



DENTAL

# Healthy smiles for healthy bodies



Humana®



City of Lakeland

2025 Summary of Benefits



# Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being, and Humana’s dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you’re signing up for a healthier you.

## Why sign up for dental benefits?



If you’ve never bought dental insurance before, **you’ll be pleasantly surprised at the monthly cost.**



**Preventive dental care, such as check-ups and cleanings,** help stop issues before they start saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.



**Review the benefit information in this guide to help you choose a dental plan that’s right for you.**

# Dental plans

The benefits and services highlighted below provide an overview of dental plans you can sign up for. **The table shows how services will be paid when you visit a dentist in the Humana network.**

	Mid PPO	High PPO	DHMO CS150	Advantage Plus 1S
<b>Provider requirements</b>	May select any provider but there is a great cost savings when you select an in-network PPO/ Traditional Preferred provider.  For a full Schedule of Benefits go to page 9 or click <a href="#">here</a> .	May select any provider but there is a great cost savings when you select an in-network PPO/ Traditional Preferred provider.  For a full Schedule of Benefits go to page 11 or click <a href="#">here</a> .	Must select a Primary Care Dentist (PCD) in the HD Prepaid/DHMO CS150 network. Once your plan is active, call Humana at <b>1-800-979-4760</b> to be assigned to the PCD of your choice.  For a full Schedule of Benefits go to page 13 or click <a href="#">here</a> .	Must use provider in the HD Advantage Plus network.  For a full Schedule of Benefits go to page 18 or click <a href="#">here</a> .
<b>Costs below reflect using an in-network provider</b>				
<b>Deductible</b> The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services)	<ul style="list-style-type: none"> <li>Individual: \$50</li> <li>Family: \$150</li> </ul>	<ul style="list-style-type: none"> <li>Individual: \$25</li> <li>Family: \$75</li> </ul>	No deductible	No deductible
<b>Annual maximum</b> Total amount the plan pays in a plan year	\$1,000	\$1,250	N/A	N/A
<b>Extended Annual Maximum</b>	N/A	Included, plan pays 30% over the annual maximum	N/A	N/A
<b>Preventive services</b> Preventive care services when you visit <b>in-network providers</b>	<ul style="list-style-type: none"> <li>3 routine cleanings per year covered 100%, no deductible</li> <li>Routine X-rays</li> <li>Oral cancer screening (ages 40+)</li> </ul>	<ul style="list-style-type: none"> <li>3 routine cleanings per year covered 100%, no deductible</li> <li>Routine X-rays</li> <li>Oral cancer screening (ages 40+)</li> </ul>	<ul style="list-style-type: none"> <li>2 routine cleanings per year with \$5 office visit copay</li> <li>Routine X-rays</li> </ul>	<ul style="list-style-type: none"> <li>2 routine cleanings per year at \$0</li> <li>Routine X-rays</li> </ul>
<b>Basic services</b> Basic services include services like fillings, simple extractions and emergency care for pain relief	Composite (white) fillings covered 80% after deductible	<ul style="list-style-type: none"> <li>Composite (white) fillings covered 80% after deductible</li> <li>4 periodontal maintenance cleanings covered 80% after deductible</li> </ul>	See Schedule of Benefits	See Schedule of Benefits





	Mid PPO	High PPO	DHMO CS150	Advantage Plus 1S
<b>Costs below reflect using an in-network provider</b>				
<b>Major services</b> Major services include crowns, bridges and dentures (excludes placement)	4 periodontal cleanings per year covered 50% after deductible	Implant coverage covered 50% after deductible	See Schedule of Benefits	See Schedule of Benefits
<b>Orthodontia</b>	Child only covers 50% up to \$1,000 lifetime maximum	Child only covers 50% up to \$1,000 lifetime maximum	<ul style="list-style-type: none"> <li>Evaluation: \$35</li> <li>Records/Treatment planning: \$250</li> <li>Retention: \$45</li> <li>Child orthodontia treatment: \$1,800</li> <li>Adult orthodontia treatment: \$2,000</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation: \$35</li> <li>Records/Treatment planning: \$250</li> <li>Retention: \$45</li> <li>Child orthodontia treatment: \$2,100</li> <li>Adult orthodontia treatment: \$2,300</li> </ul>
<b>Other benefits</b>	<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>No waiting periods</li> <li>Waived missing tooth exclusion</li> </ul>	<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>No waiting periods</li> <li>Waived missing tooth exclusion</li> </ul>	<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>No waiting periods</li> <li>25% discount or procedures not listed on Schedule of Benefits</li> <li>Participating specialists paid according to Schedule of Benefits, same as general dentists</li> <li>Waived missing tooth exclusion</li> </ul>	<ul style="list-style-type: none"> <li>No referrals needed to see a specialist</li> <li>No waiting periods</li> <li>20% discount or procedures not listed on Schedule of Benefits</li> <li>Participating specialists paid according to Schedule of Benefits, same as general dentists</li> <li>Waived missing tooth exclusion</li> </ul>
<b>Plan premiums</b>				
<b>Monthly</b>				
Employee Only	\$22.78	\$32.62	\$11.28	\$17.16
Employee + One	\$40.12	\$57.50	\$21.24	\$33.46
Employee + Family	\$62.56	\$89.54	\$28.74	\$56.94
<b>Bi-Monthly</b>				
Employee Only	\$11.39	\$16.31	\$5.64	\$8.58
Employee + One	\$20.06	\$28.75	\$10.62	\$16.73
Employee + Family	\$31.28	\$44.77	\$14.37	\$28.47

