

Humana Dental

Brevard County Schools



Humana.



Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on [Humana.com](https://www.humana.com).

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit [Humana.com](https://www.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 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings



Questions?

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

Call **1-800-233-4013**, Monday through Friday, 8 a.m. to 6 p.m. (TDD: **1-800-325-2025**).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](https://www.humana.com/disclosure).

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

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. Visit Humana.com to find a participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 25.00
D9430	Office visit (normal hours)	\$ 10.00
D9440	Office visit (after regularly scheduled hours)	\$ 45.00
D9986	Missed appointment	\$ 10.00
D9987	Cancelled appointment	\$ 10.00
D9999	Emergency visit during regularly scheduled hours, by report	\$ 20.00

Diagnostic Member pays

D0120	Periodic oral examination (limited to twice in any 12 calendar months)	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (limited to twice in any 12 calendar months) ...	\$ 25.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image ..	no charge
D0250	Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months) ...	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) ...	no charge

D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) ...	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source	\$ 65.00
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470	Diagnostic casts	no charge
D0472	Pathology report—gross examination of lesion. .	no charge
D0473	Pathology report—microscopic examination of lesion	no charge
D0474	Pathology report—microscopic examination of lesion and area	no charge

Preventive Member pays

D1110	Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist)	no charge
D1120	Prophylaxis—child, routine (limited to twice in any 12 calendar months) ...	no charge
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months) ...	no charge
D1310	Nutrition counseling for the control of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use .	no charge
D1330	Oral hygiene instruction	no charge

D1351 Sealant—per tooth (permanent teeth only to age 16)	\$ 15.00
D1510* Space maintainer—fixed, unilateral—per quadrant (through age 14)	\$ 75.00
D1516* Space maintainer—fixed—bilateral, maxillary (through age 14)	\$ 105.00
D1517* Space maintainer—fixed—bilateral, mandibular (through age 14)	\$ 105.00
D1520* Space maintainer—removable, unilateral—per quadrant (through age 14)	\$ 95.00
D1526* Space maintainer—removable—bilateral, maxillary (through age 14)	\$ 100.00
D1527* Space maintainer—removable—bilateral, mandibular (through age 14)	\$ 100.00
D1551 Re-cement or re-bond bilateral space maintainer—maxillary	\$ 10.00
D1552 Re-cement or re-bond bilateral space maintainer—mandibular	\$ 10.00
D1553 Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 10.00
D1575 Distal shoe space maintainer—fixed, unilateral —per quadrant (through age 14; primary teeth only)	\$ 165.00

Restorative **Member pays**

D2140 Amalgam—one surface, primary or permanent.	\$ 20.00
D2150 Amalgam—two surfaces, primary or permanent	\$ 25.00
D2160 Amalgam—three surfaces, primary or permanent	\$ 30.00
D2161 Amalgam—four or more surfaces, primary or permanent	\$ 35.00
D2940 Protective restoration	\$ 20.00

Resin restorative
(inlays and onlays limited to one
per tooth every five years)

Member pays

D2330 Resin based composite—one surface, anterior ..	\$ 35.00
D2331 Resin based composite—two surfaces, anterior.	\$ 50.00
D2332 Resin based composite—three surfaces, anterior	\$ 65.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 80.00
D2390 Resin based composite crown, anterior	\$ 80.00
D2391 Resin based composite—one surface, posterior.	\$ 55.00
D2392 Resin based composite—two surfaces, posterior	\$ 70.00
D2393 Resin based composite—three surfaces, posterior	\$ 90.00
D2394 Resin based composite—four or more surfaces, posterior	\$ 100.00
D2510* Inlay—metallic, one surface	\$ 285.00
D2520* Inlay—metallic, two surfaces	\$ 295.00
D2530* Inlay—metallic, three or more surfaces	\$ 305.00
D2542* Onlay—metallic, two surfaces	\$ 310.00
D2543* Onlay—metallic, three surfaces	\$ 320.00
D2544* Onlay—metallic, four or more surfaces	\$ 330.00
D2610* Inlay—porcelain/ceramic, one surface	\$ 310.00
D2620* Inlay—porcelain/ceramic, two surfaces	\$ 320.00
D2630* Inlay—porcelain/ceramic, three or more surfaces	\$ 330.00
D2642* Onlay—porcelain/ceramic, two surfaces	\$ 335.00

