

## Use your Humana Dental benefits

The Humana Dental Value Plan (HI215) has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with Humana dental.

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

### Know what your plan covers

Attached is a summary of Humana Dental Value Plan (HI215) benefits which are described in detail in the policy. Here's what you can expect:

- You have the freedom to select any participating general dentist as your primary care dentist.
- Life without claim forms! With the Humana Dental Value Plan (HI215) you pay your dentist directly, when applicable.
- Your primary care dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- If you need a specialty dentist, you may receive a 25 percent discount by using certain participating specialty dentists from our network. Visit **HumanaOneNetwork.com** to find a specialist offering the discount on specialty services.

## Choose Humana dental 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 Humana Dental Value Plan (HI215) 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.

# Humana Dental Value Plan (HI215)

The Humana Prepaid plan focuses on maintaining oral health, prevention and cost-containment. You may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

Your costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. Unlisted procedures may receive a 25% discount off certain PCD's usual fees. Visit [HumanaOneNetwork.com](http://HumanaOneNetwork.com) to find a PCD who offers the discount on unlisted services.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by a PCD, or you can self-refer to any participating specialist. Procedures performed by certain participating specialists may receive a 25% discount off the specialist's usual fees. Visit [HumanaOneNetwork.com](http://HumanaOneNetwork.com) to find a participating specialist who offers the discount on specialty services.

## 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) . . . . .	\$ 45.00
D9430	Office visit (normal hours) . . . . .	\$ 15.00
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 55.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies . . . . .	\$ 10.00

### Diagnostic member pays

D0120	Periodic oral examination (two per calendar year) . . . . .	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 (two per calendar year) . . . . .	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 (two per calendar year) . . . . .	\$ 35.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years) . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . . . .	no charge
D0240	X-rays intraoral—occlusal film . . . . .	no charge
D0250	Extraoral—first film . . . . .	no charge
D0260	Extraoral—each additional film . . . . .	no charge
D0270	X-ray bitewing—single film (two per calendar year) . . . . .	no charge
D0272	X-ray bitewings—two films (two per calendar year) . . . . .	no charge
D0273	X-ray bitewings—three films (two per calendar year) . . . . .	no charge
D0274	Bitewings—four films (two per calendar year) . . . . .	no charge
D0277	X-ray bitewings, vertical—seven to eight films (two per calendar year) . . . . .	no charge
D0330	Panoramic film (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 . . . . .	\$ 70.00
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 (two per calendar year, by primary care dentist) . . . . .	no charge
D1120	Prophylaxis—child, routine (two per calendar year) . . . . .	no charge
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year) . . . . .	no charge
D1204	Topical application of fluoride—adult (two per calendar year, by primary care dentist) . . . . .	no charge
D1206	Topical fluoride varnish (for child <16) (two per calendar year) . . . . .	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease . . . . .	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16) . . . . .	\$ 20.00
D1510*	Space maintainer—fixed, unilateral (through age 14) . . . . .	\$ 95.00
D1515*	Space maintainer—fixed, bilateral (through age 14) . . . . .	\$135.00
D1520*	Space maintainer—removable, unilateral (through age 14) . . . . .	\$105.00
D1525*	Space maintainer—removable, bilateral (through age 14) . . . . .	\$115.00
D1550	Recementation of space maintainer . . . . .	\$ 20.00

### Restorative member pays

D2140	Amalgam—one surface, primary or permanent . . . . .	\$ 30.00
D2150	Amalgam—two surfaces, primary or permanent . . . . .	\$ 35.00
D2160	Amalgam—three surfaces, primary or permanent . . . . .	\$ 40.00
D2161	Amalgam—four or more surfaces, primary or permanent . . . . .	\$ 45.00
D2940	Sedative filling . . . . .	\$ 25.00