For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits covered the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.





# How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

## Step 1:

Scan the QR code or go to [finder.humana.com](https://finder.humana.com) and select the "Dentist" tab.



## Step 2: Enter your search information based on plan

For the **Mid & High PPO plans:**

- Enter your **ZIP code**
- In "Select a lookup method" choose "**PPO**" coverage type
- Select the network: **PPO/Traditional Preferred**
- Click "**Search**" button

For the **CS150 DHMO plan:**

- Enter your **ZIP code**
- In "Select a lookup method" choose "**DHMO**" coverage type
- Select the network: **HD DHMO/Prepaid CS 150**
- Click "**Search**" button

For the **Advantage Plus plan::**

- Enter your **ZIP code**
- In "Select a lookup method" choose "**DHMO**" coverage type
- Select the network: **HumanaDentalAdvantagePlus**
- Click "**Search**" button

*Once enrolled and active in the DHMO plan you will receive your ID card. You must choose a Participating Primary Care Dentist (PCD) prior to receiving services. You have the freedom to select any participating general dentist as your primary care dentist (PCD). Please contact Humana using the number on the back of your ID card to be assigned the participating PCD of your choice.*

### Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network.

Scan the QR code and fill out the online form to refer your dentist.





## What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





# Exclusive discounts for Humana members

We understand the importance of your overall health and that’s why we’ve carefully selected companies to team up with to offer special discounts Humana members can enjoy.



To access your exclusive discounts, sign in to [MyHumana.com](https://www.mychumana.com), go to the “Menu” tab at the top and scroll down to “Coverage” and then scroll down to “Special Discounts”.

## You have access to a variety of discounts that support your overall health and well-being



### Dental health

Discounts on personalized dental products for things like:

- Invisible teeth straightening aligners—from your home.
- Innovative dental devices with tracking & personalized feedback
- Teeth whitening



### Eye health

Vision care discounts that help you see better:

- Bladeless and traditional LASIK vision correction
- Exams, glasses and contacts



### Hearing

Improve your hearing experience with discount options that fit you:

- Unique online solution for hearing aids and support
- Professional care in your area with savings up to 60% on hearing aids

**Plus, additional discounts** for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more!

[Sign in to MyHumana](#) to see all your discounts!







Available on PPO and Traditional Preferred plans only

# Get 24/7 access to virtual dental care with Teledentix

## When it's urgent, you can see a dentist virtually

Humana members have access to **\$0 teledentistry**, also known as virtual dental care with Teledentix, as part of their Humana Dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet. If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room.

## How you can use teledentistry

When you have a teledentistry visit, you will speak with a dental provider through an online video chat or a phone call. You can get access to care from the comfort of your home for a variety of dental needs.

### Teledentix dentists can:

- **Write prescriptions for antibiotics or non-narcotic pain medications when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help members determine** if they need urgent/emergency care or home care **until they can see their dentist**
- **Help members find a dentist** if they don't have one or if requested

## Starting your virtual dental visit:

<p><b>1</b></p> <p><b>Open Teledentix app</b> and click on the Humana tile. – OR – On your computer, go to <a href="https://Humana.teledentix.com">Humana.teledentix.com</a>.</p>	<p><b>2</b></p> <p><b>Enter your insurance information</b></p> <ul style="list-style-type: none"> <li>• Select <b>Group</b> for <b>Product Type</b></li> <li>• <b>Subscriber ID</b> is your <b>Member ID</b> listed on your dental ID card.</li> </ul>	<p><b>3</b></p> <p><b>Fill out intake form</b></p> <ul style="list-style-type: none"> <li>• Enter your reason for your visit and symptoms you're experiencing</li> <li>• Provide current allergies, medical information and medications.</li> </ul>	<p><b>4</b></p> <p><b>Complete patient registration</b></p> <p>Review the information then select <b>confirm and proceed</b> to the waiting area. Someone will be with you shortly.</p>
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To learn more about teledentistry or your Humana dental benefits, visit [Humana.com](https://Humana.com).

