

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 25 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.

HumanaDental Advantage Plus 2D 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 up to a 25 percent discount by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay

- \$0 \$5 \$10

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) | no charge |
| D0140 ^a Limited oral evaluation—problem focused ... | no charge | D1515 Space maintainer—fixed, bilateral (limited to child <14) | 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 | D1520 Space maintainer—removable, unilateral (limited to child <14) | no charge |
| D0150 Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) | no charge | D1525 Space maintainer—removable, bilateral (limited to child <14) | no charge |
| D0160 Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .. | no charge | D1550 Re-cement or re-bond space maintainer | no charge |
| D0170 Re-evaluation—limited problem focused (limit 1 every 12 months) | no charge | D2140 Amalgam—one surface primary or permanent | no charge |
| D0180 Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .. | no charge | D2150 Amalgam—two surfaces primary or permanent | no charge |
| D0210 X-ray intraoral—complete series (limit 1 every 3 years) | no charge | D2160 Amalgam—three surfaces primary or permanent | no charge |
| D0220 X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) | no charge | D2161 Amalgam—four/more surfaces primary/permanent | no charge |
| 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 | no charge |
| D0240 X-ray intraoral—occlusal radiographic image | no charge | D2331 Resin based composite—two surfaces, anterior | no charge |
| D0250 Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | no charge | D2332 Resin based composite—three surfaces, anterior | no charge |
| D0260 X-ray extraoral, each additional radiographic image | no charge | D2335 Resin based composite —four or more surfaces, involving incisal angle | no charge |
| D0270 ^a Bitewing—single radiographic image | no charge | D2390 Resin based composite—crown anterior | no charge |
| D0272 ^a Bitewings—two radiographic images | no charge | D2391 Resin based composite—one surface, posterior | no charge |
| D0273 ^a Bitewings—three radiographic images | no charge | D2392 Resin based composite—two surfaces, posterior | no charge |
| D0274 ^a Bitewings—four radiographic images | no charge | D2393 Resin based composite—three surfaces, posterior | no charge |
| D0277 ^a Vertical bitewings—7 to 8 radiographic images | no charge | D2394 Resin based composite—four or more surfaces, posterior | no charge |
| 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) | no charge |
| D0470 Diagnostic casts | no charge | D4342 Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months) | no charge |
| D1110 ^a Prophylaxis—adult (inclusive of D4910) | no charge | D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years) | 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 | | |

D4910 Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120) no charge
 D7111 Extraction coronal remnants deciduous tooth no charge
 D7140 Extraction erupted tooth or exposed root no charge

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—porcelain fused predominantly base metal \$393.00
 D6242^f Pontic—porcelain fused to noble metal \$415.00
 D6245 Pontic, porcelain/ceramic \$439.00
 D6250^f Pontic—resin with high noble metal \$420.00
 D6251^f Pontic—resin with predominantly base metal \$388.00

| | | |
|--------------------|--|----------|
| D6252 ^f | Pontic—resin with noble metal | \$400.00 |
| D6600 ^f | Retainer inlay—porcelain/ceramic, two surfaces | \$355.00 |
| D6601 ^f | Retainer inlay—porcelain/ceramic, three or more surfaces | \$373.00 |
| D6602 ^f | Retainer inlay—cast high noble metal, two surfaces | \$380.00 |
| 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—intraoral | \$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 | no charge |
| | Evaluation | \$ 35.00 |
| | Records/Treatment Planning | \$ 250.00 |
| | Orthodontic treatment | \$2100.00 |
| 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 | no charge |
| | Evaluation | \$ 35.00 |
| | Records/Treatment Planning | \$ 250.00 |
| | Orthodontic treatment | \$2100.00 |
| 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. | no charge |
| | Evaluation | \$ 35.00 |
| | Records/Treatment Planning | \$ 250.00 |
| | Orthodontic treatment | \$2300.00 |
| D8680 | Retention | \$ 450.00 |

- 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 may be eligible to receive up to a 25% discount. Members may contact their participating provider to determine if any discounts apply. Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Offered by DentiCare, Inc (d/b/a CompBenefits)

Humana[®]

[Humana.com](https://www.humana.com)