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

D2330	Resin based composite—one surface, anterior	\$ 45.00
D2331	Resin based composite—two surfaces, anterior	\$ 60.00
D2332	Resin based composite—three surfaces, anterior	\$ 75.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 95.00
D2390	Resin based composite crown, anterior	\$ 90.00
D2391	Resin based composite—one surface, posterior	\$ 70.00
D2392	Resin based composite—two surfaces, posterior	\$ 90.00
D2393	Resin based composite—three surfaces, posterior	\$ 110.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 130.00
D2510*	Inlay—metallic, one surface	\$ 345.00
D2520*	Inlay—metallic, two surfaces	\$ 355.00
D2530*	Inlay—metallic, three or more surfaces	\$ 365.00
D2542*	Onlay—metallic, two surfaces	\$ 370.00
D2543*	Onlay—metallic, three surfaces	\$ 380.00
D2544*	Onlay—metallic, four or more surfaces	\$ 390.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 370.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$ 380.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$ 390.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$ 395.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$ 405.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$ 415.00
D2650*	Inlay—resin based composite, one surface	\$ 345.00
D2651*	Inlay—resin based composite, two surfaces	\$ 355.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 365.00
D2662*	Onlay—resin based composite, two surfaces	\$ 370.00
D2663*	Onlay—resin based composite, three surfaces	\$ 380.00
D2664*	Onlay—resin based composite, four or more surfaces	\$ 410.00

**Crown and bridge** (limited to one per tooth every five years) **member pays**

D2710*	Crown—resin based composite, indirect	\$ 410.00
D2712*	Crown—3/4 resin based composite, indirect	\$ 410.00
D2720*	Crown—resin with high noble metal	\$ 410.00
D2721	Crown—resin with predominantly base metal	\$ 410.00
D2722*	Crown—resin with noble metal	\$ 410.00
D2740*	Crown—porcelain/ceramic substrate	\$ 410.00
D2750*	Crown—porcelain fused to high noble metal	\$ 410.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 410.00
D2752*	Crown—porcelain fused to noble metal	\$ 410.00
D2780*	Crown—3/4 cast high noble metal	\$ 410.00
D2781	Crown—3/4 cast predominantly base metal	\$ 410.00
D2782*	Crown—3/4 cast noble metal	\$ 410.00
D2783*	Crown—3/4 porcelain/ceramic	\$ 410.00
D2790*	Crown—full cast high noble metal	\$ 410.00
D2791	Crown—full cast predominantly base metal	\$ 410.00
D2792*	Crown—full cast noble metal	\$ 410.00
D2794*	Crown—titanium	\$ 410.00
D2799	Provisional crown	no charge
D2910	Recement inlay, onlay or veneer	\$ 25.00
D2915	Recement cast or prefabricated post and core	no charge
D2920	Recement crown	\$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 110.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 35.00
D2932	Prefabricated resin crown	\$ 110.00
D2933	Prefabricated stainless steel crown with resin window	\$ 110.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 110.00
D2950	Core buildup, including any pins	\$ 80.00

D2951	Pin retention—per tooth, in addition to restoration	\$ 25.00
D2952*	Cast post and core in addition to crown	\$ 175.00
D2953*	Each additional cast post—same tooth	\$ 140.00
D2954	Prefabricated post and core in addition to crown	\$ 120.00
D2955	Post removal	\$ 20.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 45.00
D2960	Labial veneer (resin laminate)—chairside	\$ 290.00
D2961*	Labial veneer (resin laminate)—laboratory	\$ 425.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$ 475.00
D2971	Additional procedure—new crown existing partial denture	\$ 70.00
D2980	Crown repair	\$ 25.00
D6940	Stress breaker	\$ 170.00
D6950	Precision attachment	\$ 220.00
D6970*	Cast post and core, in addition to fixed partial denture retainer	\$ 120.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer, base metal post	\$ 120.00
D6976*	Each additional cast post—same tooth	\$ 100.00
D6977	Each additional prefabricated post—same tooth	\$ 100.00