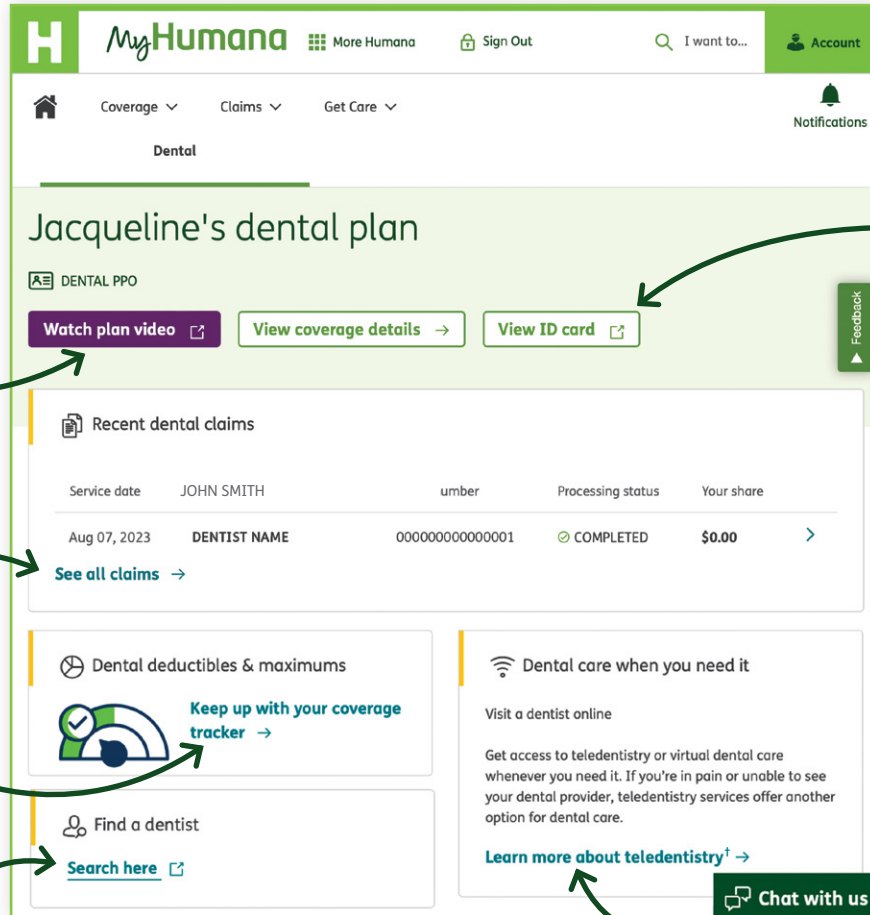




# MyHumana

Your dental plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana dental plan information. It's available anytime, anywhere.



View a helpful dental plan “get started” video.

**View, print and email ID cards**  
ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail.

Check your claim status

Review deductibles, coverage levels and limits

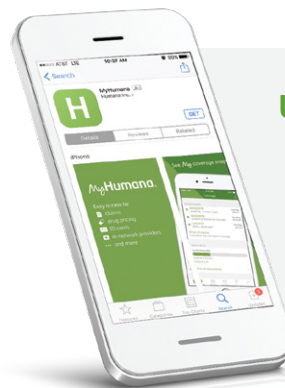
Find an in-network dentist near you

Chat with a representative about any of your dental plan questions

Get connected for a virtual appointment†

## Registering is easy

1. Go to [Humana.com/Register](https://Humana.com/Register) and Select “I’m a Member” and click the “Start activation now” button.
2. Select “Something else” as your plan type.
3. Enter your member ID from your ID card (or Social Security number), date of birth and ZIP code.
4. Create a username, password and security prompt and choose “Next” to finish.



## Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://Humana.com).\*



\* Message and data rates may apply.  
† Not available on all plans.

# Humana Dental PPO

## Mid Plan

	If you use an in-network dentist		If you use an out-of-network dentist	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$50	\$150	\$50	\$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		80% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Composite fillings (1 per tooth every 2 years, molar teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	80% after deductible		60% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Periodontal cleanings (4 per year)</li> </ul>	50% after deductible		40% after deductible	

# Humana Dental PPO

## Mid Plan

	If you use an in-network dentist	If you use an out-of-network dentist
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent in-network and out-of-network (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

This plan includes waived missing tooth exclusion.



# Humana Dental PPO

## High Plan

	If you use an in-network dentist		If you use an out-of-network dentist	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$25	\$75	\$50	\$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,250 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		90% after deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Composite fillings (1 per tooth every 2 years, molar teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Periodontal cleanings (4 per year)</li> </ul>	80% after deductible		70% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> </ul>	50% after deductible		40% after deductible	





# Humana Dental PPO

## High Plan

	If you use an in-network dentist	If you use an out-of-network dentist
<b>Extended annual maximum</b> Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	Child orthodontia - Covers children through age 18. Plan pays 50 percent in-network and out-of-network (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods Employer-sponsored funding: 10+ enrolled employees				
Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months

<sup>1</sup>Late applicants not allowed with open enrollment option.

