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 a 20
 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 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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HumanaDental Advantage Plus 3D Plan with Ortho

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.

Office visit copay	□ \$5	□ \$10	
Annual maximum ☐ \$1,000	□ \$1,500	□ \$2,000	☐ No annual maximum
Summary of	services		

	3				
Preven	tive Meml	ber pays D151	.5 Sp	pace maintainer—fixed, bilateral	
D0120°	Periodic oral examinationno	o charge D152		mited to child <14)	
D0140 ^a D0145	Limited oral evaluation—problem focused no Oral evaluation for a patient under three	o charge	ıİl)	mited to child <14) no charge	
D0143	years of age and counseling with primary	D152	25 Sp	pace maintainer—removable, bilateral	
	caregiver (limit 1 every 12 months)	o charge	il)	mited to child <14) no charge	
D0150	Comprehensive oral evaluation—new/	2 DI33		e-cement or re-bond space maintainer no charge	
D0160	established patient (limit 1 every 24 months) no	o charge Basi	С	Member pays	į
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months).	o charge D214	+0 Ar	malgam—one surface primary or permanent \$ 24.00	
D0170	Re-evaluation—limited problem focused	D215	60 Ar	malgam—two surfaces primary	
	(limit 1 every 12 months)	o charge D216	or Ω Δr	permanent	
D0180	Comprehensive periodontal eval—new/		or	permanent \$ 37.00	
D0210	established patient (limit 1 every 24 months) . no X-ray intraoral—complete series	D216	on Ar	nalgam—four/more surfaces	
D0210	(limit 1 every 3 years)no	o charge D233	pri	permanent \$37.00 malgam—four/more surfaces imary/permanent \$46.00	
D0220	X-ray intraoral—periapical, first radiographic	DZJJ		esin based composite—one surface, nterior\$ 24.00	
D0230	image (limit 9 every 12 months includes D0230) no	o charge D233	31 Re	esin based composite—two surfaces,	
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months		ar	nterior \$ 31.00	
	includes D0220)	o charge D233	32 Re	esin based composite—three surfaces,	
D0240	X-ray intraoral—occlusal radiographic image no	o charge D233	ui 85 Re	nterior\$ 38.00 esin based composite —four or more	
D0250	Extra-oral—2D projection radiographic	0233		irfaces, involving incisal angle\$ 45.00	
	image created using a stationary radiation source, and detectorno	o charge D239	00 Re	esin based composite—crown anterior \$ 49.00	
D0260	X-ray extraoral, each additional	D239		esin based composite—one surface,	
	radiographic imageno	o charge D239)2 Re	osterior\$ 28.00 esin based composite—two surfaces,	
D0270° D0272°		o charge		osterior\$ 37.00	
D0272°		o charge D239	93 Re	esin based composite—three surfaces,	
D0274 ^a		o chargo	po	osterior\$ 46.00	
D0277a	Vertical bitewings—7 to 8 radiographic images. no	o charge D239	94 KE	esin based composite—four or more 1. straces, posterior	
D0330	Panoramic radiographic image (limit 1	o charge D322	3u 20 Th	nerapeutic pulpotomy\$ 30.00	
D0470	every 3 years) no Diagnostic casts no	o charge D331	.0 Ro	oot canal therapy—anterior\$126.00	
D0470	Prophylaxis—adult (inclusive of D4910) no	a charge DJJZ	20 Ro	oot canal therapy—bicuspid\$154.00	
D1110°		o chargo DOOO		oot canal therapy—molar	
D1203 ^a	Topical fluoride varnish (for child <16) no	o chargo DOO4	+6 Pro	evious root canal therapy—anterior \$170.00	
D1206ª	Topical application of fluoride varnish (for	D22/		evious root canal therapy—bicuspid\$200.00 evious root canal therapy—molar\$240.00	
D12F1	child <16)	o charge D341		picoectomy/periradicular surgery—anterior . \$144.00	
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14). no	o chargo D342	21 Ap	picoectomy/periradicular surgery—bicuspid . \$158.00	
D1510	Space maintainer—fixed, unilateral	D342		picoectomy/periradicular surgery—molar \$178.00	
21310	(limited to child <14)no	o charge D342		picoectomy/periradicular surgery—each	
	•	D343		ddtl root	
		D343	א טי	thograde Illing—per 1001 \$ 44.00	

