

Use your HumanaDental benefits

The HumanaDental Advantage Plus S 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 S 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 S 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.
- You also receive a 20 percent discount on services not listed on your schedule of benefits.

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 1S 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. S plan copayments for listed procedures are applicable at participating General Dentists and participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: 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 S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay

- \$0/\$0 \$5/\$15 \$10/\$15

Annual maximum

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

Summary of services

Preventive		Member pays	Basic		Member pays
D0120 ^a	Periodic oral examination.....	no charge	D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00
D0140 ^a	Limited oral evaluation—problem focused ...	no charge	D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	D1520	Space maintainer—removable, unilateral (limited to child <14)	\$ 66.00
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge	D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D1550	Re-cement or re-bond space maintainer	\$ 12.00
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2140	Amalgam—one surface primary or permanent .	\$ 24.00
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2150	Amalgam—two surfaces primary or permanent	\$ 31.00
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2160	Amalgam—three surfaces primary or permanent	\$ 37.00
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2161	Amalgam—four/more surfaces primary/permanent	\$ 46.00
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2330	Resin based composite—one surface, anterior .	\$ 24.00
D0240	X-ray intraoral—occlusal radiographic image	no charge	D2331	Resin based composite—two surfaces, anterior .	\$ 31.00
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2332	Resin based composite—three surfaces, anterior	\$ 38.00
D0260	X-ray extraoral, each additional radiographic image	no charge	D2335	Resin based composite —four or more surfaces, involving incisal angle	\$ 45.00
D0270 ^a	Bitewing—single radiographic image	no charge	D2390	Resin based composite—crown anterior	\$ 49.00
D0272 ^a	Bitewings—two radiographic images	no charge	D2391	Resin based composite—one surface, posterior	\$ 28.00
D0273 ^a	Bitewings—three radiographic images	no charge	D2392	Resin based composite—two surfaces, posterior	\$ 37.00
D0274 ^a	Bitewings—four radiographic images	no charge	D2393	Resin based composite—three surfaces, posterior	\$ 46.00
D0277 ^a	Vertical bitewings—7 to 8 radiographic images.	no charge	D2394	Resin based composite—four or more surfaces, posterior	\$ 56.00
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge	D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D0470	Diagnostic casts	no charge	D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months).....	\$ 21.00
D1110 ^a	Prophylaxis—adult (inclusive of D4910)	no charge	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D1120 ^a	Prophylaxis—child (inclusive of D4910)	no charge	D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00
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			

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
 D2620^b Inlay—porcelain/ceramic, two surfaces \$389.00
 D2630^b Inlay—porcelain/ceramic, three or more surfaces. \$414.00
 D2642^b Onlay—porcelain/ceramic, two surfaces \$403.00
 D2643^b Onlay—porcelain/ceramic, three surfaces.... \$434.00
 D2644^b Onlay—porcelain/ceramic, four or more surfaces \$461.00
 D2650^b Inlay—resin based composite, one surface.. \$242.00
 D2651^b Inlay—resin based composite, two surfaces . \$288.00
 D2652^b Inlay—resin based composite, three or more surfaces \$303.00
 D2662^b Onlay—resin based composite, two surfaces. \$263.00
 D2663^b Onlay—resin based composite, three surfaces.. \$310.00
 D2664^b Onlay—resin based composite, four or more surfaces \$332.00
 D2710^b Crown—resin based composite, indirect \$187.00
 D2720^b Crown—resin with high noble metal \$461.00
 D2721^b Crown—resin with predominantly base metal. \$432.00
 D2722^b Crown—resin with noble metal \$441.00
 D2740^b Crown—porcelain/ceramic substrate \$473.00
 D2750^b Crown—porcelain fused to high noble metal . \$466.00
 D2751^b Crown—porcelain fused predominantly base metal..... \$434.00
 D2752^b Crown—porcelain fused to noble metal \$445.00
 D2790^b Crown—full cast high noble metal \$450.00
 D2791^b Crown—full cast predominantly base metal.. \$426.00
 D2792^b Crown—full cast noble metal \$434.00
 D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ 41.00
 D2920 Re-cement or re-bond crown \$ 42.00
 D2930 Crown—prefabricated stainless steel, primary tooth \$115.00
 D2931 Crown—prefabricated stainless steel, permanent tooth \$131.00
 D2932 Crown—prefabricated resin..... \$142.00
 D2940 Protective restoration..... \$ 44.00
 D2950 Core buildup including any pins \$110.00
 D2951 Pin retention—per tooth addition restoration. \$ 23.00
 D2952 Cast post and core in addition to crown \$168.00
 D2954 Prefabricated post and core in addition to crown . \$139.00
 D3220 Therapeutic pulpotomy..... \$ 75.00
 D3310 Root canal therapy—anterior..... \$315.00
 D3320 Root canal therapy—bicuspid..... \$385.00
 D3330 Root canal therapy—molar \$497.00
 D3346 Previous root canal therapy—anterior..... \$424.00
 D3347 Previous root canal therapy—bicuspid \$500.00
 D3348 Previous root canal therapy—molar..... \$601.00
 D3410 Apicoectomy/periradicular surgery—anterior . \$361.00
 D3421 Apicoectomy/periradicular surgery—bicuspid . \$394.00
 D3425 Apicoectomy/periradicular surgery—molar .. \$445.00

