

## 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](http://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](http://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 will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You can select any participating dentist in Humana Dental Advantage Plus network. For services not covered under this plan, employees may be eligible to receive a reduced rate when the service is performed by a participating dentist.
- Care received from an out-of-network dentist (except emergency care) is not a covered benefit. Copayments are applicable at either a participating general dentist or 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

## Check your dental IQ anytime

Log on to [MyDentalIQ.com](http://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](http://MyDentalIQ.com) takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

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.

## Questions?

Check out [Humana.com](http://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

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental’s Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. D plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

**Specialists services:** Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus D plans, members may receive a reduced rate 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 <sup>a</sup>	Periodic oral examination.....	no charge	D1510	Space maintainer—fixed, unilateral (limited to child <14) .....	no charge
D0140 <sup>a</sup>	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 <sup>a</sup>	Bitewing—single radiographic image .....	no charge	D2390	Resin based composite—crown anterior .....	no charge
D0272 <sup>a</sup>	Bitewings—two radiographic images .....	no charge	D2391	Resin based composite—one surface, posterior .....	no charge
D0273 <sup>a</sup>	Bitewings—three radiographic images.....	no charge	D2392	Resin based composite—two surfaces, posterior.....	no charge
D0274 <sup>a</sup>	Bitewings—four radiographic images .....	no charge	D2393	Resin based composite—three surfaces, posterior.....	no charge
D0277 <sup>a</sup>	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 <sup>a</sup>	Prophylaxis—adult (inclusive of D4910) .....	no charge			
D1120 <sup>a</sup>	Prophylaxis—child (inclusive of D4910) .....	no charge			
D1203 <sup>a</sup>	Topical fluoride varnish (for child <16).....	no charge			
D1206 <sup>a</sup>	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			