<sup>2</sup>Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

This plan includes waived missing tooth exclusion.



# Humana Dental Prepaid 150 CS Plan

## Summary of services

The Humana Dental Prepaid plan focuses on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. The CS 150 Plan copayments are applicable at either a participating general dentist or a participating specialist.

A primary care dentist (PCD) may decide that you need to see a participating specialist. No referral is necessary to see a participating specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Visit [Humana.com](https://www.humana.com) to find a participating specialist.

ADA Code	Procedure	Member cost
<b>Appointments</b>		<b>Member cost</b>
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$15
D9430	Office visit (normal hours)	\$5
D9440	Office visit (after regularly scheduled hours)	\$35
D9999	Emergency visit during regularly scheduled hours, by report	\$20
D9999	Broken appointments (without 24 hr notice, per 15 min) Maximum \$40 per broken appointment. No charge will be made due to emergencies.	\$10
<b>Diagnostic</b>		<b>Member cost</b>
D0120	Periodic oral examination	no charge
D0140	Limited/comprehensive/detailed and extensive oral evaluation	no charge
D0150	Limited/comprehensive/detailed and extensive oral evaluation	no charge
D0160	Limited/comprehensive/detailed and extensive oral evaluation	no charge
D0180	Comprehensive periodontal evaluation	\$10
D0210	X-ray intraoral—complete series including bitewings	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0270	X-ray bitewing—single radiographic image	no charge
D0272	X-ray bitewings—two radiographic images	no charge
D0274	Bitewings—four radiographic images	no charge
D0330	Panoramic radiographic image	no charge
D0460	Pulp vitality tests	no charge
D0470	Diagnostic casts	no charge
<b>Preventive</b>		<b>Member cost</b>
D1110	Prophylaxis—adult, routine (once every 6 months)	no charge
D1120	Prophylaxis—child, routine (once every 6 months)	no charge
D1110	Prophylaxis—adult/child, (additional)	\$20
D1120	Prophylaxis—adult/child, (additional)	\$20
D1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	no charge
D1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	no charge

ADA Code	Procedure	
<b>Preventive (cont.)</b>		<b>Member cost</b>
D1330	Oral hygiene instruction	no charge
D1351	Sealant-per tooth	\$10
D1510	Space maintainer—fixed, unilateral	\$45 + lab
D1515	Space maintainer—fixed, bilateral	\$45 + lab
D1520	Space maintainer—removable, unilateral	\$85 + lab
D1525	Space maintainer—removable, bilateral	\$85 + lab
D1550	Recementation of space maintainer	\$10
<b>Restorative</b>		<b>Member cost</b>
D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Sedative filling	\$15
D2999	Sedative base (under fillings), by report	no charge
<b>Resin restorative</b>		<b>Member cost</b>
D2330	Resin based composite—one surface, anterior	\$35
D2331	Resin based composite—two surfaces, anterior	\$40
D2332	Resin based composite—three surfaces, anterior	\$50
D2391	Resin based composite—one surface, posterior	\$60
D2392	Resin based composite—two surfaces, posterior	\$80
D2393	Resin based composite—three surfaces, posterior	\$100
D2394	Resin based composite—four or more surfaces, posterior	\$120
D2510	Inlay—metallic, one surface	\$95
D2520	Inlay—metallic, two surfaces	\$105
D2530	Inlay—metallic, three or more surfaces	\$130
<b>Crown and bridge</b>		<b>Member cost</b>
D2740	Crown—porcelain/ceramic	\$280 + lab
D2750*	Crown—porcelain fused to high noble metal	\$280
D2751	Crown—porcelain fused to predominantly base metal	\$280
D2752*	Crown—porcelain fused to noble metal	\$280
D2790*	Crown—full cast high noble metal	\$280
D2791	Crown—full cast predominantly base metal	\$280
D2792*	Crown—full cast noble metal	\$280
D2910	Recement inlay	\$15
D2920	Recement crown	\$15
D2930	Prefabricated stainless steel crown—primary tooth	\$75
D2950	Core buildup, including any pins	\$45
D2951	Pin retention—per tooth	\$15
D2952	Cast post and core in addition to crown	\$90 + lab
D2953	Each additional cast post—same tooth	\$90 + lab
D2954	Prefabricated post and core in addition to crown	\$90
D2962	Labial veneer (porcelain laminate)—laboratory	\$280 + lab