**Prosthodontics (fixed)**(replacement limited to every five years, adjustments once per year) **member pays**

D6210*	Pontic—cast high noble metal	\$ 410.00
D6211	Pontic—cast predominantly base metal	\$ 410.00
D6212*	Pontic—cast noble metal	\$ 410.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 410.00
D6241	Pontic—porcelain fused to predominantly base metal	\$ 410.00
D6242*	Pontic—porcelain fused to noble metal	\$ 410.00
D6750*	Crown—porcelain fused to high noble metal	\$ 410.00
D6751	Crown—porcelain fused to predominantly base metal	\$ 410.00
D6752*	Crown—porcelain fused to noble metal	\$ 410.00
D6790*	Crown—full cast high noble metal	\$ 410.00
D6791	Crown—full cast predominantly base metal	\$ 410.00
D6792*	Crown—full cast noble metal	\$ 410.00
D6794*	Crown—titanium	\$ 410.00
D6930	Recement fixed partial denture (per unit)	\$ 45.00
D6973	Core buildup for retainer, including any pins	\$ 70.00

**Prosthodontics** (replacement limited to every five years) **member pays**

D5110*	Complete denture—maxillary	\$ 550.00
D5120*	Complete denture—mandibular	\$ 550.00
D5130*	Immediate denture—maxillary	\$ 550.00
D5140*	Immediate denture—mandibular	\$ 550.00
D5211*	Maxillary partial denture—resin base	\$ 495.00
D5212*	Mandibular partial denture—resin base	\$ 495.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	\$ 525.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	\$ 525.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$ 525.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$ 525.00
D5281*	Removable partial denture—one piece cast metal	\$ 445.00
D5410	Adjust complete denture—maxillary	\$ 25.00
D5411	Adjust complete denture—mandibular	\$ 25.00
D5421	Adjust partial denture—maxillary	\$ 25.00
D5422	Adjust partial denture—mandibular	\$ 25.00
D5660*	Add clasp to existing partial denture	\$ 110.00

**Endodontics** (each procedure limited to once per tooth per life) **member pays**

D3110	Pulp cap—direct (excluding final restoration) . . . . .	\$ 25.00
D3120	Pulp cap—indirect (excluding final restoration) . . . . .	\$ 20.00
D3220	Therapeutic pulpotomy . . . . .	\$ 65.00
D3221	Pulpal debridement, primary and permanent teeth . . . . .	\$ 135.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) . . . . .	\$ 65.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) . . . . .	\$ 100.00
D3310	Root canal therapy—anterior (excluding final restoration) . . . . .	\$ 175.00
D3320	Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$ 270.00
D3330	Root canal therapy—molar (excluding final restoration) . . . . .	\$ 390.00
D3331	Treatment of root canal obstruction—non-surgical access . . . . .	\$ 110.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth . . . . .	\$ 110.00
D3333	Internal root repair of perforation defects . . . . .	\$ 120.00
D3351	Apexification/recalcification—initial visit . . . . .	\$ 140.00
D3352	Apexification/recalcification—interim . . . . .	\$ 100.00
D3353	Apexification/recalcification—final visit . . . . .	\$ 140.00
D3410	Apicoectomy/periradicular surgery—anterior . . . . .	\$ 210.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root) . . . . .	\$ 220.00
D3425	Apicoectomy/periradicular surgery—molar (first root) . . . . .	\$ 220.00
D3426	Apicoectomy/periradicular surgery (each additional root) . . . . .	\$ 90.00
D3430	Retrograde filling—per root . . . . .	\$ 55.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920) . . . . .	\$ 130.00
D3910	Surgical procedure to isolate tooth with rubber dam . . . . .	\$ 50.00
D3920	Hemisection not included in root canal therapy . . . . .	\$ 120.00
D3950	Root canal prepare and fit preformed dowel/post . . . . .	\$ 25.00

