Humana

Texas Member Handbook

HS 405

The entity providing coverage is

A DENTAL HEALTH MAINTENANCE ORGANIZATION

COMPBENEFITS

Offered and administered by DentiCare, Inc (d/b/a as CompBenefits), a Humana Company

1100 Employers Blvd

Green Bay, WI 54344

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Humana.com

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This communication provides a general description of certain benefits provided under one or more of our dental health maintenance organization plans.

For complete plan details, refer to the Evidence of Coverage or contact our Customer Care department. In the event of any disagreement between this communication and the Evidence of Coverage, the Evidence of Coverage will control. Members can access their Evidence of Coverage through MyHumana on **Humana.com**.

Important phone numbers

As a Humana member, you can call our Customer Care department toll-free at the number on the back of your Humana member ID card when you have questions about your plan. We make every effort to answer your calls quickly. Our hours are 8 a.m. – 6 p.m., Monday – Friday. Our phone number is 866-427-7478.

Humana ID card

You will be issued an identification card upon enrollment in the plan. The card identifies you as a plan member. If your card is lost or stolen, call Customer Care at 866-427-7478 to get a new card mailed to you. You may also request a new card via our website at **Humana.com**.

If You have special communication needs

We want the plan to be convenient for all members, particularly those with special needs. That is why we offer many materials in Spanish, English or other. If you are not comfortable speaking in English, you can call Customer Care at 866-427-7478. We have a number of bilingual Customer Care Representatives. If you have a disability affecting your ability to communicate or read, this member handbook is also available on audiocassette, in large type, Braille, and through the use of an interpreter.

MyHumana

MyHumana is your secure, personal online member account on **Humana.com**. It's one of the best ways to get information about your plan. With MyHumana, you can get answers to questions about your dental plan when you want them. You can look up records 24 hours a day. Here are some of the things you can do on MyHumana:

- Find in-network providers
- Look at your plan benefits
- See if a claim has been paid
- Compare costs of services
- Explore health and wellness information

It's easy to register. Have your Humana member ID card ready when you go to **Humana.com**. Select "Register now," then follow the brief directions.

How to use your Humana plan

Introducing the DHMO dental plan

This Handbook ("Handbook") contains a description of covered dental care benefits as well as copayments, limitations and exclusions. You have a responsibility to know what services are covered under your dental plan. **Please read this Handbook carefully**. If you have questions about what your dental plan covers, please refer to your Handbook, EOC and Schedule of Benefits or call Customer Care at 866-427-7478.

How the DHMO plan works

Your dental plan is designed to help you and your family obtain comprehensive dental care by offering inexpensive preventive care and reduced rates for many other dental treatments. You will only pay a copayment for covered dental care services or treatments you receive at the time services are performed, unless you make other payment arrangements with your participating dentist. Copayment amounts are shown on your Schedule of Benefits. You should ask your participating dentist for a benefit determination and cost estimate before you receive any dental treatment. In order to receive benefits from a participating specialty dentist, you may be required to obtain a referral from a participating general dentist (refer to your EOC).

Getting started

Selecting Your Dentist

First, you must select a participating general dentist from a list of dentists participating in the plan network as your primary care dentist ("PCD"). A directory of all the participating dentists will be provided for you upon request. The directory is sorted by city, and lists all the dentists in the facility, the address, telephone number, and if the dentist is accepting new patients. Provider directories are updated frequently and available on our website, however, paper copies can be requested from Customer Care. If you need assistance finding a PCD, call Customer Care at 866-427-7478 or use the provider locator function on our website at **Humana.com**. Once you have located a PCD, please contact our Customer Care department with your selection.

You may select a different PCD at any time. All you have to do is call or write Customer Care to request the change. All requests for dentist changes received by the 15th of the month will become effective on the 1st of the following month. Requesting a change of dentist more than twice in a thirty-day (30) period is considered excessive and may not be honored.

On rare occasions it may be necessary to assign you to another dentist. A change may be necessary in the following situations:

- if your selected dentist decides to no longer participate in the plan network
- if the dentist is unable to effectively provide the care you need
- if efforts to establish a satisfactory relationship between you and the dentist have failed, or
- if you refuse treatment from the dentist that he or she feels is necessary.

If a change is needed, you will be asked to select another dentist from the directory. We strive to provide written notification if your provider leaves the plan and will send You a letter indicating the change to assist in Your selection of another dentist.

Highlights of your plan

Your HS DHMO plan provides coverage for a wide range of services as noted in the Schedule of Benefits and Subscriber Copayments.

Plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

Procedures not listed on this document are not covered under the plan.

Specialists services: Should members need a specialist, they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Schedule of Benefits and Subscriber Copayments

Office visit copayment $0

Copayment amounts for listed procedures are applicable at the Participating General Dentist or Participating Specialist.

ADACode	Procedure	Patient Pays
Appointments		
D9310	Consultation (diagnostic service provided by dentist other than requesting dentist)	$5
D9430	Office visit (during regularly scheduled hours)	$0
D9440	Office visit (after regularly scheduled hours)	$35
D9986	Missed appointment	$10
D9987	Cancelled appointment	$10
D9999	Emergency visit (during regularly scheduled hours)	$20
Diagnostic		
D0120	Periodic oral evaluation - established patient (limited to two per year)	$0
D0140	Limited oral evaluation - problem focused	$0
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$0
D0150	Comprehensive oral evaluation - new or established patient (limited to two per year)	$0
D0160	Detailed and extensive oral evaluation - problem focused, by report	$0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	$0
D0171	Re-evaluation – post-operative office visit	$0
D0180	Comprehensive periodontal evaluation - new or established patient (limited to two per year)	$15
D0190	Screening of a patient	$0
D0191	Assessment of a patient	$0
D0210	Intraoral - comprehensive series of radiographic images (limited to 1 D0210 or D0709 every 3 years)	$0