ADA Code	Procedure	
<b>Prosthodontics (fixed)</b>		<b>Member cost</b>
D6210*	Pontic—cast high noble metal	\$280
D6211	Pontic—cast predominantly base metal	\$280
D6212*	Pontic—cast noble metal	\$280
D6240*	Pontic—porcelain fused to high noble metal	\$280
D6241	Pontic—porcelain fused to predominantly base metal	\$280
D6242*	Pontic—porcelain fused to noble metal	\$280
D6750*	Crown—porcelain fused to high noble metal	\$280
D6751	Crown—porcelain fused to predominantly base metal	\$280
D6752*	Crown—porcelain fused to noble metal	\$280
D6790*	Crown—full cast high noble metal	\$280
D6791	Crown—full cast predominantly base metal	\$280
D6792*	Crown—full cast noble metal	\$280
D6930	Recement fixed partial denture (per unit)	\$10
<b>Endodontics</b>		<b>Member cost</b>
D3220	Therapeutic pulpotomy	\$35
D3221	Pulpal debridement, primary and permanent teeth	\$100
D3310	Root canal therapy—anterior (excluding final restoration)	\$100
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$200
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$250
D3410	Apicoectomy/periradicular surgery—anterior	\$125
<b>Periodontics (gum treatment)</b>		<b>Member cost</b>
D4210	Gingivectomy/gingivoplasty 4+ teeth, per quad	\$125
D4211	Gingivectomy/gingivoplasty 1-3 teeth, per quad	\$40
D4260	Osseous surgery, 4+ teeth, per quad	\$350
D4261	Osseous surgery, 1-3 teeth, per quad	\$350
D4271	Free soft tissue graft procedure (including donor site surgery)	\$225
D4341	Periodontal scaling and root planing 4+ teeth, per quad	\$50
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$50
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$45
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$45
D4910	Periodontal maintenance	\$50
<b>Prosthodontics</b>		<b>Member cost</b>
D5110	Complete denture—maxillary	\$300 + lab
D5120	Complete denture—mandibular	\$300 + lab
D5130	Immediate denture—maxillary	\$300 + lab
D5140	Immediate denture—mandibular	\$300 + lab
D5211	Maxillary partial denture—resin base	\$300 + lab
D5212	Mandibular partial denture—resin base	\$300 + lab
D5213	Maxillary partial denture—cast metal framework, resin denture bases	\$300 + lab
D5214	Mandibular partial denture—cast metal framework, resin denture bases	\$300 + lab
D5410	Adjust complete denture—maxillary	\$15
D5411	Adjust complete denture—mandibular	\$15
D5421	Adjust partial denture—maxillary	\$15
D5422	Adjust partial denture—mandibular	\$15



ADA Code	Procedure	
<b>Repairs to prosthetics</b>		<b>Member cost</b>
D5510	Repair broken complete denture base	\$15 + lab
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$15 + lab
D5610	Repair resin denture base	\$15 + lab
D5630	Repair or replace broken clasp—per tooth	\$15 + lab
D5640	Replace broken teeth—per tooth	\$15 + lab
D5650	Add tooth to existing partial denture	\$30 + lab
D5730	Reline complete maxillary denture (chairside)	\$50
D5731	Reline complete mandibular denture (chairside)	\$50
D5740	Reline maxillary partial denture (chairside)	\$50
D5741	Reline mandibular partial denture (chairside)	\$50
D5750	Reline complete maxillary denture (laboratory)	\$35 + lab
D5751	Reline complete mandibular denture (laboratory)	\$35 + lab
D5760	Reline maxillary partial denture (laboratory)	\$35 + lab
D5761	Reline mandibular partial denture (laboratory)	\$35 + lab
D5850	Tissue conditioning—maxillary	\$30
D5851	Tissue conditioning—mandibular	\$30
<b>Extractions/oral and maxillofacial surgery</b>		<b>Member cost</b>
D7111	Extraction, coronal remnants – primary tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$40
D7220	Removal of impacted tooth—soft tissue	\$50
D7230	Removal of impacted tooth—partially bony	\$70
D7240	Removal of impacted tooth—completely bony	\$85
D7250	Surgical removal of residual tooth roots	\$35
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$35
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$35
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$70
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$70
D7510	Incision and drainage of abscess—intraoral	\$25
<b>Anesthesia</b>		<b>Member cost</b>
D9215	Local anesthesia	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes	\$15
<b>Adjunctive general service</b>		<b>Member cost</b>
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$25
D9952	Occlusal adjustment—complete	\$150

ADA Code	Procedure	Member cost
<b>Orthodontics</b>		
D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$1,800
D8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$1,800
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$2,000
D8680	Retention	\$450

\* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

**Note:**

- 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 for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply on non-covered services. Visit [Humana.com](http://Humana.com) to find a participating dentist.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.
- This plan includes waived missing tooth exclusion.



# Humana Advantage Plus 1S Dental Plan

## Summary of services

The Advantage Plus 1S Plan is a network based dental plan that emphasizes prevention and cost containment. Members select any participating general dentist in Humana’s Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable at participating General Dentists and participating Specialists. To find a dentist, call **1-800-979-4760** or look on [Humana.com](https://www.humana.com).