**Periodontics (gum treatment)** **member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant . . . . .	\$ 195.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant . . . . .	\$ 100.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant . . . . .	\$ 220.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant . . . . .	\$ 150.00
D4245	Apically positioned flap . . . . .	\$ 225.00
D4249	Clinical crown lengthening—hard tissue . . . . .	\$ 220.00
D4260	Osseous surgery—four or more teeth or bounded spaces, per quadrant . . . . .	\$ 425.00
D4261	Osseous surgery—one to three teeth, per quadrant . . . . .	\$ 400.00
D4263	Bone replacement graft—first site in quadrant . . . . .	\$ 290.00
D4264	Bone replacement graft—each additional site in quadrant bone . . . . .	\$ 200.00
D4265	Biological materials which can aid soft and osseous tissue regeneration . . . . .	\$ 135.00
D4266	Guided tissue regeneration—resorbable barrier, per site . . . . .	\$ 360.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) . . . . .	\$ 425.00
D4270	Pedicle soft tissue graft procedure . . . . .	\$ 335.00
D4271	Free soft tissue graft procedure (including donor site surgery) . . . . .	\$ 340.00
D4273	Subepithelial connective tissue graft, tooth . . . . .	\$ 425.00
D4274	Distal or proximal wedge procedure . . . . .	\$ 120.00

D4275	Soft tissue allograft . . . . .	\$ 460.00
D4320	Provisional splinting—intracoronaral . . . . .	\$ 135.00
D4321	Provisional splinting—extracoronaral . . . . .	\$ 115.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) . . . . .	\$ 85.00
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 for procedures D4341 and D4342) . . . . .	\$ 70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years) . . . . .	\$ 80.00
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) . . . . .	\$ 70.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) . . . . .	\$ 70.00

**Extractions/oral and maxillofacial surgery member pays**

D7111	Coronal remnants, deciduous tooth . . . . .	no charge
D7140	Extraction, erupted tooth or exposed tooth . . . . .	\$ 55.00
D7210	Surgical removal of erupted tooth . . . . .	\$ 60.00
D7220	Removal of impacted tooth—soft tissue . . . . .	\$ 75.00
D7230	Removal of impacted tooth—partially bony . . . . .	\$ 95.00
D7240	Removal of impacted tooth—completely bony . . . . .	\$ 135.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report . . . . .	\$ 175.00
D7250	Oral removal of residual tooth roots . . . . .	\$ 50.00
D7260	Oroantral fistula closure . . . . .	\$ 450.00
D7261	Primary closure of a sinus perforation . . . . .	\$ 275.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth . . . . .	\$ 95.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth) . . . . .	\$ 160.00
D7282	Mobilization of erupted or malposed tooth to aid eruption . . . . .	\$ 120.00
D7285	Biopsy of oral tissue—hard (bone, tooth) . . . . .	\$ 450.00
D7286	Biopsy of oral tissue—soft (all others) . . . . .	\$ 155.00
D7287	Exfoliative cytological sample collection . . . . .	\$ 70.00
D7288	Brush biopsy—transepithelial sample collection . . . . .	\$ 75.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant . . . . .	\$ 50.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant . . . . .	\$ 25.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant . . . . .	\$ 90.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant . . . . .	\$ 65.00
D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm . . . . .	\$ 210.00
D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm . . . . .	\$ 285.00
D7471	Removal of lateral exostosis (maxilla or mandible) . . . . .	\$ 130.00
D7472	Removal of torus palatinus . . . . .	\$ 80.00
D7473	Removal of torus mandibularis . . . . .	\$ 80.00
D7485	Surgical reduction of osseous tuberosity . . . . .	\$ 75.00
D7510	Incision and drainage of abscess—intraoral soft tissue . . . . .	\$ 45.00
D7970	Excision hyperplastic tissue—per arch . . . . .	\$ 100.00
D7971	Excision of pericoronaral gingival . . . . .	\$ 65.00