D0220	Intraoral - periapical first radiographic image	$0
D0230	Intraoral - periapical each additional radiographic image	$0
D0240	Intraoral - occlusal radiographic image	$0
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$0
D0251	Extra-oral posterior dental radiographic image (limited to one D0251 or D0705 per year)	$0
D0270	Bitewing - single radiographic image (limited to two per year)	$0
D0272	Bitewings - two radiographic images (limited to two per year)	$0
D0273	Bitewings - three radiographic images (limited to two per year)	$0
D0274	Bitewings - four radiographic images (limited to two per year)	$0
D0277	Vertical bitewings - 7 To 8 radiographic images (limited to two per year)	$0
D0310	Sialography	$105
D0320	Temporomandibular joint arthrogram, including injection	$175
D0321	Other temporomandibular joint radiographic images, by report	$105
D0322	Tomographic survey	$105
D0330	Panoramic radiographic image (limited to one D0330 or D0701 every 3 years)	$0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	$30
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	$0
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limited to a total of only one D0364, D0365, D0366 or D0367 per year)	$120
D0365	Cone beam CT capture and interpretation with field of view of one Full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limited to a total of only one D0364, D0365, D0366 or D0367 per year)	$120
D0366	Cone beam CT capture and interpretation with field of view of one Full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limited to a total of only one D0364, D0365, D0366 or D0367 per year)	$120
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium (only covered in conjunction with the surgical placement of an implant; limited to a total of only one D0364, D0365, D0366 or D0367 per year)	$140
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures (limited to 1 per year)	$125
D0369	Maxillofacial MRI capture and interpretation	$125
D0370	Maxillofacial ultrasound capture and interpretation	$110
D0371	Sialoendoscopy capture and interpretation	$110
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	$100
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	$90
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	$90
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	$120
D0384	Cone beam CT image capture for TMJ series including two or more exposures	$90
D0385	Maxillofacial MRI image capture	$110
D0386	Maxillofacial ultrasound image capture	$110
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	$0
D0393	Virtual treatment simulation using 3D image volume or surface scan	$0
D0394	Digital subtraction of two or more images or image volumes of the same modality	$0
D0395	Fusion of two or more 3D image volumes of one or more modalities	$0

D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	$0
D0415	Collection of microorganisms for culture and sensitivity	$0
D0419	Assessment of salivary flow by measurement	$0
D0425	Caries susceptibility tests	$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50
D0460	Pulp vitality tests (not covered if root canal is performed)	$0
D0470	Diagnostic casts	$0
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$0
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$0
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	$0
D0502	Other oral pathology procedures, by report	$0
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	$0
D0601	Caries risk assessment and documentation, with a finding of low risk	$0
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$0
D0603	Caries risk assessment and documentation, with a finding of high risk	$0
D0701	Panoramic radiographic image – image capture only (limited to one D0330 or D0701 every 3 years)	$0
D0702	2-D cephalometric radiographic image – image capture only	$30
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$5
D0705	Extra-oral posterior dental radiographic image – image capture only (limited to one D0251 or D0705 per year)	$0
D0706	Intraoral – occlusal radiographic image – image capture only	$0
D0707	Intraoral – periapical radiographic image – image capture only	$5
D0708	Intraoral – bitewing radiographic image – image capture only	$0
D0709	Intraoral – complete series of radiographic images – image capture only (limited to one D0210 or D0709 every 3 years)	$0

Preventive

D1110	Prophylaxis - adult (limited to two per year, by primary care dentist)	$0
D1120	Prophylaxis - child (limited to two per year)	$0
D1206	Topical application of fluoride varnish (limited to two per year; for child <16)	$0
D1208	Topical application of fluoride - excluding varnish (limited to two per year; for child <16)	$0
D1310	Nutrition counseling for the control of dental disease	$0
D1320	Tobacco counseling services for the control or prevention of oral disease	$0
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	$0

D1330	Oral hygiene instructions	$0
D1351	Sealant - per tooth (permanent teeth only; through age 15)	$10
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$5
D1353	Sealant repair – per tooth	$5
D1354	Interim caries arresting medicament application – per tooth	$5
D1355	Caries preventive medicament application – per tooth	$5
D1510*	Space maintainer - fixed unilateral - per quadrant (through age 14)	$50
D1516*	Space maintainer – fixed bilateral, maxillary (through age 14)	$70
D1517*	Space maintainer – fixed bilateral, mandibular (through age 14)	$70
D1520*	Space maintainer - removable - Unilateral - per quadrant (through age 14)	$85
D1526*	Space maintainer - removable - bilateral, maxillary (through age 14)	$90
D1527*	Space maintainer - removable - bilateral, mandibular (through age 14)	$90
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$10
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$10
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$10
D1556	Removal of fixed unilateral space maintainer - per quadrant	$5
D1557	Removal of fixed bilateral space maintainer - maxillary	$5
D1558	Removal of fixed bilateral space maintainer - mandibular	$5
D1575	distal shoe space maintainer – fixed unilateral - per quadrant (through age 14; primary teeth only)	$130

Restorative

D2140	Amalgam - one surface, primary or permanent	$5
D2150	Amalgam - two surfaces, primary or permanent	$5
D2160	Amalgam - three surfaces, primary or permanent	$5
D2161	Amalgam - four or more surfaces, primary or permanent	$5
D2410	Gold foil - one surface	$45
D2420	Gold foil - two surfaces	$60
D2430	Gold foil - three surfaces	$85
D2921	Reattachment of tooth fragment, incisal edge or cusp	$20
D2940	Placement of interim direct restoration	$10
D2949	Restorative foundation for an indirect restoration	$25
D2975	Coping	$70
D2990	Resin infiltration of incipient smooth surface lesions	$15

Resin Restorative (inlays and onlays limited to one per tooth every 5 years)

D2330	Resin-based composite - one surface, anterior	$30
D2331	Resin-based composite - two surfaces, anterior	$40
D2332	Resin-based composite - three surfaces, anterior	$45
D2335	Resin-based composite - four or more surfaces, anterior	$65
D2390	Resin-based composite - crown, anterior	$70
D2391	Resin-based composite - one surface, posterior	$45
D2392	Resin-based composite - two surfaces, posterior	$55
D2393	Resin-based composite - three surfaces, posterior	$80
D2394	Resin-based composite - four or more surfaces, posterior	$90
D2510*	Inlay - metallic - one surface	$225
D2520*	Inlay - metallic - two surfaces	$235
D2530*	Inlay - metallic - three or more surfaces	$245