**Specialists services:** Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For Humana’s Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit [Humana.com](https://www.humana.com) to find a participating specialist.

### Office visit copay

\$0/\$0

### Annual maximum

No annual maximum

ADA Code	Procedure	Member cost
<b>Preventive</b>		
D0120 <sup>a</sup>	Periodic oral examination	no charge
D0140 <sup>a</sup>	Limited oral evaluation—problem focused	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
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months)	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months)	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0260	X-ray extraoral, each additional radiographic image	no charge
D0270 <sup>a</sup>	Bitewing—single radiographic image	no charge
D0272 <sup>a</sup>	Bitewings—two radiographic images	no charge
D0273 <sup>a</sup>	Bitewings—three radiographic images	no charge
D0274 <sup>a</sup>	Bitewings—four radiographic images	no charge
D0277 <sup>a</sup>	Vertical bitewings—7 to 8 radiographic images	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge
D0470	Diagnostic casts	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

ADA Code	Procedure	
<b>Preventive (cont.)</b>		<b>Member cost</b>
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
<b>Basic</b>		<b>Member cost</b>
D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$53
D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$70
D1520	Space maintainer—removable, unilateral (limited to child <14)	\$66
D1525	Space maintainer—removable, bilateral (limited to child <14)	\$91
D1550	Re-cement or re-bond space maintainer	\$12
D2140	Amalgam—one surface primary or permanent	\$24
D2150	Amalgam—two surfaces primary or permanent	\$31
D2160	Amalgam—three surfaces primary or permanent	\$37
D2161	Amalgam—four/more surfaces primary/permanent	\$46
D2330	Resin based composite—one surface, anterior	\$24
D2331	Resin based composite—two surfaces, anterior	\$31
D2332	Resin based composite—three surfaces, anterior	\$38
D2335	Resin based composite —four or more surfaces, involving incisal angle	\$45
D2390	Resin based composite—crown anterior	\$49
D2391	Resin based composite—one surface, posterior	\$28
D2392	Resin based composite—two surfaces, posterior	\$37
D2393	Resin based composite—three surfaces, posterior	\$46
D2394	Resin based composite—four or more surfaces, posterior	\$56
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$39
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	\$21
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)	\$26
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$23
D7111	Extraction coronal remnants deciduous tooth	\$20
D7140	Extraction erupted tooth or exposed root	\$26
<b>Major</b>		<b>Member cost</b>
D2510 <sup>b</sup>	Inlay—metallic, one surface	\$313
D2520 <sup>b</sup>	Inlay—metallic, two surfaces	\$355
D2530 <sup>b</sup>	Inlay—metallic, three or more surfaces	\$410
D2542 <sup>b</sup>	Onlay—metallic, two surfaces	\$402
D2543 <sup>b</sup>	Onlay—metallic, three surfaces	\$420
D2544 <sup>b</sup>	Onlay—metallic, four or more surfaces	\$437
D2610 <sup>b</sup>	Inlay—porcelain/ceramic, one surface	\$368
D2620 <sup>b</sup>	Inlay—porcelain/ceramic, two surfaces	\$389
D2630 <sup>b</sup>	Inlay—porcelain/ceramic, three or more surfaces	\$414
D2642 <sup>b</sup>	Onlay—porcelain/ceramic, two surfaces	\$403
D2643 <sup>b</sup>	Onlay—porcelain/ceramic, three surfaces	\$434
D2644 <sup>b</sup>	Onlay—porcelain/ceramic, four or more surfaces	\$461
D2650 <sup>b</sup>	Inlay—resin based composite, one surface	\$242
D2651 <sup>b</sup>	Inlay—resin based composite, two surfaces	\$288