**Repairs to prosthetics** **member pays**

D5510*	Repair broken complete denture base . . . . .	\$ 65.00
D5520*	Replace missing or broken teeth—complete denture (each tooth) . . . . .	\$ 65.00
D5610*	Repair resin denture base . . . . .	\$ 65.00
D5620*	Repair cast framework . . . . .	\$ 65.00
D5630*	Repair or replace broken clasp . . . . .	\$ 65.00
D5640*	Replace broken teeth—per tooth . . . . .	\$ 65.00
D5650*	Add tooth to existing partial denture . . . . .	\$ 60.00
D5670*	Replace all teeth and acrylic framework—maxillary . . .	\$ 255.00
D5671*	Replace all teeth and acrylic framework—mandibular . .	\$ 350.00
D5710*	Rebase complete maxillary denture . . . . .	\$ 230.00
D5711*	Rebase complete mandibular denture . . . . .	\$ 230.00
D5720*	Rebase maxillary partial denture . . . . .	\$ 230.00
D5721*	Rebase mandibular partial denture . . . . .	\$ 230.00
D5730	Reline complete maxillary denture (chairside) . . . . .	\$ 110.00
D5731	Reline complete mandibular denture (chairside) . . . .	\$ 110.00
D5740	Reline maxillary partial denture (chairside) . . . . .	\$ 110.00
D5741	Reline mandibular partial denture (chairside) . . . . .	\$ 110.00
D5750*	Reline complete maxillary denture (laboratory) . . . . .	\$ 180.00
D5751*	Reline complete mandibular denture (laboratory) . . . .	\$ 180.00
D5760*	Reline maxillary partial denture (laboratory) . . . . .	\$ 180.00
D5761*	Reline mandibular partial denture (laboratory) . . . . .	\$ 180.00
D5810*	Interim complete denture (maxillary) . . . . .	\$ 300.00
D5811*	Interim complete denture (mandibular) . . . . .	\$ 300.00
D5820*	Interim partial denture (maxillary) . . . . .	\$ 210.00
D5821*	Interim partial denture (mandibular) . . . . .	\$ 210.00
D5850	Tissue conditioning, maxillary . . . . .	\$ 45.00
D5851	Tissue conditioning, mandibular . . . . .	\$ 45.00
D6214*	Pontic titanium . . . . .	\$ 410.00
D6245*	Pontic—porcelain/ceramic . . . . .	\$ 410.00
D6250*	Pontic—resin with high noble metal . . . . .	\$ 410.00
D6251	Pontic—resin with predominantly base metal . . . . .	\$ 410.00
D6252*	Pontic—resin with noble metal . . . . .	\$ 410.00
D6253*	Provisional pontic . . . . .	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis . .	\$ 300.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis . . . . .	\$ 300.00
D6600*	Inlay—porcelain/ceramic, two surfaces . . . . .	\$ 410.00
D6601*	Inlay—porcelain/ceramic, three or more surfaces . . . .	\$ 410.00
D6602*	Inlay—cast high noble metal, two surfaces . . . . .	\$ 410.00
D6603*	Inlay—cast high noble metal, three or more surfaces . .	\$ 410.00
D6604	Inlay—cast predominantly base metal, two surfaces . . .	\$ 410.00
D6605	Inlay—cast predominantly base metal, three or more surfaces . . . . .	\$ 410.00
D6606*	Inlay—cast noble metal, two surfaces . . . . .	\$ 410.00
D6607*	Inlay—cast noble metal, three or more surfaces . . . . .	\$ 410.00
D6608*	Onlay—porcelain/ceramic, two surfaces . . . . .	\$ 410.00
D6609*	Onlay—porcelain/ceramic, three or more surfaces . . . .	\$ 410.00

**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 receive a 25 percent discount by using certain participating dentists. Visit **HumanaOneNetwork.com** to find a participating dentist who offers the discount on non-covered services.
- 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.