D2542*	Onlay - metallic - two surfaces	$250
D2543*	Onlay - metallic - three surfaces	$260
D2544*	Onlay - metallic - four or more surfaces	$270
D2610*	Inlay - porcelain/ceramic, one surface	$250
D2620*	Inlay - porcelain/ceramic, two surfaces	$260
D2630*	Inlay - porcelain/ceramic, three or more surfaces	$270
D2642*	Onlay - porcelain/ceramic, two surfaces	$275
D2643*	Onlay - porcelain/ceramic, three surfaces	$285
D2644*	Onlay - porcelain/ceramic, four or more surfaces	$295
D2650*	Inlay - resin based composite, one surface	$225
D2651*	Inlay - resin based composite, two surfaces	$235
D2652*	Inlay - resin based composite, three or more surfaces	$245
D2662*	Onlay - resin based composite, two surfaces	$250
D2663*	Onlay - resin based composite, three surfaces	$260
D2664*	Onlay - resin based composite, four or more surfaces	$270

Crown and Bridge (Crowns limited to one per tooth every 5 years)

D2710*	Crown - resin-based composite (indirect)	$270
D2712*	Crown -3/4 resin-based composite (indirect)	$270
D2720*	Crown - resin with high noble metal	$270
D2721	Crown - resin with predominantly base metal	$270
D2722*	Crown - resin with noble metal	$270
D2740*	Crown - porcelain/ceramic	$270
D2750*	Crown - porcelain fused to high noble metal	$270
D2751	Crown - porcelain fused to predominantly base metal	$270
D2752*	Crown - porcelain fused to noble metal	$270
D2753*	Crown - porcelain fused to titanium and titanium alloys	$270
D2780*	Crown - 3/4 cast high noble metal	$270
D2781	Crown - 3/4 cast predominantly base metal	$270
D2782*	Crown - 3/4 cast noble metal	$270
D2783*	Crown - 3/4 porcelain/ceramic	$270
D2790*	Crown - full cast high noble metal	$270
D2791	Crown - full cast predominantly base metal	$270
D2792*	Crown - full cast noble metal	$270
D2794*	Crown - titanium and titanium alloy	$270
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	$0
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$0
D2920	Re-cement or re-bond crown	$15
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$75
D2929	Prefabricated porcelain/ceramic crown - primary tooth	$75
D2930	Prefabricated stainless steel crown - primary tooth	$75
D2931	Prefabricated stainless steel crown - permanent tooth	$25
D2932	Prefabricated resin crown	$50
D2933	Prefabricated stainless steel crown with resin window	$50
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	$50
D2950	Core buildup, including any pins when required	$50
D2951	Pin retention - per tooth, in addition to restoration	$15
D2952*	Post and core, in addition to crown, indirectly fabricated	$95

D2953*	Each additional indirectly fabricated post - same tooth	$100
D2954	Prefabricated post and core in addition to crown	$85
D2955	Post removal	$10
D2957	Each additional prefabricated post - same tooth	$35
D2960	Labial veneer (resin laminate) - direct	$250
D2961*	Labial veneer (resin laminate) - indirect	$300
D2962*	Labial veneer (porcelain laminate) - indirect	$350
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	$50
D2980	Crown repair necessitated by restorative material failure	$0
D2981	Inlay repair necessitated by restorative material failure	$0
D2982	Onlay repair necessitated by restorative material failure	$0
D2983	Veneer repair necessitated by restorative material failure	$0
D6940	Stress breaker	$150
D6950	Precision attachment	$195

Prosthodontics (fixed) - Replacement limited to every 5 years, adjustments once a year

D6205	Pontic - indirect resin based composite	$490
D6210*	Pontic - cast high noble metal	$270
D6211	Pontic - cast predominantly base metal	$270
D6212*	Pontic - cast noble metal	$270
D6240*	Pontic - porcelain fused to high noble metal	$270
D6241	Pontic - porcelain fused to predominantly base metal	$270
D6242*	Pontic - porcelain fused to noble metal	$270
D6243*	Pontic - porcelain fused to titanium and titanium alloys	$270
D6750*	Retainer crown - porcelain fused to High Noble metal	$270
D6751	Retainer crown - porcelain fused to Predominantly Base metal	$270
D6752*	Retainer crown - porcelain fused to noble metal	$270
D6753*	Retainer crown - porcelain fused to titanium and titanium alloys	$270
D6790*	Retainer crown - full cast high noble metal	$270
D6791	Retainer crown - full cast predominantly base metal	$270
D6792*	Retainer crown - full cast noble metal	$270
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	$90
D6794*	Retainer crown titanium and titanium alloys	$270
D6930	Re-cement or re-bond fixed partial denture	$15
D6980	Fixed partial denture repair necessitated by restorative material failure	$40

Prosthodontics - Replacement limited to every 5 years

D5110*	Complete denture - maxillary	$375
D5120*	Complete denture - mandibular	$375
D5130*	Immediate denture - maxillary	$375
D5140*	Immediate denture - mandibular	$375
D5211*	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400
D5212*	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400
D5213*	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$425
D5214*	Mandibular partial denture - cast metal framework with resin denture bases	

	(including retentive/clasping materials, rests and teeth)	$425
D5221*	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263
D5222*	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263
D5223*	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413
D5224*	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413
D5225*	Maxillary partial denture - flexible (Including retentive/clasping materials, rests and teeth)	$425
D5226*	Mandibular partial denture - flexible (Including retentive/clasping materials, rests and teeth)	$425
D5227*	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$425
D5228*	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$425
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	$350
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$350
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$350
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$350
D5410	Adjust complete denture - maxillary	$15
D5411	Adjust complete denture - mandibular	$15
D5421	Adjust partial denture - maxillary	$15
D5422	Adjust partial denture - mandibular	$15
D5660*	Add clasp to existing partial denture - per tooth	$90
D5862	Precision attachment, by report	$105
D5875	Modification of removable prosthesis following implant surgery	$40
D5876	Add metal substructure to acrylic full denture (per arch)	$30
D5899	Unspecified removable prosthodontic procedure, by report	$0

