 | | | |
| D6721 ^f | Retainer crown—resin with predominantly base metal | \$534.00 | | | |
| D6722 ^f | Retainer crown—resin with noble metal | \$544.00 | | | |
| D6740 ^f | Retainer crown—porcelain/ceramic | \$843.00 | | | |

- 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.
- Unlisted procedures are available at certain participating dentist's usual fee less 20%. Visit **Humana.com** to find a participating dentist who offers the discount on unlisted services.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by HumanaDental Insurance Company

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