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years) . . . . . 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<sup>b</sup> Inlay—metallic, one surface . . . . . \$313.00  
D2520<sup>b</sup> Inlay—metallic, two surfaces . . . . . \$355.00  
D2530<sup>b</sup> Inlay—metallic, three or more surfaces . . . . . \$410.00  
D2542<sup>b</sup> Onlay—metallic, two surfaces . . . . . \$402.00  
D2543<sup>b</sup> Onlay—metallic, three surfaces . . . . . \$420.00  
D2544<sup>b</sup> Onlay—metallic, four or more surfaces . . . . . \$437.00  
D2610<sup>b</sup> Inlay—porcelain/ceramic, one surface . . . . . \$368.00  
D2620<sup>b</sup> Inlay—porcelain/ceramic, two surfaces . . . . . \$389.00  
D2630<sup>b</sup> Inlay—porcelain/ceramic, three or more surfaces . . . . . \$414.00  
D2642<sup>b</sup> Onlay—porcelain/ceramic, two surfaces . . . . . \$403.00  
D2643<sup>b</sup> Onlay—porcelain/ceramic, three surfaces . . . . . \$434.00  
D2644<sup>b</sup> Onlay—porcelain/ceramic, four or more surfaces . . . . . \$461.00  
D2650<sup>b</sup> Inlay—resin based composite, one surface . . . \$242.00  
D2651<sup>b</sup> Inlay—resin based composite, two surfaces . . \$288.00  
D2652<sup>b</sup> Inlay—resin based composite, three or more surfaces . . . . . \$303.00  
D2662<sup>b</sup> Onlay—resin based composite, two surfaces . \$263.00  
D2663<sup>b</sup> Onlay—resin based composite, three surfaces \$310.00  
D2664<sup>b</sup> Onlay—resin based composite, four or more surfaces . . . . . \$332.00  
D2710<sup>b</sup> Crown—resin based composite, indirect . . . . . \$187.00  
D2720<sup>b</sup> Crown—resin with high noble metal . . . . . \$461.00  
D2721<sup>b</sup> Crown—resin with predominantly base metal \$432.00  
D2722<sup>b</sup> Crown—resin with noble metal . . . . . \$441.00  
D2740<sup>b</sup> Crown—porcelain/ceramic substrate . . . . . \$473.00  
D2750<sup>b</sup> Crown—porcelain fused to high noble metal . \$466.00  
D2751<sup>b</sup> Crown—porcelain fused predominantly base metal . . . . . \$434.00  
D2752<sup>b</sup> Crown—porcelain fused to noble metal . . . . . \$445.00  
D2790<sup>b</sup> Crown—full cast high noble metal . . . . . \$450.00  
D2791<sup>b</sup> Crown—full cast predominantly base metal . . \$426.00  
D2792<sup>b</sup> 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<sup>c</sup> Gingivectomy/gingivoplasty—four or more teeth, quad . . . . . \$358.00  
D4211<sup>c</sup> Gingivectomy/gingivoplasty—1 to 3 teeth, quad . . . . . \$153.00  
D4240<sup>c</sup> Gingival flap proc—four or more teeth, quad . \$421.00  
D4241<sup>c</sup> 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<sup>d</sup> Complete denture—maxillary . . . . . \$642.00  
D5120<sup>d</sup> Complete denture—mandibular . . . . . \$642.00  
D5130<sup>d</sup> Immediate denture—maxillary . . . . . \$700.00  
D5140<sup>d</sup> Immediate denture—mandibular . . . . . \$700.00  
D5211<sup>d</sup> Maxillary partial denture—resin base . . . . . \$542.00  
D5212<sup>d</sup> Mandibular partial denture—resin base . . . . . \$629.00  
D5213<sup>d</sup> Maxillary partial denture—cast metal—resin base . . . . . \$709.00  
D5214<sup>d</sup> Mandibular partial denture—cast metal—resin base . . . . . \$709.00  
D5410<sup>c</sup> Adjust complete denture—maxillary . . . . . \$ 35.00  
D5411<sup>c</sup> Adjust complete denture—mandibular . . . . . \$ 35.00  
D5421<sup>c</sup> Adjust partial denture—maxillary . . . . . \$ 35.00  
D5422<sup>c</sup> 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<sup>e</sup> Rebase complete maxillary denture . . . . . \$261.00  
D5711<sup>e</sup> Rebase complete mandibular denture . . . . . \$249.00  
D5720<sup>e</sup> Rebase maxillary partial denture . . . . . \$246.00  
D5721<sup>e</sup> Rebase mandibular partial denture . . . . . \$246.00  
D5730<sup>e</sup> Reline complete maxillary denture . . . . . \$147.00  
D5731<sup>e</sup> Reline complete mandibular denture . . . . . \$147.00  
D5740<sup>e</sup> Reline maxillary partial denture . . . . . \$135.00  
D5741<sup>e</sup> Reline mandibular partial denture . . . . . \$135.00  
D5750<sup>e</sup> Reline complete maxillary denture . . . . . \$196.00  
D5751<sup>e</sup> Reline complete mandibular denture . . . . . \$196.00  
D5760<sup>e</sup> Reline maxillary partial denture . . . . . \$193.00  
D5761<sup>e</sup> 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<sup>f</sup> Pontic—cast high noble metal . . . . . \$431.00  
D6211<sup>f</sup> Pontic—cast predominantly base metal . . . . . \$404.00  
D6212<sup>f</sup> Pontic—cast noble metal . . . . . \$420.00