Endodontics (each procedure limited to once per tooth per life)

D3110	Pulp cap - direct (excluding final restoration)	$15
D3120	Pulp cap - indirect (excluding final restoration)	$10
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$40
D3221	Pulpal debridement, primary and permanent teeth	$85
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$30
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	$45
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	$50
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$110
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$195
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$250

D3331	Treatment of root canal obstruction; non-surgical access	$80
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	$80
D3333	Internal root repair of perforation defects	$90
D3346	Retreatment of previous root canal therapy - anterior	$115
D3347	Retreatment of previous root canal therapy - premolar	$160
D3348	Retreatment of previous root canal therapy - molar	$220
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$90
D3352	Apexification/recalcification - interim medication replacement (includes any necessary radiographs)	$80
D3353	Apexification/recalcification - final visit (includes any necessary radiographs)	$90
D3410	Apicoectomy - anterior	$135
D3421	Apicoectomy - premolar (first root)	$120
D3425	Apicoectomy - molar (first root)	$120
D3426	Apicoectomy (each additional root)	$60
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	$20
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$18
D3430	Retrograde filling - per root	$40
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$105
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	$105
D3450	Root amputation - per root (not covered in conjunction with procedure D3920)	$95
D3460	Endodontic endosseous implant	$490
D3470	Intentional reimplantation (including necessary splinting)	$120
D3471	Surgical repair of root resorption – anterior	$70
D3472	Surgical repair of root resorption – premolar	$115
D3473	Surgical repair of root resorption – molar	$85
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$70
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$70
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$70
D3910	Surgical procedure to isolate tooth with rubber dam	$20
D3911	Intraorifice barrier	$0
D3920	Hemisection (including any root removal), not including root canal therapy	$90
D3921	Decoronation or submergence of an erupted tooth	$60
D3950	Canal preparation and fitting of performed dowel or post	$15

Periodontics

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$55
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$40
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$150
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth	

	or tooth bounded spaces per quadrant	$120
D4245	Apically positioned flap	$175
D4249	Clinical crown lengthening – hard tissue	$150
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$350
D4261	Osseous surgery (including elevation of a Full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$325
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	$180
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	$95
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	$95
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	$230
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site	$275
D4268	Surgical revision procedure, per tooth	$0
D4270	Pedicle soft tissue graft procedure	$260
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$350
D4274	Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$90
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$380
D4276	Combined connective tissue and double pedicle graft, per tooth	$45
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$265
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$130
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$210
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$228
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	$95
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	$85
D4341	Periodontal scaling and root planing, four or more teeth; per quadrant (A maximum of four (4) quadrants will be paid in any combinations D4342, per 2 years	$55
D4342	Periodontal scaling and root planing- one to three teeth, per quadrant (A maximum of four (4) quadrants will be paid in any combinations D4341, per 2 years)	$50
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (limited to 1 per year*;* cross reduces D1110, D1120)	$55
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (limited to once in a 5 year period)	$50
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limited to one per tooth per year to a maximum of three (3) tooth sites per quadrant, and performed no less than three (3) months following active periodontal therapy.)	$60
D4910	Periodontal maintenance (covered only after active periodontal therapy)	$45
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$15
D4921	Gingival irrigation with a medicinal agent – per quadrant	$5

Extractions/Oral and Maxillofacial Surgery

D7111	Extraction of coronal remnants - primary tooth	$0
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$40
D7220	Removal of impacted tooth - soft tissue	$55
D7230	Removal of impacted tooth - partially bony	$70
D7240	Removal of impacted tooth - completely bony	$85
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$110
D7250	Removal of residual tooth roots (cutting procedure)	$40
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$105
D7260	Oroantral fistula closure	$350
D7261	Primary closure of a sinus perforation	$225
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$55
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$70
D7280	Exposure of an unerupted tooth	$100
D7282	Mobilization of erupted or malposed tooth to aid eruption	$90
D7283	Placement of device to facilitate eruption of impacted tooth	$40
D7284	Excisional biopsy of minor salivary glands	$120
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$350
D7286	Incisional biopsy of oral tissue-soft	$120
D7287	Exfoliative cytological sample collection	$50
D7288	Brush biopsy - transepithelial sample collection	$55
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$20
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$40
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$15
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$75
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$30
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	$245
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$700
D7410	Excision of benign lesion up to 1.25 cm	$18
D7411	Excision of benign lesion greater than 1.25 cm	$35
D7412	Excision of benign lesion, complicated	$35
D7450	Removal of benign odontogenic cyst or tumor -up to 1.25cm	$160
D7451	Removal of benign odontogenic cyst or tumor -greater than 1.25cm	$235
D7471	Removal of lateral exotosis (maxilla or mandible)	$90
D7472	Removal of torus palatinus	$65
D7473	Removal of torus mandibularis	$65
D7485	Reduction of osseous tuberosity	$60
D7510	Incision and rainage of abscess - Intraoral soft tissue	$35
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18
D7520	Incision and drainage of abscess - extraoral soft tissue	$18

D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18
D7880	Occlusal orthotic device, by report (limited to1 per 2 years)	$105
D7881	Occlusal orthotic device adjustment	$5
D7910	Suture of recent small wounds up to 5 cm	$20
D7921	Collection and application of autologous blood concentrate product	$90
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	$0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	$245
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$560
D7952	Sinus augmentation via a vertical approach	$350
D7961	Buccal / labial frenectomy (frenulectomy)	$20
D7962	Lingual frenectomy (frenulectomy)	$20
D7963	Frenuloplasty	$35
D7970	Excision hyperplastic tissue - per arch	$85
D7971	Excision of pericoronal gingival	$55
D7972	Surgical reduction of fibrous tuberosity	$90
D7994	Surgical placement: zygomatic implant	$840