D2643* Onlay—porcelain/ceramic, three surfaces.	\$ 345.00
D2644* Onlay—porcelain/ceramic, four or more surfaces	\$ 355.00
D2650* Inlay—resin based composite, one surface	\$ 285.00
D2651* Inlay—resin based composite, two surfaces	\$ 295.00
D2652* Inlay—resin based composite, three or more surfaces	\$ 305.00
D2662* Onlay—resin based composite, two surfaces.	\$ 310.00
D2663* Onlay—resin based composite, three surfaces ..	\$ 320.00
D2664* Onlay—resin based composite, four or more surfaces	\$ 350.00

Crown and bridge

(limited to one per tooth every five years) **Member pays**

D2710* Crown—resin based composite, indirect	\$ 350.00
D2712* Crown—3/4 resin based composite, indirect	\$ 350.00
D2720* Crown—resin with high noble metal	\$ 350.00
D2721 Crown—resin with predominantly base metal. ...	\$ 350.00
D2722* Crown—resin with noble metal	\$ 350.00
D2740* Crown—porcelain/ceramic	\$ 350.00
D2750* Crown—porcelain fused to high noble metal.	\$ 350.00
D2751 Crown—porcelain fused to predominantly base metal.	\$ 350.00
D2753* Crown—porcelain fused to titanium and titanium alloys	\$ 350.00
D2752* Crown—porcelain fused to noble metal	\$ 350.00
D2780* Crown—3/4 cast high noble metal	\$ 350.00
D2781 Crown—3/4 cast predominantly base metal	\$ 350.00
D2782* Crown—3/4 cast noble metal	\$ 350.00
D2783* Crown—3/4 porcelain/ceramic	\$ 350.00
D2790* Crown—full cast high noble metal	\$ 350.00
D2791 Crown—full cast predominantly base metal	\$ 350.00
D2792* Crown—full cast noble metal	\$ 350.00
D2794* Crown—titanium and titanium alloy	\$ 350.00
D2799 Provisional crown	no charge
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 20.00
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920 Re-cement or re-bond crown	\$ 20.00
D2928 Prefabricated porcelain/ceramic crown – permanent tooth	\$ 90.00
D2929 Crown—prefabricated porcelain/ceramic crown—primary tooth	\$ 90.00
D2930 Prefabricated stainless steel crown— primary tooth	\$ 90.00
D2931 Prefabricated stainless steel crown— permanent tooth	\$ 30.00
D2932 Prefabricated resin crown	\$ 80.00
D2933 Prefabricated stainless steel crown with resin window	\$ 80.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 80.00
D2950 Core buildup, including any pins	\$ 65.00
D2951 Pin retention—per tooth, in addition to restoration	\$ 20.00
D2952* Cast post and core in addition to crown	\$ 125.00
D2953* Each additional cast post—same tooth	\$ 120.00
D2954 Prefabricated post and core in addition to crown	\$ 105.00

D2955 Post removal (not in conjunction with endodontic therapy)	\$ 15.00
D2957 Each additional prefabricated post—same tooth, base metal post	\$ 40.00
D2960 Labial Veneer (Resin Laminate) - direct	\$260.00
D2961* Labial Veneer (Resin Laminate) - indirect	\$360.00
D2962* Labial Veneer (porcelain Laminate) - indirect	\$425.00
D2971 Additional procedure—new crown existing partial denture	\$ 60.00
D2980 Crown repair, necessitated by restorative material failure	\$ 15.00
D2981 Inlay repair, necessitated by restorative material failure	\$ 15.00
D2982 Onlay repair, necessitated by restorative material failure	\$ 15.00
D2983 Veneer repair, necessitated by restorative material failure	\$ 15.00
D6940 Stress breaker	\$160.00
D6950 Precision attachment, separate from prosthesis.	\$210.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