D3426 Apicoectomy/periradicular surgery—each addtl root \$148.00
 D3430 Retrograde filling—per root \$109.00
 D4210^c Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00
 D4211^c Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$153.00
 D4240^c Gingival flap proc—four or more teeth, quad . \$421.00
 D4241^c Gingival flap proc—1 to 3 teeth, quad \$217.00
 D4249 Clinical crown lengthening – hard tissue..... \$481.00
 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
 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
 D5110^d Complete denture—maxillary \$642.00
 D5120^d Complete denture—mandibular \$642.00
 D5130^d Immediate denture—maxillary..... \$700.00
 D5140^d Immediate denture—mandibular \$700.00
 D5211^d Maxillary partial denture—resin base \$542.00
 D5212^d Mandibular partial denture—resin base \$629.00
 D5213^d Maxillary partial denture—cast metal—resin base \$709.00
 D5214^d Mandibular partial denture—cast metal—resin base..... \$709.00
 D5410^c Adjust complete denture—maxillary..... \$ 35.00
 D5411^c Adjust complete denture—mandibular \$ 35.00
 D5421^c Adjust partial denture—maxillary..... \$ 35.00
 D5422^c Adjust partial denture—mandibular \$ 35.00
 D5510 Repair broken complete denture base \$ 70.00
 D5520 Replace missing/broken teeth—complete denture \$ 59.00
 D5610 Repair resin denture base..... \$ 76.00
 D5620 Repair cast framework..... \$ 82.00
 D5630 Repair or replace broken clasp—per tooth.... \$100.00
 D5640 Replace broken teeth—per tooth \$ 64.00
 D5650 Add tooth to existing partial denture..... \$ 88.00
 D5660 Add clasp to existing partial denture—per tooth \$105.00
 D5710^e Rebase complete maxillary denture..... \$261.00
 D5711^e Rebase complete mandibular denture \$249.00
 D5720^e Rebase maxillary partial denture..... \$246.00
 D5721^e Rebase mandibular partial denture \$246.00
 D5730^e Reline complete maxillary denture..... \$147.00
 D5731^e Reline complete mandibular denture \$147.00
 D5740^e Reline maxillary partial denture..... \$135.00
 D5741^e Reline mandibular partial denture \$135.00
 D5750^e Reline complete maxillary denture..... \$196.00
 D5751^e Reline complete mandibular denture \$196.00
 D5760^e Reline maxillary partial denture..... \$193.00
 D5761^e Reline mandibular partial denture \$193.00
 D5850 Tissue conditioning maxillary..... \$ 61.00
 D5851 Tissue conditioning mandibular..... \$ 61.00
 D6092 Recement implant/abutment supported crown \$ 42.00
 D6093 Re-cement or re-bond implant/abutment supported fixed partial denture \$ 57.00
 D6210^f Pontic—cast high noble metal \$431.00
 D6211^f Pontic—cast predominantly base metal \$404.00
 D6212^f Pontic—cast noble metal..... \$420.00
 D6240^f Pontic—porcelain fused to high noble metal . \$426.00
 D6241^f Pontic—porceln fused predominantly base metal \$393.00
 D6242^f Pontic—porcelain fused to noble metal \$415.00
 D6245 Pontic—porcelain/ceramic..... \$439.00

- 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 covered dental care services are available at the participating dentist's usual fee less 20%
- 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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