Repair to Prosthetics

D5511*	Repair broken complete denture base, mandibular	$35
D5512*	Repair broken complete denture base, maxillary	$35
D5520*	Replace missing or broken teeth - complete denture - per tooth	$35
D5611*	Repair resin partial denture base, mandibular	$35
D5612*	Repair resin partial denture base, maxillary	$35
D5621*	Repair cast partial framework, mandibular	$35
D5622*	Repair cast partial framework, maxillary	$35
D5630*	Repair or replace broken retentive clasping materials - per tooth	$35
D5640*	Replace missing or broken teeth - partial denture - per tooth	$35
D5650*	Add tooth to existing partial denture - per tooth	$35
D5670*	Replace all teeth and acrylic on cast metal framework -maxillary	$210
D5671*	Replace all teeth and acrylic on cast metal framework - mandibular	$225
D5710*	Rebase complete upper denture	$200
D5711*	Rebase complete lower denture	$200
D5720*	Rebase maxillary partial denture	$200
D5721*	Rebase mandibular partial denture	$200
D5725*	Rebase hybrid prosthesis	$200
D5730	Reline complete maxillary denture (direct)	$60
D5731	Reline complete mandibular denture (direct)	$60
D5740	Reline maxillary partial denture (direct)	$60
D5741	Reline mandibular partial denture (direct)	$60
D5750*	Reline complete maxillary denture (indirect)	$95
D5751*	Reline complete mandibular denture (indirect)	$95
D5760*	Reline maxillary partial denture (indirect)	$95
D5761*	Reline mandibular partial denture (indirect)	$95
D5765*	Soft liner for complete or partial removable denture – indirect	$95
D5810*	Interim complete denture (maxillary)	$250
D5811*	Interim complete denture (mandibular)	$250
D5820*	Interim partial denture (including retentive/clasping materials, rests, and teeth)	

	- maxillary	$80
D5821*	Interim partial denture (including retentive/clasping materials, rests, and teeth) - mandibular	$80
D5850	Tissue conditioning, maxillary	$30
D5851	Tissue conditioning, mandibular	$30
D5982*	Surgical stent	$70
D5987*	Commissure splint	$70
D5988*	Surgical splint	$70
D6214*	Pontic titanium and titanium alloys	$270
D6245*	Pontic - porcelain/ceramic	$270
D6250*	Pontic - resin with High Noble Metal	$270
D6251	Pontic - resin with predominantly base metal	$270
D6252*	Pontic - resin with noble metal	$270
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	$0
D6545*	Retainer - cast metal, resin bonded fixed prosthesis	$250
D6548*	Retainer - porcelain/ceramic, resin bonded fixed prosthesis	$250
D6549	Retainer – for resin bonded fixed prosthesis	$250
D6600*	Retainer inlay - porcelain/ceramic, two surfaces	$270
D6601*	Retainer inlay - porcelain/ceramic, three or more surfaces	$270
D6602*	Retainer inlay - cast high noble metal, two surfaces	$270
D6603*	Retainer inlay - cast high noble metal, three or more surfaces	$270
D6604	Retainer inlay - cast predominantly base metal, two surfaces	$270
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	$270
D6606*	Retainer inlay - cast noble metal, two surfaces	$270
D6607*	Retainer inlay - cast noble metal, three or more surfaces	$270
D6608*	Retainer onlay - porcelain/ceramic, two surfaces	$270
D6609*	Retainer onlay - porcelain/ceramic, three or more surfaces	$270
D6610*	Retainer onlay - cast high noble metal, two surfaces	$270
D6611*	Retainer onlay - cast high noble metal, three or more surfaces	$270
D6612	Retainer onlay - cast predominantly base metal, two surfaces	$270
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	$270
D6614*	Retainer onlay - cast noble metal, two surfaces	$270
D6615*	Retainer onlay - cast noble metal, three or more surfaces	$270
D6624*	Retainer inlay - titanium	$270
D6634*	Retainer onlay - titanium	$270
D6710*	Retainer crown - indirect resin based composite	$270
D6720*	Retainer crown - resin with high noble metal	$270
D6721	Retainer crown - resin with predominantly base metal	$270
D6722*	Retainer crown - resin with noble metal	$270
D6740*	Retainer crown - porcelain/ceramic	$280
D6780*	Retainer crown - 3/4 cast high noble metal	$270
D6781	Retainer crown - 3/4 cast predominantly base metal	$270
D6782*	Retainer crown - 3/4 cast noble metal	$270
D6783*	Retainer crown - 3/4 porcelain/ceramic	$270
D6784*	Retainer crown - 3/4 titanium and titanium alloys	$270

Adjunctive General Service

D9110	Palliative treatment of dental pain - per visit	$5
D9120	Fixed partial denture sectioning	$0

D9210	Local anesthesia not in conjunction with operative or surgical procedures	$0
D9211	Regional block anesthesia	$0
D9212	Trigeminal division block anesthesia	$0
D9215	Local anesthesia in conjunction with operative or surgical procedures	$0
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$0
D9222	Deep sedation/general anesthesia – first 15 minutes	$83
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$71
D9230	Inhalation of nitrous oxide/analgesia anxiolysis	$15
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	$83
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	$71
D9248	Non-intravenous conscious sedation	$5
D9311	Consultation with a medical health care professional	$0
D9450	Case presentation, subsequent detailed and extensive treatment planning	$0
D9610	Therapeutic parenteral drug, single administration	$5
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$18
D9613	Infiltration of sustained release therapeutic drug, per quadrant	$35
D9630	Drugs or medicaments dispensed in the office for home use	$5
D9910	Application of desensitizing medicament	$5
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	$0
D9912	Pre-visit patient screening	$0
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	$0
D9932	Cleaning and inspection of removable complete denture, maxillary	$0
D9933	Cleaning and inspection of removable complete denture, mandibular	$0
D9934	Cleaning and inspection of removable partial denture, maxillary	$0
D9935	Cleaning and inspection of removable partial denture, mandibular	$0
D9941	Fabrication of athletic mouthguard (limited to 1 per year)	$70
D9942	Repair and/or reline of occlusal guard	$30
D9943	Occlusal guard adjustment	$5
D9944	Occlusal guard – hard appliance, full arch (limited to 1 per 2 years)	$90
D9945	Occlusal guard – soft appliance, full arch (limited to 1 per 2 years)	$85
D9946	Occlusal guard – hard appliance, partial arch limited to (1 per 2 years)	$85
D9950	Occlusion analysis - mounted case	$50
D9951	Occlusal adjustment - limited	$35
D9952	Occlusal adjustment - complete	$165
D9961	Duplicate/copy patient's records	$0
D9973	External bleaching - per tooth	$20
D9990	Certified translation or sign-language services – per visit	$0
D9991	Dental case management – addressing appointment compliance barriers	$0
D9992	Dental case management – care coordination	$0
D9993	Dental case management – motivational interviewing	$0
D9994	Dental case management – patient education to improve oral health literacy	$0
D9995	Teledentistry – synchronous; real-time encounter	$0
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	$0
D9997	Dental case management - patients with special health care needs	$0