Member pays

D6210* Pontic—cast high noble metal	\$350.00
D6211 Pontic—cast predominantly base metal	\$350.00
D6212* Pontic—cast noble metal	\$350.00
D6240* Pontic—porcelain fused to high noble metal	\$350.00
D6241 Pontic—porcelain fused to predominantly base metal	\$350.00
D6242* Pontic—porcelain fused to noble metal	\$350.00
D6243* Pontic—porcelain fused to titanium and titanium alloys	\$350.00
D6750* Retainer crown—porcelain fused to high noble metal	\$350.00
D6751 Retainer crown—porcelain fused to predominantly base metal	\$350.00
D6752* Retainer crown—porcelain fused to noble metal	\$350.00
D6753* Crown—porcelain fused to titanium and titanium alloys	\$350.00
D6790* Retainer crown—full cast high noble metal	\$350.00
D6791 Retainer crown—full cast predominantly base metal	\$350.00
D6792* Retainer crown—full cast noble metal	\$350.00
D6794* Retainer crown—titanium and titanium alloy	\$350.00
D6930 Re-cement or re-bond fixed partial denture (per unit)	\$ 30.00

Prosthodontics

(replacement limited to every five years)

Member pays

D5110* Complete denture—maxillary	\$475.00
D5120* Complete denture—mandibular	\$475.00
D5130* Immediate denture—maxillary	\$475.00
D5140* Immediate denture—mandibular	\$475.00
D5211* Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) ..	\$450.00
D5212* Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$450.00

D5213* Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth) ...	\$475.00
D5214* Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$475.00
D5221 Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$333.00
D5222 Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$333.00
D5223 Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$523.00
D5224 Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$523.00
D5225* Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...	\$475.00
D5226* Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...	\$475.00
D5282* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$395.00
D5283* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$395.00
D5284* Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$395.00
D5286* Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$395.00
D5410 Adjust complete denture—maxillary	\$ 20.00
D5411 Adjust complete denture—mandibular	\$ 20.00
D5421 Adjust partial denture—maxillary	\$ 20.00
D5422 Adjust partial denture—mandibular	\$ 20.00
D5660* Add clasp to existing partial denture—per tooth	\$100.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110 Pulp cap—direct (excluding final restoration)	\$ 20.00
D3120 Pulp cap—indirect (excluding final restoration) ..	\$ 15.00
D3220 Therapeutic pulpotomy (excluding final restoration)	\$ 55.00
D3221 Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)	\$120.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 55.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 75.00
D3310 Root canal therapy—anterior tooth (excluding final restoration)	\$135.00
D3320 Endodontic therapy, premolar tooth (excluding final restorations)	\$240.00

D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$310.00	D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$375.00
D3331	Treatment of root canal obstruction—non-surgical access	\$ 95.00	D4270	Pedicle soft tissue graft procedure	\$295.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$ 95.00	D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$400.00
D3333	Internal root repair of perforation defects	\$100.00	D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$105.00
D3351	Apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$110.00	D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$425.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	\$ 85.00	D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ...	\$300.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs)	\$110.00	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	\$150.00
D3410	Apicoectomy—anterior	\$165.00	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	\$240.00
D3421	Apicoectomy—premolar (first root)	\$170.00	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	\$255.00
D3425	Apicoectomy—molar (first root)	\$170.00	D4320	Provisional splinting—intracoronal	\$120.00
D3426	Apicoectomy—(each additional root)	\$ 75.00	D4321	Provisional splinting—extracoronal	\$100.00
D3430	Retrograde filling—per root	\$ 45.00	D4341	Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	\$ 70.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$110.00	D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months)	\$ 60.00
D3910	Surgical procedure to isolate tooth with rubbered dam	\$ 35.00	D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	\$ 65.00
D3920	Hemisection not included in root canal therapy .	\$105.00	D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$ 65.00
D3950	Canal preparation and fitting of preformed dowel or post	\$ 20.00	D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy) ...	\$ 65.00
Periodontics (gum treatment)		Member pays	D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 55.00
D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00			
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 75.00			
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$180.00			
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$135.00			
D4245	Apically positioned flap	\$200.00			
D4249	Clinical crown lengthening—hard tissue	\$175.00			
D4260	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00			
D4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	\$375.00			
D4263	Bone replacement graft—retained natural tooth—first site in quadrant	\$240.00			
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	\$145.00			
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$115.00			
D4266	Guided tissue regeneration—resorbable barrier, per site	\$290.00			