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D4210°	Gingivectomy/gingivoplasty—four or more	D2630b	Inlay—porcelain/ceramic, three or more
D/ 211c	teeth, quad	D2(/2h	surfaces
D4211 ^c D4240 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 61.00 Gingival flap proc—four or more teeth, quad . \$169.00	D2643b	Onlay—porcelain/ceramic, two surfaces \$403.00 Onlay—porcelain/ceramic, three surfaces \$434.00
D4240°	Gingival flap proc—1 to 3 teeth, quad \$ 87.00	D2043	Onlay—porcelain/ceramic, timee surfaces \$454.00
D4249	Clinical crown lengthening – hard tissue \$192.00	DZOTT	more surfaces\$461.00
D4260	Osseous surgery (including elevation of a full	D2650b	more surfaces
	thickness flap and closure) – four or more	D2651 ^b	Inlay—resin based composite, two surfaces . \$288.00
	contiguous teeth or tooth bounded spaces	D2652 ^b	Inlay—resin based composite, three or more
D/.261	per quadrant\$272.00 Osseous surgery (including elevation of a full	D2662b	surfaces \$303.00 Onlay—resin based composite, two surfaces \$263.00
D4261	thickness flap and closure) – one to three		Onlay—resin based composite, two surfaces. \$203.00 Onlay—resin based composite, three surfaces. \$310.00
	contiguous teeth or tooth bounded spaces		Onlay—resin based ccomposite, four or
	per quadrant	2200.	more surfaces
D4341	Periodontal scaling and root planing—per		Crown—resin based composite, indirect \$187.00
	quadrant, four or more teeth		Crown—resin with high noble metal \$461.00
D/2/2	(limit 1 per quad every 12 months)\$ 39.00	D2/21 ^o	Crown—resin with predominantly base metal. \$432.00
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth		Crown—resin with noble metal
	(limit 1 per quad every 12 months)\$ 21.00		Crown—porcelain fused to high noble metal . \$466.00
D4355	Full mouth debridement to enable		Crown—porcelain fused predominantly
	comprehensive evaluation and diagnosis		base metal\$434.00
	(limit 1 every 5 years)\$ 26.00		Crown—porcelain fused to noble metal \$445.00
D4910	Periodontal maintenance (limit 1 every 6		Crown—full cast high noble metal \$450.00
D7111	months, inclusive of D1110 and D1120) \$ 23.00 Extraction coronal remnants deciduous tooth . \$ 20.00	D2/91°	Crown—full cast predominantly base metal. \$426.00 Crown—full cast noble metal \$434.00
D7111	Extraction erupted tooth or exposed root \$ 26.00	D2732	Re-cement or re-bond inlay, onlay, veneer or
D7210	Surgical removal—erupted tooth \$ 43.00	22320	partial coverage restoration\$ 41.00
D7220	Removal of impacted tooth—soft tissue \$ 54.00	D2920	Re-cement or re-bond crown \$ 42.00
D7230	Removal of impacted tooth—partially bony . \$ 72.00	D2930	Crown—prefabricated stainless steel,
D7240 D7241	Removal of impacted tooth—completely bony. \$ 84.00	D2021	primary tooth
D/241	Remove impacted tooth—completely bony w/comp	D2931	Crown—prefabricated stainless steel, permanent tooth
D7250	Surgical removal of residual tooth roots \$ 45.00	D2932	Crown—prefabricated resin
D7310	Alveoloplasty in conjunction w/extractions—	D2940	Protective restoration. \$ 44.00
	per guad	D2950	Core buildup including any pins
D7311	Alveoloplasty in conjunction	D2951	Pin retention—per tooth addition restoration. \$ 23.00
חלכלת	w/extractions—1-3 teeth\$ 39.00	D2952 D2954	Cast post and core in addition to crown \$168.00 Prefabricated post and core in addition to crown \$139.00
D7320	Alveoloplasty not conjunction w/extractions—per quad\$ 72.00	D2934 D5110 ^d	
D7321	Alveoloplasty not conjunction	D5120 ^d	
	w/extractions—1-3 teeth \$ 61.00	D5130 ^d	Immediate denture—maxillary
D7510	Incision and drainage of abscess—intraoral \$ 48.00		Immediate denture—mandibular \$700.00
D7520	Incision and drainage of abscess—extraoral . \$228.00		Maxillary partial denture—resin base \$542.00
D7960 D7970	Frenulectomy—separate procedure \$ 45.00 Excision of hyperplastic tissue—per arch \$109.00		Mandibular partial denture—resin base \$629.00 Maxillary partial denture—cast metal—
D7370	Palliative treatment dental pain—	DJZIJ	resin base
20110	minor procedure	D5214 ^d	Mandibular partial denture—cast metal—
D9215	Local anesthesia no charge		resin base\$709.00
D9241	Intravenous moderate (conscious) sedation/	D5410°	Adjust complete denture—maxillary\$ 35.00
D9242	analgesia - first 30 minutes\$ 58.00 Intravenous moderate (conscious) sedation/	D5411°	Adjust complete denture—mandibular \$ 35.00 Adjust partial denture—maxillary \$ 35.00
D3242	analgesia - each additional 15 minutes \$ 24.00	D5421	Adjust partial denture—mandibular\$ 35.00 Adjust partial denture—mandibular\$
D9310	Professional consultation by non-treating	D5510	Repair broken complete denture base \$ 70.00
	dentist\$ 38.00	D5520	Replace missing/broken teeth—
D9951	dentist	55646	complete denture \$ 59.00
D9952	Occlusal adjustment—complete \$130.00	D5610	Repair resin denture base
Major	Member pays	D5620 D5630	Repair cast framework
D2510 ^b	Inlay—metallic, one surface\$313.00	D5640	Replace broken teeth—per tooth
D2520 ^b	Inlay—metallic, two surfaces\$355.00	D5650	Add tooth to existing partial denture\$ 88.00
D2530 ^b	Inlay—metallic, three or more surfaces \$410.00	D5660	Add clasp to existing partial denture—per
D2542b	Onlay—metallic, two surfaces \$402.00	DE740-	tooth
D2543 ^b D2544 ^b	Onlay—metallic, three surfaces\$420.00 Onlay—metallic, four or more surfaces\$437.00		Rebase complete maxillary denture\$261.00 Rebase complete mandibular denture\$249.00
D2344°	Inlay—porcelain/ceramic, one surface \$368.00		Rebase maxillary partial denture\$249.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces \$389.00	D5721e	Rebase mandibular partial denture \$246.00
	7		1