Bleaching

D9972	External bleaching performed in the office - per arch	$175
D9975	External bleaching performed at home - per arch	$175

* Services marked with a single asterisk (*) also require separate payment of laboratory charges (not to exceed $200). The laboratory charges must be paid to the participating dentist in addition to any applicable copayment for the service.

Orthodontia and Implant services may or may not be included with the plan based on Employer selections. Please consult the Evidence of Coverage for a complete list or description of all the plan benefits.

Emergency care services

The plan covers dental emergencies 24 hours a day, seven days a week, no matter where you are. If you have a dental emergency, you are covered for palliative (emergency) treatment. Palliative treatment involves only those things necessary to control unexpected pain or more than usual bleeding, prevent complications related to an infection, or prevent the loss of a tooth from a traumatic injury. Emergency dental service is intended to relieve pain caused by an acute condition until your PCD can see you. Your emergency care benefit does not include procedures that may be required, but are not necessary for the relief of pain. For example, root canals and crowns may be necessary treatments but are not covered under emergency care benefits.

What is considered an emergency dental service?

Emergency dental services are limited to procedures administered in a dentist's office, dental clinic, or other comparable facility; to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

What should you do in an emergency?

You can receive palliative (emergency) treatment from any licensed dentist. In the event you receive palliative (emergency) treatment from a non-participating dentist, you will be reimbursed for the cost of the emergency care minus any applicable copayments. In order to be reimbursed for the services, you must have an itemized statement and receipt showing the services paid in full from the treating dentist. We must be notified of such treatment within ninety (90) days of its receipt, or as soon as reasonably possible. Contact us if you receive a bill for covered services from any physician or provider, including a facility-based physician or other health care practitioner.

What if the services you need are not available through participating dentists?

In the event the covered dental care services you need are not available through participating dentists, the plan, upon the request of a participating dentist, within the time appropriate to the circumstances relating to the delivery of the covered dental care services and the condition of the patient, but in no event to exceed five (5) business days after receipt of reasonably requested documentation, allow a referral to a non-participating dentist and shall reimburse the non-participating dentist at the usual and customary or an agreed rate less the copayment amount. You are responsible for paying the copayment amount to the non-participating dentist. Contact us if you receive a bill for covered services from any physician or provider, including a facility-based physician or other health care practitioner. For purposes of determining whether covered dental care services are available through participating dentists, the plan shall offer its entire network, rather than limited provider networks within the plan's delivery network. The plan shall not require you to change your PCD to receive covered dental care services that are not available within the limited provider network. The plan will provide for a review by a specialist of the same or similar specialty as the type of dentist or provider to whom a referral is requested before the plan authorizes a referral to a non-participating dentist.

Your financial responsibilities

- **Covered dental services**

You are responsible to pay any copayments to a dentist for covered dental services you receive. In-network dentists have agreed to accept discounted or negotiated fees for covered dental services and will not bill you for charges in excess of the negotiated fees.

- **Non-covered dental services**

If you obtain non-covered dental services, whether from an in-network provider or an out-of-network provider, you're responsible for making the full payment to the provider. Covered dental services provided by an out-of-network providers are non-covered dental services, except for emergency care services or as otherwise required by applicable law.

Members can view their plan specific Evidence of Coverage by accessing MyHumana on **Humana.com**.

Exclusions and limitations

The plan does not provide coverage for the following:

A. No service of any dentist other than a participating general dentist or participating specialty dentist will be covered by plan, except for emergency care as described in the emergency care section. This does not include services performed by non-participating dentists approved by the plan.

B. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.

C. Whenever any contributions or copayments are delinquent, member will not be entitled to receive benefits (except for palliative (emergency) treatment) or transfer dental facilities.

D. Any dental treatment started prior to the member's effective date for eligibility of benefits, other than covered dental care services in progress if such treatment is completed by a participating dentist. This also does not apply to orthodontic treatment in progress that was covered under the contractholder's prior plan. To be covered under this plan, orthodontic treatment must be shown on your Schedule of Benefits and you must have the subsequent treatment provided by a participating dentist.

E. Any services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational.

F. Any service that is not consistent with the normal and/or usual services provided by the participating general dentist or participating specialty dentist or which in the opinion of the participating general dentist or participating specialty dentist would endanger the health of the member.

G. Any service or procedure which the participating general dentist or participating specialty dentist is unable to perform because of the general health or physical limitations of the member.

H. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances.

I. Services performed primarily for cosmetic purposes, unless otherwise listed as covered cosmetic services on your Schedule of Benefits.

J. Services provided by a participating pediatric dentist are limited to children through age eighteen.

K. Removal of asymptomatic third molars is not covered unless pathology (disease) exists. Examples of symptomatic conditions include decay, cysts, unmanageable periodontal disease, infection, and resorption of adjacent tooth.

L. Frequency and/or age limitations may apply. See your Schedule of Benefits and Copayments for details.

M. Workers' compensation

1. If we pay benefits but determine that the benefits were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, we have the right to recover that payment. We will exercise our right to recover against you.

2. The recovery rights will be applied even though:
   a. The workers' compensation benefits are in dispute or are made by means of settlement or compromise;
   b. No final determination is made that bodily injury or sickness was sustained in the course of, or resulted from, your employment;
   c. The amount of workers' compensation due to medical or health care is not agreed upon or defined by you or the workers' compensation carrier; or
   d. Medical or health care benefits are specifically excluded from the workers' compensation settlement or compromise.