D6610*	Onlay—cast high noble metal, two surfaces . . . . .	\$ 410.00
D6611*	Onlay—cast high noble metal, three or more surfaces . .	\$ 410.00
D6612	Onlay—cast predominantly base metal, two surfaces . . .	\$ 410.00
D6613	Onlay—cast predominantly base metal, three or more surfaces . . . . .	\$ 410.00
D6614*	Onlay—cast noble metal, two surfaces . . . . .	\$ 410.00
D6615*	Onlay—cast noble metal, three or more surfaces . . . . .	\$ 410.00
D6624*	Inlay titanium . . . . .	\$ 410.00
D6634*	Onlay titanium . . . . .	\$ 410.00
D6710*	Crown—indirect resin based composition . . . . .	\$ 410.00
D6720*	Crown—resin with high noble metal . . . . .	\$ 410.00
D6721	Crown—resin with predominantly base metal . . . . .	\$ 410.00
D6722*	Crown—resin with noble metal . . . . .	\$ 410.00
D6740*	Crown—porcelain/ceramic . . . . .	\$ 410.00
D6780*	Crown—3/4 cast high noble metal . . . . .	\$ 410.00
D6781	Crown—3/4 cast predominantly base metal . . . . .	\$ 410.00
D6782*	Crown—3/4 cast noble metal . . . . .	\$ 410.00
D6783*	Crown—3/4 porcelain/ceramic, denture . . . . .	\$ 410.00

**Adjunctive general service** **member pays**

D9110	Palliative (emergency) treatment of dental pain—minor procedure . . . . .	\$ 20.00
D9215	Local anesthesia . . . . .	no charge
D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . .	\$ 205.00
D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 95.00
D9230	Analgesia (nitrous oxide), per 15 minutes . . . . .	\$ 45.00
D9241	I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 205.00
D9242	I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 90.00
D9450	Case presentation, detailed and extensive treatment planning . . . . .	no charge
D9951	Occlusal adjustment—limited . . . . .	\$ 45.00
D9952	Occlusal adjustment—complete . . . . .	\$ 205.00

**Bleaching** **member pays**

D9972	External bleaching—per arch . . . . .	\$ 210.00
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**Orthodontics** **member pays**

NOTE: Members may receive a 25 percent savings by visiting certain in-network orthodontists. Visit **HumanaOneNetwork.com** to find a participating orthodontist who provides a discount on non-covered orthodontia services.

## Limitations and Exclusions

This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Company does not provide coverage for:

- A. Services of any dentist other than a Participating General Dentist, except for emergency care as described in the evidence of coverage;
- B. Procedures not specifically listed as a covered benefit in the Evidence of Coverage;
- C. Benefits (except for palliative (emergency) treatment) or transfer Dental Facilities, when Contributions or Copayments are delinquent;
- D. Dental treatment started prior to effective date for eligibility of benefits;
- E. Services which in the opinion of the Participating General Dentist or Plan that are not dentally necessary to establish and/or maintain oral health;
- F. Services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational;
- G. Services that are not consistent with the normal and/or usual services provided by the Participating General Dentist or which in the opinion of the Participating General Dentist or Participating Specialty Dentist would endanger health;
- H. Services or procedures which the Participating General Dentist or Participating Specialty Dentist is unable to perform because of the general health or physical limitations of the patient;
- I. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances;
- J. Services performed primarily for cosmetic purposes;
- K. Services provided by a Participating Pediatric Dentist to children over the age of seven;
- L. Removal of asymptomatic third molars unless pathology (disease) exists;
- M. Services for treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain;
- N. Crowns, inlays, onlays, or veneers for the purpose of altering vertical dimension of teeth; restoring/maintaining occlusion; splinting teeth, or replacing tooth structure lost as a result of wear.

Insured or administered by DentiCare, Inc. (d/b/a CompBenefits)

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# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY: 711)。

## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námboo ninaaltsoos yézhí, bee nées ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

## العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).