Extractions/oral and maxillofacial surgery Member pays

D7111	Extraction, coronal remnants—primary tooth... no charge	
D7140	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated....	\$ 40.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated....	\$ 55.00
D7220	Removal of impacted tooth—soft tissue.....	\$ 60.00
D7230	Removal of impacted tooth—partially bony....	\$ 85.00
D7240	Removal of impacted tooth—completely bony..	\$105.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report.....	\$140.00
D7250	Surgical removal of residual tooth roots.....	\$ 45.00
D7260	Oroantral fistula closure.....	\$400.00
D7261	Primary closure of a sinus perforation.....	\$250.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$ 75.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth).....	\$135.00
D7282	Mobilization of erupted or malposed tooth to aid eruption.....	\$110.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth).....	\$400.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$130.00
D7287	Exfoliative cytological sample collection.....	\$ 60.00
D7288	Brush biopsy—transepithelial sample collection	\$ 65.00
D7310	Alveoplasty in conjunction with extractions—per quadrant.....	\$ 45.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 20.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant.....	\$ 85.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.....	\$ 45.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.....	\$190.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.....	\$260.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$110.00
D7472	Removal of torus palatinus.....	\$ 75.00
D7473	Removal of torus mandibularis.....	\$ 75.00
D7485	Reduction of osseous tuberosity.....	\$ 65.00
D7510	Incision and drainage of abscess—intraoral soft tissue.....	\$ 40.00
D7970	Excision hyperplastic tissue—per arch.....	\$ 90.00
D7971	Excision of pericoronal gingival.....	\$ 60.00

Repairs to prosthetics Member pays

D5511*	Repair broken complete denture base, mandibular.....	\$ 45.00
D5512*	Repair broken complete denture base, maxillary	\$ 45.00
D5520*	Replace missing or broken teeth—complete denture (each tooth).....	\$ 45.00
D5611*	Repair resin partial denture base, mandibular ...	\$ 45.00

D5612*	Repair resin partial denture base, maxillary.....	\$ 45.00
D5621*	Repair cast partial framework, mandibular.....	\$ 45.00
D5622*	Repair cast partial framework, maxillary.....	\$ 45.00
D5630*	Repair or replace broken retentive clasping materials—per tooth.....	\$ 45.00
D5640*	Replace broken teeth—per tooth.....	\$ 45.00
D5650*	Add tooth to existing partial denture.....	\$ 45.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary.....	\$235.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular.....	\$290.00
D5710*	Rebase complete maxillary denture.....	\$210.00
D5711*	Rebase complete mandibular denture.....	\$210.00
D5720*	Rebase maxillary partial denture.....	\$210.00
D5721*	Rebase mandibular partial denture.....	\$210.00
D5730	Reline complete maxillary denture (direct).....	\$ 80.00
D5731	Reline complete mandibular denture (direct)....	\$ 80.00
D5740	Reline Maxillary Partial Denture (direct).....	\$ 80.00
D5741	Reline Mandibular Partial Denture (direct).....	\$ 80.00
D5750*	Reline Complete Maxillary Denture (indirect)....	\$125.00
D5751*	Reline Complete Mandibular Denture (indirect)..	\$125.00
D5760*	Reline Maxillary Partial Denture (indirect).....	\$125.00
D5761*	Reline Mandibular Partial Denture (indirect)....	\$125.00
D5810*	Interim complete denture (maxillary).....	\$275.00
D5811*	Interim complete denture (mandibular).....	\$275.00
D5820*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary.	\$135.00
D5821*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular.....	\$135.00
D5850	Tissue conditioning, maxillary.....	\$ 40.00
D5851	Tissue conditioning, mandibular.....	\$ 40.00
D6214*	Pontic—titanium and titanium alloy.....	\$350.00
D6245*	Pontic—porcelain/ceramic.....	\$350.00
D6250*	Pontic—resin with high noble metal.....	\$350.00
D6251	Pontic—resin with predominantly base metal ..	\$350.00
D6252*	Pontic—resin with noble metal.....	\$350.00
D6253*	Provisional pontic.....	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis.....	\$275.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis.....	\$275.00
D6549	Resin retainer—for resin bonded fixed prosthesis	\$275.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$350.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces.....	\$350.00
D6602*	Retainer inlay—cast high noble metal, two surfaces.....	\$350.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces.....	\$350.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces.....	\$350.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces.....	\$350.00
D6606*	Retainer inlay—cast noble metal, two surfaces .	\$350.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces.....	\$350.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$350.00