ADA Code	Procedure	
Major (cont.)		Member cost
D2652 <sup>b</sup>	Inlay—resin based composite, three or more surfaces	\$303
D2662 <sup>b</sup>	Onlay—resin based composite, two surfaces	\$263
D2663 <sup>b</sup>	Onlay—resin based composite, three surfaces	\$310
D2664 <sup>b</sup>	Onlay—resin based composite, four or more surfaces	\$332
D2710 <sup>b</sup>	Crown—resin based composite, indirect	\$187
D2720 <sup>b</sup>	Crown—resin with high noble metal	\$461
D2721 <sup>b</sup>	Crown—resin with predominantly base metal	\$432
D2722 <sup>b</sup>	Crown—resin with noble metal	\$441
D2740 <sup>b</sup>	Crown—porcelain/ceramic substrate	\$473
D2750 <sup>b</sup>	Crown—porcelain fused to high noble metal	\$466
D2751 <sup>b</sup>	Crown—porcelain fused predominantly base metal	\$434
D2752 <sup>b</sup>	Crown—porcelain fused to noble metal	\$445
D2790 <sup>b</sup>	Crown—full cast high noble metal	\$450
D2791 <sup>b</sup>	Crown—full cast predominantly base metal	\$426
D2792 <sup>b</sup>	Crown—full cast noble metal	\$434
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$41
D2920	Re-cement or re-bond crown	\$42
D2930	Crown—prefabricated stainless steel, primary tooth	\$115
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131
D2932	Crown—prefabricated resin	\$142
D2940	Protective restoration	\$44
D2950	Core buildup including any pins	\$110
D2951	Pin retention—per tooth addition restoration	\$23
D2952	Cast post and core in addition to crown	\$168
D2954	Prefabricated post and core in addition to crown	\$139
D3220	Therapeutic pulpotomy	\$75
D3310	Root canal therapy—anterior	\$315
D3320	Root canal therapy—bicuspid	\$385
D3330	Root canal therapy—molar	\$497
D3346	Previous root canal therapy—anterior	\$424
D3347	Previous root canal therapy—bicuspid	\$500
D3348	Previous root canal therapy—molar	\$601
D3410	Apicoectomy/periradicular surgery—anterior	\$361
D3421	Apicoectomy/periradicular surgery—bicuspid	\$394
D3425	Apicoectomy/periradicular surgery—molar	\$445
D3426	Apicoectomy/periradicular surgery—each additional root	\$148
D3430	Retrograde filling—per root	\$109
D4210 <sup>c</sup>	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358
D4211 <sup>c</sup>	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153
D4240 <sup>c</sup>	Gingival flap proc—four or more teeth, quad	\$421
D4241 <sup>c</sup>	Gingival flap proc—1 to 3 teeth, quad	\$217
D4249	Clinical crown lengthening – hard tissue	\$481
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$680



ADA Code	Procedure	
Major (cont.)		Member cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$354
D5110 <sup>d</sup>	Complete denture—maxillary	\$642
D5120 <sup>d</sup>	Complete denture—mandibular	\$642
D5130 <sup>d</sup>	Immediate denture—maxillary	\$700
D5140 <sup>d</sup>	Immediate denture—mandibular	\$700
D5211 <sup>d</sup>	Maxillary partial denture—resin base	\$542
D5212 <sup>d</sup>	Mandibular partial denture—resin base	\$629
D5213 <sup>d</sup>	Maxillary partial denture—cast metal—resin base	\$709
D5214 <sup>d</sup>	Mandibular partial denture—cast metal—resin base	\$709
D5410 <sup>c</sup>	Adjust complete denture—maxillary	\$35
D5411 <sup>c</sup>	Adjust complete denture—mandibular	\$35
D5421 <sup>c</sup>	Adjust partial denture—maxillary	\$35
D5422 <sup>c</sup>	Adjust partial denture—mandibular	\$35
D5510	Repair broken complete denture base	\$70
D5520	Replace missing/broken teeth—complete denture	\$59
D5610	Repair resin denture base	\$76
D5620	Repair cast framework	\$82
D5630	Repair or replace broken clasp—per tooth	\$100
D5640	Replace broken teeth—per tooth	\$64
D5650	Add tooth to existing partial denture	\$88
D5660	Add clasp to existing partial denture—per tooth	\$105
D5710 <sup>e</sup>	Rebase complete maxillary denture	\$261
D5711 <sup>e</sup>	Rebase complete mandibular denture	\$249
D5720 <sup>e</sup>	Rebase maxillary partial denture	\$246
D5721 <sup>e</sup>	Rebase mandibular partial denture	\$246
D5730 <sup>e</sup>	Reline complete maxillary denture	\$147
D5731 <sup>e</sup>	Reline complete mandibular denture	\$147
D5740 <sup>e</sup>	Reline maxillary partial denture	\$135
D5741 <sup>e</sup>	Reline mandibular partial denture	\$135
D5750 <sup>e</sup>	Reline complete maxillary denture	\$196
D5751 <sup>e</sup>	Reline complete mandibular denture	\$196
D5760 <sup>e</sup>	Reline maxillary partial denture	\$193
D5761 <sup>e</sup>	Reline mandibular partial denture	\$193
D5850	Tissue conditioning maxillary	\$61
D5851	Tissue conditioning mandibular	\$61
D6092	Recement implant/abutment supported crown	\$42
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$57
D6210 <sup>f</sup>	Pontic—cast high noble metal	\$431
D6211 <sup>f</sup>	Pontic—cast predominantly base metal	\$404
D6212 <sup>f</sup>	Pontic—cast noble metal	\$420
D6240 <sup>f</sup>	Pontic—porcelain fused to high noble metal	\$426
D6241 <sup>f</sup>	Pontic—porceln fused predominantly base metal	\$393
D6242 <sup>f</sup>	Pontic—porcelain fused to noble metal	\$415
D6245	Pontic—porcelain/ceramic	\$439