3. You agree that, in consideration for the coverage provided by the contract, we will be notified of any workers' compensation claim that you make, and you agree to reimburse us as described above.

N. Crowns, inlays, onlays, or veneers for the purpose of:

1. Altering vertical dimension of teeth;
2. Restoration or maintenance of occlusion;
3. Splinting teeth, including multiple abutments; or
4. Replacing tooth structure lost as a result of wear (abrasion, attrition, erosion or abfraction).

This is not a complete list of the plan's Exclusions and Limitations. For a complete listing, refer to your Evidence of Coverage.

Continuity of care

You may be eligible to request continuity of care as of the date the following events occur:

- The dentist terminates as a network provider;
- The terms of a dentist's participation in the network changes in a manner that terminates a benefit for a service you are receiving as a continuing care patient; or
- The group contract terminates.

If you request continuity of care, we will apply the network provider copayment to covered dental services related to your treatment as a continuing care patient.

Continuity of care will end upon the earlier of:

- 90 days from the date we notify you the dentist is no longer a network provider;
- 90 days from the date we notify you the terms of a dentist's participation in the network changes in a manner that terminates a benefit for a service you are receiving as a continuing care patient;
- 90 days from the date we notify you the group contract terminates; or
- The date you are no longer a continuing care patient.

Continuity of care is not available if:

- The dentist's participation in our network is terminated due to medical competence or professional behavior.
- Your coverage terminates; however, the group contract remains in effect.

All terms and provisions of the group contract are applicable to this "Continuity of care" provision.

Complaint and Appeals Procedures

If you have a complaint

We are committed to offering outstanding service to our members. If you have a concern or complaint about your dental care or coverage, the way we manage it, or a decision we have made, we want to know. Our goal is to acknowledge and resolve complaints in a timely manner. We monitor complaints and use this feedback from members to improve our performance.

Complaints

Our Customer Care Department is available by phone Monday through Friday, 8:00 AM to 6:00 PM Eastern Time to assist members in addressing any dissatisfaction with their dental plan benefits and / or participating dental office. You can call Customer Care at 866-427-7478 or submit a complaint in writing. Written complaints should be mailed to:

Attn: Grievance Coordinator
Humana/CompBenefits
P. O. Box 14546
Lexington, KY 40512-4546

If you submit a written Complaint please include your concern, specific details, dates, and your name and contact information. Should you have any question about submitting a written complaint, call Customer Care at 866-427-7478. Complaints must be submitted to us within one year of the occurrence of events upon which the complaint is based, or as soon as reasonably possible if it was not reasonably possible to submit your complaint within such time. Your complaint will be acknowledged in writing within five (5) business days of receipt, and if the complaint was made orally, it will be accompanied by a one-page complaint form that prominently and clearly states that the form must be returned to us for prompt resolution of the complaint. Written complaints will be researched and resolved and a response letter explaining the plan's resolution of the complaint will be sent to you within 30 days from the date of receipt. The letter will include our resolution of the complaint, the specific dental and contractual reasons for the resolution, the specialization of any dentist or other provider consulted, and a complete description of the process of appeal including the deadlines for the appeals process and the deadlines for the final decision on the appeal.

In the event the complaint concerns a dental emergency, we shall investigate and resolve a complaint concerning a dental emergency in accordance with the dental immediacy of the case and not later than one business day after we receive the complaint.

Appeal of Complaint Resolution

If the complaint is not resolved to your satisfaction, you have the right within 60 days of the initial determination to appeal the resolution of your complaint and appear in person before a complaint appeal panel at the site where you normally receive dental services or at an agreed upon location, or you may address a written appeal directly to the panel at:

Attn: Quality Manager
Humana/CompBenefits

P. O. Box 14546
Lexington, KY 40512-4546
866-427-7478

We will send you an acknowledgment letter within five (5) business days of the receipt of your appeal request. You will be contacted to make arrangements for a meeting or to submit your written appeal. The plan shall complete the appeals process not later than the thirtieth (30th) calendar day after the date the written request for appeal is received. Not later than the fifth (5th) business day before the date the appeal panel is scheduled to meet, unless you agree otherwise, we shall provide you or your designated representative: 1) any documentation to be presented to the appeal panel by plan staff; 2) the specialization of any dentists or providers consulted during the investigation; and 3) the name and affiliation of each plan representative on the appeal panel. The appeal panel consists of an equal number of plan staff members, dentists or other providers, and enrollees who were not previously involved in the disputed decision. The dentists or other providers on the appeal panel must have experience in the area of care that is in dispute and be independent of any dentist or provider who made any previous determination. If specialty care is in dispute, the appeal panel will include a person who is a specialist in the field of care to which the appeal relates. They will consider all information presented and give a decision on the appeal. Once the appeal panel reaches a decision, you will receive a letter with specific clinical and contractual criteria used to reach the decision. Should you disagree with the decision of the appeal panel, or at any time you are dissatisfied, you have the right to contact the Texas Department of Insurance at the following:

Consumer Protection, MC: CO-CP
Texas Department of Insurance
P.O. Box 12030
Austin, TX 78711-2023
1-800-252-3439
ConsumerProtection@tdi.texas.gov

The plan is prohibited from retaliating against you or the contractholder for filing a complaint against the plan or for appealing a plan decision. The plan is also prohibited from retaliating against a dentist because the dentist has on behalf of a member filed a complaint against the plan or appealed a plan decision.

In the event the appeal involves ongoing emergency dental treatment, the investigation and resolution of an appeal of a complaint relating to an ongoing emergency shall be concluded in accordance with the dental immediacy of the case, and not later than one business day after your request for an appeal is received. Because of the ongoing emergency, we shall provide, instead of an appeal panel, a review by a dentist who: 1) has not previously reviewed the case; and 2) is of the same or a similar specialty as the dentist or provider who would typically managed the dental condition, procedure, or treatment under consideration for review in the appeal. The dentist or provider reviewing the appeal may interview you or your designated representative and shall decide the appeal. The dentist or provider may deliver initial notice of the decision on the appeal orally if the dentist or provider subsequently provides written notice of the decision not later than the third (3rd) day after the date of the decision.