D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$350.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$350.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$350.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$350.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$350.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$350.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$350.00
D6624*	Retainer inlay titanium	\$350.00
D6634*	Retainer onlay titanium	\$350.00
D6710*	Retainer crown—indirect resin based composition	\$350.00
D6720*	Retainer crown—resin with high noble metal	\$350.00
D6721	Retainer crown—resin with predominantly base metal	\$350.00
D6722*	Retainer crown—resin with noble metal	\$350.00
D6740*	Retainer crown—porcelain/ceramic	\$350.00
D6780*	Retainer crown—3/4 cast high noble metal	\$350.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$350.00
D6782*	Retainer crown—3/4 cast noble metal	\$350.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$350.00
D6784	Retainer crown—3/4 titanium and titanium alloys	\$350.00

Adjunctive general service		Member pays
D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 20.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge

D9222	Deep sedation/general anesthesia—first 15 minutes	\$ 92.00
D9223	Deep sedation/general anesthesia—each subsequent 15 minute increment	\$ 78.00
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 30.00
D9239	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 92.00
D9243	Intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	\$ 78.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 40.00
D9952	Occlusal adjustment—complete	\$185.00

Bleaching	Member pays	
D9972	External bleaching in office—per arch	\$185.00
D9975	External bleaching in home—per arch	\$185.00

Orthodontics	Member pays	
D8070 or D8080—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	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 1,900.00
D8090—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	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$ 1,900.00
D8680	Orthodontic retention	\$ 455.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

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.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

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Offered by CompBenefits Company



1-800-233-4013 | Humana.com

MyHumana Mobile app

Manage your healthcare — wherever you are

Access your health information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app to:

- View your plans and coverage details
- View coverage information or ID cards
- Find a provider in your network



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Sign up for text message alerts* on Humana.com

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on "Account & settings" under My Profile
3. Select "Edit your preferences"
4. Select "Mobile" from the tab
5. Register and verify your mobile number
6. Select the alerts you want to receive

†Available to Go365 members only. ‡Available to members who use Humana Pharmacy only.

*Message and data rates may apply.

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MyHumana: Your health plan at your fingertips

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

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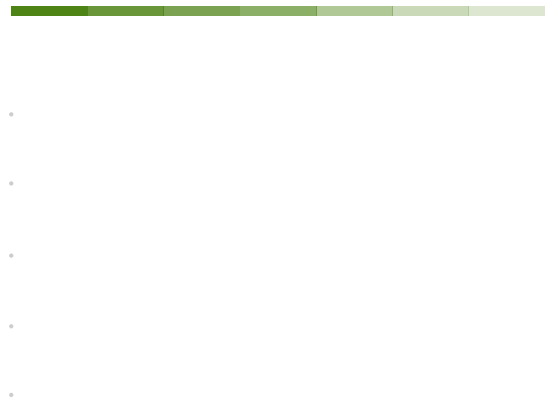
A dashboard that puts all your information in one spot