ADA Code	Procedure	
Major (cont.)		Member cost
D6250 <sup>f</sup>	Pontic—resin with high noble metal	\$420
D6251 <sup>f</sup>	Pontic—resin with predominantly base metal	\$388
D6252 <sup>f</sup>	Pontic—resin with noble metal	\$400
D6600 <sup>f</sup>	Retainer inlay—porcelain/ceramic, two surfaces	\$355
D6601 <sup>f</sup>	Retainer inlay—porcelain/ceramic, three or more surfaces	\$373
D6602 <sup>f</sup>	Retainer inlay—cast high noble metal, two surfaces	\$380
D6603 <sup>f</sup>	Retainer inlay—cast high noble metal, three or more surfaces	\$418
D6604 <sup>f</sup>	Retainer inlay—cast predominantly base metal, two surfaces	\$372
D6605 <sup>f</sup>	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394
D6606 <sup>f</sup>	Retainer inlay—cast noble metal, two surfaces	\$366
D6607 <sup>f</sup>	Retainer inlay—cast noble metal, three or more surfaces	\$406
D6608 <sup>f</sup>	Retainer onlay—porcelain/ceramic, two surfaces	\$386
D6609 <sup>f</sup>	Retainer onlay—porcelain/ceramic, three or more surfaces	\$403
D6610 <sup>f</sup>	Retainer onlay—cast high noble metal, two surfaces	\$409
D6611 <sup>f</sup>	Retainer onlay—cast high noble metal, three or more surfaces	\$448
D6612 <sup>f</sup>	Retainer onlay—cast predominantly base metal, two surfaces	\$407
D6613 <sup>f</sup>	Retainer onlay—cast predominantly base metal, three or more surfaces	\$426
D6614 <sup>f</sup>	Retainer onlay—cast noble metal, two surfaces	\$399
D6615 <sup>f</sup>	Retainer onlay—cast noble metal, three or more surfaces	\$414
D6720 <sup>f</sup>	Retainer crown—resin with high noble metal	\$474
D6721 <sup>f</sup>	Retainer crown—resin with predominantly base metal	\$450
D6722 <sup>f</sup>	Retainer crown—resin with noble metal	\$458
D6740 <sup>f</sup>	Retainer crown—porcelain/ceramic	\$499
D6750 <sup>f</sup>	Retainer crown—porcelain fused to high noble metal	\$486
D6751 <sup>f</sup>	Retainer crown—porcelain fused to predominantly base metal	\$453
D6752 <sup>f</sup>	Retainer crown—porcelain fused to noble metal	\$464
D6780 <sup>f</sup>	Retainer crown—3/4 cast high noble metal	\$458
D6790 <sup>f</sup>	Retainer crown—full cast high noble metal	\$469
D6791 <sup>f</sup>	Retainer crown—full cast predominantly base metal	\$445
D6792 <sup>f</sup>	Retainer crown—full cast noble metal	\$461
D6930 <sup>f</sup>	Re-cement or re-bond fixed partial denture	\$57
D7210	Surgical removal—erupted tooth	\$108
D7220	Removal of impacted tooth—soft tissue	\$135
D7230	Removal of impacted tooth—partially bony	\$179
D7240	Removal of impacted tooth—completely bony	\$211
D7241	Remove impacted tooth—completely bony w/comp	\$265
D7250	Surgical removal of residual tooth roots	\$114
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	\$97
D7320	Alveoloplasty not conjunction w/ extractions—per quad	\$181
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153
D7510	Incision and drainage of abscess—intraoral	\$120
D7520	Incision and drainage of abscess—extraoral	\$570
D7960	Frenulectomy—separate procedure	\$111

ADA Code	Procedure	
<b>Major (cont.)</b>		<b>Member cost</b>
D7970	Excision of hyperplastic tissue—per arch	\$272
D9110	Palliative treatment dental pain—minor procedure	\$45
D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	\$144
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	\$60
D9310	Professional consultation by non-treating dentist	\$96
D9951	Occlusal adjustment—limited	\$58
D9952	Occlusal adjustment—complete	\$326
ADA Code	Procedure	
<b>Orthodontics</b>		<b>Member cost</b>
D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$2,100
D8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$2,100
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
	Orthodontic treatment	\$2,300
D8680	Retention	\$450

<sup>a</sup>Limit of one every six months

<sup>b</sup>Limit one per tooth every eight years

<sup>c</sup>Limit one every 12 months

<sup>d</sup>Limit one every five years

<sup>e</sup>Limit of one every three years

<sup>f</sup>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.
- 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.
- This plan includes waived missing tooth exclusion.

# Important

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

## Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé' níká'adoowó.

**العربية (Arabic)**

اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.





**1-800-979-4760**

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