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D5730 ^e D5731 ^e	Reline complete maxillary denture Reline complete mandibular denture Reline maxillary partial denture	\$147.00 \$147.00
D5740° D5741°	Reline mandibular partial denture	S135.00
D5750° D5751°	Reline complete maxillary denture	\$196.00 \$196.00
D5760° D5761°	Reline maxillary partial denture	\$193.00
D5850	Tissue conditioning maxillary	\$ 61.00
D5851 D6092	Tissue conditioning mandibular Recement implant/abutment supported crown	\$ 61.00 \$ 42.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D6210 ^f D6211 ^f	Pontic—cast high noble metal	\$431.00
D6212 ^f	Pontic—cast noble metal	\$420.00
D6240 ^f D6241 ^f	Pontic—porcelain fused to high noble metal . Pontic—porceln fused predominantly base metal	\$426.00
D6242 ^f	Pontic—porcelain fused to noble metal Pontic, Porcelain/Ceramic	\$415.00
D6245 D6250 ^f	Pontic—resin with high noble metal	\$420.00
D6251 ^f D6252 ^f	Pontic—resin with predominantly base metal Pontic—resin with noble metal	\$388.00
D6600 ^f	Retainer inlay—porcelain/ceramic, two	
D6601 ^f	surfaces	\$355.00
D6602 ^f	surfaces	\$373.00
D6603 ^f	surfaces	\$380.00
D6604 ^f	or more surfaces	\$418.00
D6605 ^f	metal, two surfaces	\$372.00
D6606 ^f	metal, three or more surfaces	\$394.00
D6607 ^f	surfaces	\$366.00
D6608 ^f	more surfaces	\$406.00
D6609 ^f	surfaces	\$386.00
	more surfaces	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	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	
D6614 ^f	Retainer onlay—cast noble metal, two	
D6615 ^f	surfaces	\$414.00
D6720 ^f D6721 ^f	more surfaces	\$474.00
D6722 ^f	base metal Retainer crown—resin with noble metal	\$458.00
D6740 ^f D6750 ^f	Retainer crown—porcelain/ceramic Retainer crown—porcelain fused to high	
D6751 ^f	noble metalRetainer 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

D0330	ne cement of the botta fixed partial defitate \$ 37.00
Orthod	lontics 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. Also includes consultation, evaluation, records/
D8080	treatment planning and retention\$2,835.00 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. Also includes consultation, evaluation, records/
D8090	treatment planning and retention\$2,835.00 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. Also includes consultation, evaluation, records/treatment planning and retention\$3,035.00

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- 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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