The screenshot shows the MyHumana dashboard for a user named John Smith. The page is titled "Mary's DENTAL PPO (HUMANA INC.)" and includes links for "View coverage details" and "View ID card". Under the "Dental" tab, there is a table of dental claims:

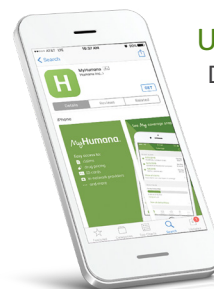
Date	Provider	Amount you owe provider	Amount
05/09/2018	JOHN SMITH	Amount you owe provider	\$4.00
09/27/2017	JOHN SMITH	Amount you owe provider	\$5.00
12/20/2016	JOHN SMITH	Amount you owe provider	\$14.00

Below the table, there is a link to "See all claims" and a section for "In your network" with a "Find a dentist" button.

Scroll over each bullet point to learn how to navigate through the MyHumana dashboard!



Download a print version [here](#)



Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts* at Humana.com.

Register for MyHumana today to stay connected to your health benefits anytime you need them.



*Message and data rates may apply.

How to view a copy of your dental identification (ID) card

You will have access to view and print your dental ID cards via the website or mobile app within 10 working days of enrollment.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access Your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page’s footer under “Tools & resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired

The screenshot shows the MyHumana website interface. At the top, there is a search bar and navigation tabs for Coverage & Spending, Claims, and Health & Wellness. A 'What's New?' section is visible. Below, there is a 'Your active coverage' section with a 'Dental' card showing '1 claim in the past 90 days'. To the right, there are 'Resources for families' and 'Tools & forms' sections. The 'Tools & forms' section has a red circle around the 'Access your ID Card' link. At the bottom, a dark navigation bar contains a grid of menu items. In the 'Tools & Resources' column, the 'Access your ID Card' link is highlighted with a yellow circle and a black arrow pointing to it.



Call Customer Care at **1-800-233-4013** for assistance or more information.



Humana.com

Predetermination of Benefits

Predetermination of your Humana dental benefits (PPO plans only)

- If you expect to pay more than \$300 for dental care, your dentist may submit a proposed dental treatment plan that Humana will use to determine if your dental benefits cover the treatment.
- This is known as “predetermination of benefits” (also called prior authorization).
- The dental treatment plan may include:
 - o A list of services to be performed, including any supporting documentation
 - o A written description from the dentist of the treatment
 - o An itemized list of costs

Please note: It will remain valid for up to 90 days after the review, and is not a guarantee of what Humana will pay toward the treatment.

Insured or administered by Humana Insurance Company or Offered by CompBenefits Company.
Dental plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period.





Las relaciones interpersonales se basan en la confianza. El respeto por la privacidad de una persona es sumamente importante para crear confianza. Humana valora la relación que tenemos con usted y maneja su privacidad personal con seriedad. La Notificación de prácticas de privacidad de Humana describe cómo Humana puede usar o divulgar su información personal y sobre su salud. También explica cómo protegemos esta información. La notificación brinda una explicación de sus derechos relacionados con su información, y también cómo puede acceder y limitar el acceso a esta información. Además, brinda instrucciones sobre cómo presentar una queja sobre privacidad ante Humana o ejercer cualquiera de sus derechos con respecto a su información. Si desea obtener una copia de la Notificación de prácticas de privacidad, puede solicitarla de alguna de las siguientes maneras:

- Visite **Humana.com** y haga clic en el enlace Prácticas de privacidad en la parte inferior de la página de inicio.
- Escribanos a privacyoffice@humana.com.
- Envíe una solicitud por escrito a:
Oficina de Privacidad de Humana
P.O. Box 1438
Louisville, KY 40202