

HumanaDental Advantage Plus 2S Plan

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-233-4013. 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 1-800-233-4013.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You may receive up to a 20 percent discount by using certain participating dentists from our network. Visit **Humana.com** to find a participating dentist.

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 1-800-233-4013 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental Advantage Plus 2S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable at either a participating General Dentist or participating Specialist dentist. To find a dentist, call 1-800-233-4013 or look on **Humana.com**.

Office visit copay

General Dentist \$0/Specialist \$0

Annual maximum

No annual maximum

Summary of services

Preventive		Member pays			Member pays
D0120 ^a	Periodic oral examination.....	no charge	D1515	Space maintainer—fixed, bilateral (limited to child <14)	no charge
D0140 ^a	Limited oral evaluation—problem focused ...	no charge	D1520	Space maintainer—removable, unilateral (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	D1525	Space maintainer—removable, bilateral (limited to child <14)	no charge
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge	D1550	Re-cement or re-bond space maintainer	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D2140	Amalgam—one surface primary or permanent .	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2150	Amalgam—two surfaces primary or permanent no charge	
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2160	Amalgam—three surfaces primary or permanent	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2161	Amalgam—four/more surfaces primary/permanent	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2330	Resin based composite—one surface, anterior .	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2331	Resin based composite—two surfaces, anterior .	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge	D2332	Resin based composite—three surfaces, anterior	no charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	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	D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D1206 ^a	Topical application of fluoride varnish (for child <16)	no charge	D7111	Extraction coronal remnants deciduous tooth .	no charge
D1208 ^a	Topical application of fluoride - excluding varnish (for child <16)	no charge	D7140	Extraction erupted tooth or exposed root	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge			
Basic		Member pays	Major		Member pays
D1510	Space maintainer—fixed, unilateral (limited to child <14)	no charge	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	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
D2543 ^b	Onlay—metallic, three surfaces.	\$420.00	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
D2544 ^b	Onlay—metallic, four or more surfaces.	\$437.00	D5110 ^d	Complete denture—maxillary	\$642.00
D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D5120 ^d	Complete denture—mandibular	\$642.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5130 ^d	Immediate denture—maxillary.	\$700.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces.	\$434.00	D5212 ^d	Mandibular partial denture—resin base	\$629.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces.	\$461.00	D5213 ^d	Maxillary partial denture—cast metal—resin base	\$709.00
D2650 ^b	Inlay—resin based composite, one surface.	\$242.00	D5214 ^d	Mandibular partial denture—cast metal—resin base	\$709.00
D2651 ^b	Inlay—resin based composite, two surfaces	\$288.00	D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$700.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$700.00
D2662 ^b	Onlay—resin based composite, two surfaces.	\$263.00	D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$700.00
D2663 ^b	Onlay—resin based composite, three surfaces	\$310.00	D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$700.00
D2664 ^b	Onlay—resin based ccomposite, four or more surfaces	\$332.00	D5410 ^c	Adjust complete denture—maxillary.	\$ 35.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5421 ^c	Adjust partial denture—maxillary.	\$ 35.00
D2721 ^b	Crown—resin with predominantly base metal.	\$432.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5510	Repair broken complete denture base	\$ 70.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2750 ^b	Crown—porcelain fused to high noble metal	\$466.00	D5610	Repair resin denture base.	\$ 76.00
D2751 ^b	Crown—porcelain fused predom base metal	\$434.00	D5620	Repair cast framework.	\$ 82.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5630	Repair or replace broken clasp—per tooth.	\$100.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2791 ^b	Crown—full cast predom base metal.	\$426.00	D5650	Add tooth to existing partial denture.	\$ 88.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5660	Add clasp to existing partial denture—per tooth	\$105.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5710 ^e	Rebase complete maxillary denture.	\$261.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth	\$115.00	D5720 ^e	Rebase maxillary partial denture.	\$246.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5730 ^e	Reline complete maxillary denture.	\$147.00
D2932	Crown—prefabricated resin.	\$142.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2940	Sedative filling	\$ 44.00	D5740 ^e	Reline maxillary partial denture.	\$135.00
D2950	Core buildup including any pins	\$110.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2951	Pin retention—per tooth addition restoration.	\$ 23.00	D5750 ^e	Reline complete maxillary denture.	\$196.00
D2952	Cast post and core in addition to crown	\$168.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D5760 ^e	Reline maxillary partial denture.	\$193.00
D3220	Therapeutic pulpotomy.	\$ 75.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D3310	Root canal therapy—anterior.	\$315.00	D5850	Tissue conditioning maxillary.	\$ 61.00
D3320	Root canal therapy—bicuspid.	\$385.00	D5851	Tissue conditioning mandibular.	\$ 61.00
D3330	Root canal therapy—molar	\$497.00	D6092	Recement implant/abutment supported crown	\$ 42.00
D3346	Previous root canal therapy—anterior.	\$424.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3348	Previous root canal therapy—molar.	\$601.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3410	Apicoectomy/periradicular surgery—anterior	\$361.00	D6212 ^f	Pontic—cast noble metal.	\$420.00
D3421	Apicoectomy/periradicular surgery—bicuspid.	\$394.00	D6240 ^f	Pontic—porcelain fused to high noble metal	\$426.00
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			

- 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 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit [Humana.com](https://www.humana.com) to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by Humana Insurance Company, The Dental Concern, Inc., CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company, or CompBenefits Insurance Company.