Provider Network Information

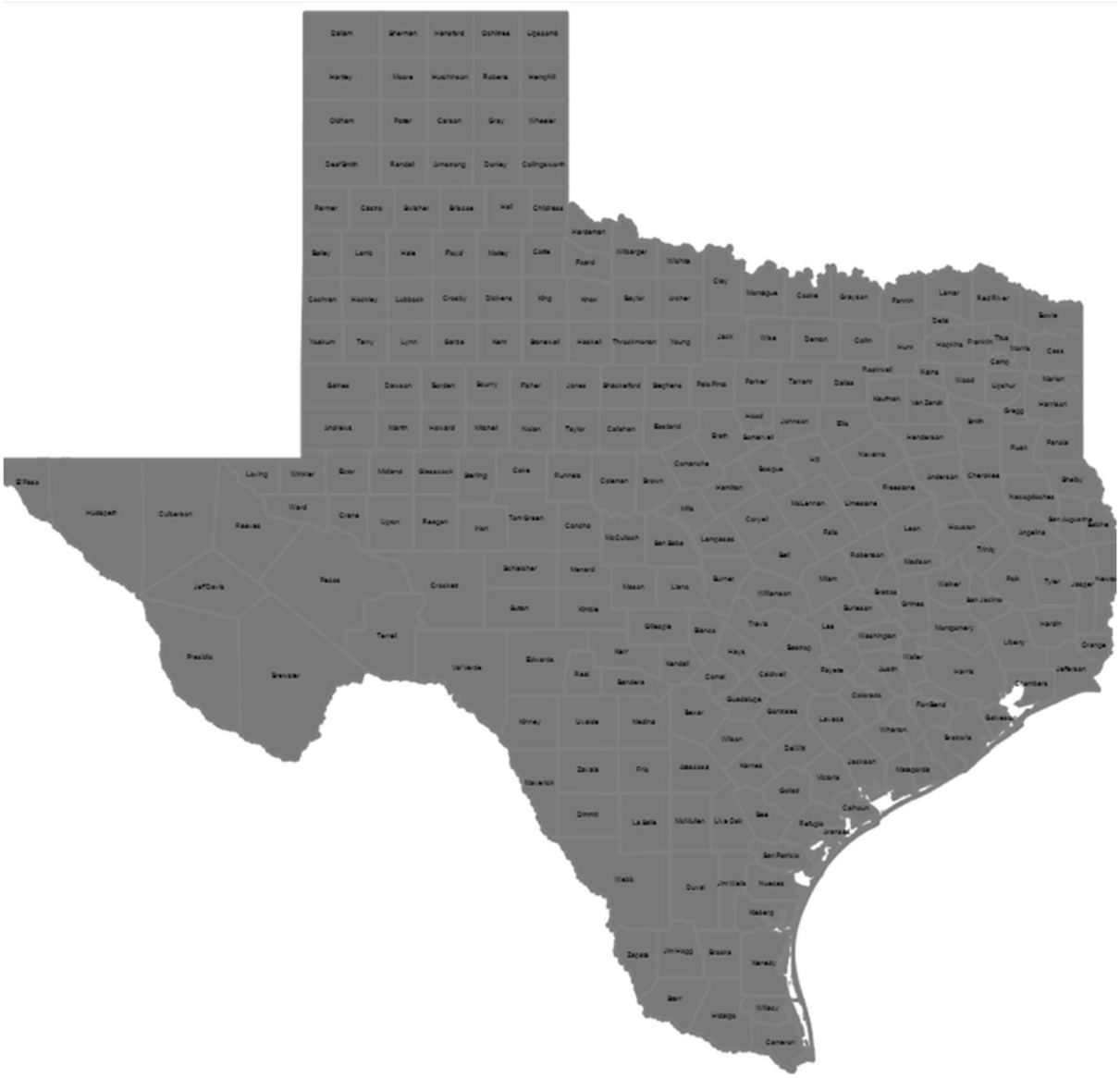
A current list of in-network providers can be found online at **Humana.com** with the "Find a dentist" tool. You also may request a printed copy of the dentist list by calling our Customer Care department at 866-427-7478. We offer many healthcare plans. A provider that is an in-network provider for one plan may not be an in-network provider for your plan. It is important for you to ensure the dentist list is specific for the provider network listed on your ID card. The dentist list includes names, locations and contact information for all providers in your network, the dentists and providers that may require a referral (certain specialists, for example), and whether new patients are being accepted. Please note, the in-network dentist list is subject to change. Due to the possibility of in-network providers changing status, be sure to check the online dentist list of in-network providers or call Customer Care department prior to obtaining services.

Notice of rights

- A health maintenance organization (HMO) plan provides no benefits for services you receive from out-of-network physicians or providers, with specific exceptions as described in your evidence of coverage and below.
- You have the right to an adequate network of in-network physicians and providers (known as network physicians and providers).
- If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at **tdi.texas.gov/consumer/complfrm.html.**
- If your HMO approves a referral for out-of-network services because no network physician or provider is available, or if you have received out-of-network emergency care, the HMO must, in most cases, resolve the out-of-network physician's or provider's bill so that you only have to pay any applicable in-network copayment, coinsurance, and deductible amounts.
- You may obtain a current directory of network physicians and providers at the following website: **Humana.com** or by calling 866-427-7478 for assistance in finding available network physicians and providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network physician or provider paid as if it were from a network physician or provider, if you present a copy of the inaccurate directory information to the HMO, dated not more than 30 days before you received the service.

Service area

The Service Area for this plan is the entire state of Texas. The following is a map of the areas that have PCD locations. Please note that PCD locations may change from time to time. To find a PCD, please refer to the Provider Directory, call Customer Care at 866-427-7478 or use the provider locator function on Our website at **Humana.com.**



Notice:

Contact us at the number on your id card if you receive a bill for covered services from any physician or provider, including a facility-based physician or other health care practitioner.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or residents:

You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.

Auxiliary aids and services, free of charge, are available to you.
877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time.

Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

This notice is available at **www.humana.com/legal/multi-language-support**.