D6240 <sup>f</sup>	Pontic—porcelain fused to high noble metal .	\$426.00	D7250	Surgical removal of residual tooth roots . . . . .	\$114.00
D6241 <sup>f</sup>	Pontic—porcelain fused predominantly base metal . . . . .	\$393.00	D7310	Alveoplasty in conjunction w/ extractions—per quad . . . . .	\$125.00
D6242 <sup>f</sup>	Pontic—porcelain fused to noble metal . . . . .	\$415.00	D7311	Alveoplasty in conjunction w/ extractions— 1-3 teeth. . . . .	\$ 97.00
D6245	Pontic, porcelain/ceramic. . . . .	\$439.00	D7320	Alveoplasty not conjunction w/ extractions—per quad . . . . .	\$181.00
D6250 <sup>f</sup>	Pontic—resin with high noble metal. . . . .	\$420.00	D7321	Alveoplasty not conjunction w/ extractions— 1-3 teeth. . . . .	\$153.00
D6251 <sup>f</sup>	Pontic—resin with predominantly base metal	\$388.00	D7510	Incision and drainage of abscess—extraoral .	\$570.00
D6252 <sup>f</sup>	Pontic—resin with noble metal . . . . .	\$400.00	D7520	Incision and drainage of abscess—extraoral .	\$570.00
D6600 <sup>f</sup>	Retainer inlay—porcelain/ceramic, two surfaces . . . . .	\$355.00	D7960	Frenulectomy—separate procedure. . . . .	\$111.00
D6601 <sup>f</sup>	Retainer inlay—porcelain/ceramic, three or more surfaces. . . . .	\$373.00	D7970	Excision of hyperplastic tissue—per arch . . . . .	\$272.00
D6602 <sup>f</sup>	Retainer inlay—cast high noble metal, two surfaces . . . . .	\$380.00	D9110	Palliative treatment dental pain—minor procedure . . . . .	\$ 45.00
D6603 <sup>f</sup>	Retainer inlay—cast high noble metal, three or more surfaces . . . . .	\$418.00	D9215	Local anesthesia . . . . .	no charge
D6604 <sup>f</sup>	Retainer inlay—cast predominantly base metal, two surfaces . . . . .	\$372.00	D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes. . . . .	\$144.00
D6605 <sup>f</sup>	Retainer inlay—cast predominantly base metal, three or more surfaces . . . . .	\$394.00	D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes . . . . .	\$ 60.00
D6606 <sup>f</sup>	Retainer inlay—cast noble metal, two surfaces . . . . .	\$366.00	D9310	Professional consultation by non-treating dentist . . . . .	\$ 96.00
D6607 <sup>f</sup>	Retainer inlay—cast noble metal, three or more surfaces. . . . .	\$406.00	D9951	Occlusal adjustment—limited . . . . .	\$ 58.00
D6608 <sup>f</sup>	Retainer onlay—porcelain/ceramic, two surfaces . . . . .	\$386.00	D9952	Occlusal adjustment—complete . . . . .	\$326.00
D6609 <sup>f</sup>	Retainer onlay—porcelain/ceramic, three or more surfaces. . . . .	\$403.00			
D6610 <sup>f</sup>	Retainer onlay—cast high noble metal, two surfaces . . . . .	\$409.00			
D6611 <sup>f</sup>	Retainer onlay—cast high noble metal, three or more surfaces . . . . .	\$448.00			
D6612 <sup>f</sup>	Retainer onlay—cast predominantly base metal, two surfaces . . . . .	\$407.00			
D6613 <sup>f</sup>	Retainer onlay—cast predominantly base metal, three or more surfaces . . . . .	\$426.00			
D6614 <sup>f</sup>	Retainer onlay—cast noble metal, two surfaces . . . . .	\$399.00			
D6615 <sup>f</sup>	Retainer onlay—cast noble metal, three or more surfaces. . . . .	\$414.00			
D6720 <sup>f</sup>	Retainer crown—resin with high noble metal.	\$474.00			
D6721 <sup>f</sup>	Retainer crown—resin with predominantly base metal. . . . .	\$450.00			
D6722 <sup>f</sup>	Retainer crown—resin with noble metal. . . . .	\$458.00			
D6740 <sup>f</sup>	Retainer crown—porcelain/ceramic. . . . .	\$499.00			
D6750 <sup>f</sup>	Retainer crown—porcelain fused to high noble metal . . . . .	\$486.00			
D6751 <sup>f</sup>	Retainer crown—porcelain fused to predominantly base metal . . . . .	\$453.00			
D6752 <sup>f</sup>	Retainer crown—porcelain fused to noble metal . . . . .	\$464.00			
D6780 <sup>f</sup>	Retainer crown—3/4 cast high noble metal . .	\$458.00			
D6790 <sup>f</sup>	Retainer crown—full cast high noble metal. .	\$469.00			
D6791 <sup>f</sup>	Retainer crown—full cast predominantly base metal. . . . .	\$445.00			
D6792 <sup>f</sup>	Retainer crown—full cast noble metal . . . . .	\$461.00			
D6930 <sup>f</sup>	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			

- 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.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Offered by Humana Medical Plan of Utah, Inc.

**Humana**<sup>®</sup>

Humana.com 