

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 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 1D 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 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	X-ray extraoral, first radiographic image	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

Basic **Member pays**

D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00
D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00

D1520	Space maintainer—removable, unilateral (limited to child <14)	\$ 66.00
D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D1550	Re-cement or re-bond space maintainer	\$ 12.00
D2140	Amalgam—one surface primary or permanent. .	\$ 24.00
D2150	Amalgam—two surfaces primary or permanent	\$ 31.00
D2160	Amalgam—three surfaces primary or permanent	\$ 37.00
D2161	Amalgam—four/more surfaces primary/permanent	\$ 46.00
D2330	Resin based composite—one surface, anterior .	\$ 24.00
D2331	Resin based composite—two surfaces, anterior .	\$ 31.00
D2332	Resin based composite—three surfaces, anterior	\$ 38.00
D2335	Resin based composite—four or more surfaces, involving incisal angle	\$ 45.00
D2390	Resin based composite—crown anterior	\$ 49.00
D2391	Resin based composite—one surface, posterior	\$ 28.00
D2392	Resin based composite—two surfaces, posterior	\$ 37.00
D2393	Resin based composite—three surfaces, posterior	\$ 46.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 56.00
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	\$ 21.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00
D7111	Extraction coronal remnants deciduous tooth .	\$ 20.00
D7140	Extraction erupted tooth or exposed root	\$ 26.00

Major **Member pays**

D2510 ^b	Inlay—metallic, one surface.....	\$313.00
D2520 ^b	Inlay—metallic, two surfaces.....	\$355.00
D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00
D2542 ^b	Onlay—metallic, two surfaces	\$402.00
D2543 ^b	Onlay—metallic, three surfaces.....	\$420.00
D2544 ^b	Onlay—metallic, four or more surfaces.....	\$437.00

D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$354.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5110 ^d	Complete denture—maxillary	\$642.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5120 ^d	Complete denture—mandibular	\$642.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5130 ^d	Immediate denture—maxillary	\$700.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces	\$434.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces	\$461.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2650 ^b	Inlay—resin based composite, one surface	\$242.00	D5212 ^d	Mandibular partial denture—resin base	\$629.00
D2651 ^b	Inlay—resin based composite, two surfaces	\$288.00	D5213 ^d	Maxillary partial denture—cast metal—resin base	\$709.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5214 ^d	Mandibular partial denture—cast metal—resin base	\$709.00
D2662 ^b	Onlay—resin based composite, two surfaces	\$263.00	D5410 ^c	Adjust complete denture—maxillary	\$ 35.00
D2663 ^b	Onlay—resin based composite, three surfaces	\$310.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2664 ^b	Onlay—resin based composite, four or more surfaces	\$332.00	D5421 ^c	Adjust partial denture—maxillary	\$ 35.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5510	Repair broken complete denture base	\$ 70.00
D2721 ^b	Crown—resin with predominantly base metal	\$432.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5610	Repair resin denture base	\$ 76.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5620	Repair cast framework	\$ 82.00
D2750 ^b	Crown—porcelain fused to high noble metal	\$466.00	D5630	Repair or replace broken clasp —per tooth	\$100.00
D2751 ^b	Crown—porcelain fused predominantly base metal	\$434.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5650	Add tooth to existing partial denture	\$ 88.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5660	Add clasp to existing partial denture —per tooth	\$105.00
D2791 ^b	Crown—full cast predominantly base metal	\$426.00	D5710 ^e	Rebase complete maxillary denture	\$261.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5720 ^e	Rebase maxillary partial denture	\$246.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5730 ^e	Reline complete maxillary denture	\$147.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2932	Crown—prefabricated resin	\$142.00	D5740 ^e	Reline maxillary partial denture	\$135.00
D2940	Protective restoration	\$ 44.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2950	Core buildup including any pins	\$110.00	D5750 ^e	Reline complete maxillary denture	\$196.00
D2951	Pin retention—per tooth addition restoration	\$ 23.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2952	Cast post and core in addition to crown	\$168.00	D5760 ^e	Reline maxillary partial denture	\$193.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D3220	Therapeutic pulpotomy	\$ 75.00	D5850	Tissue conditioning maxillary	\$ 61.00
D3310	Root canal therapy—anterior	\$315.00	D5851	Tissue conditioning mandibular	\$ 61.00
D3320	Root canal therapy—bicuspid	\$385.00	D6092	Recement implant/abutment supported crown	\$ 42.00
D3330	Root canal therapy—molar	\$497.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D3346	Previous root canal therapy—anterior	\$424.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3348	Previous root canal therapy—molar	\$601.00	D6212 ^f	Pontic—cast noble metal	\$420.00
D3410	Apicoectomy/periradicular surgery—anterior	\$361.00	D6240 ^f	Pontic—porcelain fused to high noble metal	\$426.00
D3421	Apicoectomy/periradicular surgery—bicuspid	\$394.00	D6241 ^f	Pontic—porcelain fused predominantly base metal	\$393.00
D3425	Apicoectomy/periradicular surgery—molar	\$445.00	D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00
D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00	D6245	Pontic—porcelain/ceramic	\$439.00
D3430	Retrograde filling—per root	\$109.00	D6250 ^f	Pontic—resin with high noble metal	\$420.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00	D6251 ^f	Pontic—resin with predominantly base metal	\$388.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153.00	D6252 ^f	Pontic—resin with noble metal	\$400.00
D4240 ^c	Gingival flap proc—four or more teeth, quad	\$421.00	D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	\$217.00	D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces	\$373.00
D4249	Clinical crown lengthening – hard tissue	\$481.00	D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$680.00	D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00
			D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces	\$372.00
			D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00

D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces.....	\$406.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces.....	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	Retainer onlay—cast high noble metal, 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	\$426.00
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces.....	\$414.00
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00
D6721 ^f	Retainer crown—resin with predominantly base metal.....	\$450.00
D6722 ^f	Retainer crown—resin with noble metal.....	\$458.00
D6740 ^f	Retainer crown—porcelain/ceramic.....	\$499.00
D6750 ^f	Retainer crown—porcelain fused to high noble metal.....	\$486.00
D6751 ^f	Retainer 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
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony ..	\$179.00
D7240	Removal of impacted tooth—completely bony.	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth.....	\$ 97.00
D7320	Alveoloplasty not conjunction w/extractions—per quad.....	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—extraoral..	\$120.00
D7520	Incision and drainage of abscess—extraoral ..	\$570.00
D7960	Frenulectomy—separate procedure.....	\$111.00
D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$144.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes.....	\$ 60.00
D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

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. Also includes consultation, evaluation, records/treatment planning and retention....	\$2,835.00
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. Also includes consultation, evaluation, records/treatment planning and retention....	\$2,835.00
D8090	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

- 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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