



# Dental Benefits Guide

**Florida School Retiree Benefits Consortium**  
2024 Dental Plans

**Humana**<sup>®</sup>

GCHL7TREN 0523

## CONTACT INFORMATION

All Eligible and Enrolled Retirees should view the [www.myfsrbc.com](http://www.myfsrbc.com) website initially.

### Pre-enrollment Team – 855-811-0409

- Aging in Questions
- Benefit Plan Explanation

### Open enrollment or qualifying event - 877-589-4051

- Initial Enrollment via phone
- Dependent Coverage changes
- Plan Changes
- Divorce
- Death
- Termination Request

### Dental – 800-233-4013

- Dental Benefit Question
- Dental In Network Provider Search
- Dental Claims

### Existing Member Changes – 800-233-4013

- Name Change
- Correct Birthdate
- Update Phone Number
- Address Change
- DHMO Primary Care Dentist (PCD) change

### Enrolled Member Billing – 877-829-5037

- Billing Questions
- Paper Bill Receipt
- Set up or Change an ACH Bank Draft
- Pay by Phone
- Change Payment Preference
- Incorrect Invoice
- Reinstatement Requests Due to Delinquent Invoice
- Termination Request
- Florida Retirement System (FRS) Authorization Form
  - Deduction from retiree pension form
  - Return To: [FRSAuthorization@humana.com](mailto:FRSAuthorization@humana.com)

# HumanaDental Prepaid HS195 Plan

Florida DHMO High

## 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 **HumanaDental.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 **HumanaDental.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. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.<sup>1</sup> 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 [HumanaDental.com](http://HumanaDental.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**.

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 only at a participating general 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. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

## Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

### Appointments Member pays

D9430	Consultation (diagnostic service provided by dentist other than practitioner providing treatment).....	no charge
D9430	Office visit (normal hours) .....	no charge
D9440	Office visit (after regularly scheduled hours) ....	\$ 30.00
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) .....	no charge
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	Extraoral—first radiographic image.....	no charge
D0260	Extraoral—each additional radiographic image ..	no charge
D0270	X-ray bitewing—single radiographic image (two per calendar year) .....	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year) .....	no charge
D0273	X-ray bitewings—three radiographic images (two per calendar year) .....	no charge

D0274	Bitewings—four radiographic images (two per calendar year) .....	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)....	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. \$	50.00
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
D1111	Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year) ..	\$ 35.00
D1120	Prophylaxis—child, routine (two per calendar year) .....	no charge
D1121	Additional—child prophylaxis, with or without fluoride (maximum of two additional per year) ..	\$ 25.00
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1208	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (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) .....	no charge



D1510*	Space maintainer—fixed, unilateral (through age 14)	\$ 25.00
D1515*	Space maintainer—fixed, bilateral (through age 14)	\$ 25.00
D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 35.00
D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 35.00
D1550	Recementation of space maintainer	\$ 15.00
D1555	Removal of fixed space maintainer	\$ 15.00

**Restorative**

**Member pays**

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	no charge

**Resin restorative**

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

**Member pays**

D2330	Resin based composite—one surface, anterior	no charge
D2331	Resin based composite—two surfaces, anterior	no charge
D2332	Resin based composite—three surfaces, anterior	no charge
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	no charge
D2390	Resin based composite crown, anterior	\$ 30.00
D2391	Resin based composite—one surface, posterior	\$ 30.00
D2392	Resin based composite—two surfaces, posterior	\$ 45.00
D2393	Resin based composite—three surfaces, posterior	\$ 65.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 65.00
D2510*	Inlay—metallic, one surface	\$225.00
D2520*	Inlay—metallic, two surfaces	\$235.00
D2530*	Inlay—metallic, three or more surfaces	\$245.00
D2542*	Onlay—metallic, two surfaces	\$245.00
D2543*	Onlay—metallic, three surfaces	\$260.00
D2544*	Onlay—metallic, four or more surfaces	\$270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$245.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$245.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$245.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$245.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$245.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$245.00
D2650*	Inlay—resin based composite, one surface	\$245.00
D2651*	Inlay—resin based composite, two surfaces	\$245.00
D2652*	Inlay—resin based composite, three or more surfaces	\$245.00
D2662*	Onlay—resin based composite, two surfaces	\$245.00
D2663*	Onlay—resin based composite, three surfaces	\$245.00
D2664*	Onlay—resin based composite, four or more surfaces	\$245.00

**Crown and bridge**

(limited to one per tooth every five years)

**Member pays**

D2710*	Crown—resin based composite, indirect	\$245.00
D2712*	Crown—3/4 resin based composite, indirect	\$245.00
D2720*	Crown—resin with high noble metal	\$245.00
D2721	Crown—resin with predominantly base metal	\$245.00
D2722*	Crown—resin with noble metal	\$245.00
D2740*	Crown—porcelain/ceramic substrate	\$245.00

D2750*	Crown—porcelain fused to high noble metal	\$245.00
D2751	Crown—porcelain fused to predominantly base metal	\$245.00
D2752*	Crown—porcelain fused to noble metal	\$245.00
D2780*	Crown—3/4 cast high noble metal	\$245.00
D2781	Crown—3/4 cast predominantly base metal	\$245.00
D2782*	Crown—3/4 cast noble metal	\$245.00
D2783*	Crown—3/4 porcelain/ceramic	\$245.00
D2790*	Crown—full cast high noble metal	\$245.00
D2791	Crown—full cast predominantly base metal	\$245.00
D2792*	Crown—full cast noble metal	\$245.00
D2794*	Crown—titanium	\$245.00
D2799	Provisional crown	no charge
D2910	Recement inlay, onlay or veneer	no charge
D2915	Recement cast or prefabricated post and core	no charge
D2920	Recement crown	no charge
D2929	Crown—Prefabricated porcelain/ceramic crown—primary tooth	\$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 25.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 45.00
D2933	Prefabricated stainless steel crown with resin window	\$ 45.00
D2950	Core buildup, including any pins	\$ 70.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 10.00
D2952*	Cast post and core in addition to crown	\$ 50.00
D2953*	Each additional cast post—same tooth	\$ 50.00
D2954	Prefabricated post and core in addition to crown	\$ 30.00
D2955	Post removal	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 30.00
D2960	Labial veneer (resin laminate)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350.00
D2970	Temporary crown (fractured tooth)	no charge
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair	no charge
D2981	Inlay repair	no charge
D2982	Onlay repair	no charge
D2983	Veneer repair	no charge
D6940	Stress breaker	\$110.00
D6950	Precision attachment	\$195.00
D6980*	Fixed partial denture repair, by report	\$ 45.00

**Prosthodontics (fixed)**

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

**Member pays**

D6210*	Pontic—cast high noble metal	\$245.00
D6211	Pontic—cast predominantly base metal	\$245.00
D6212*	Pontic—cast noble metal	\$245.00
D6240*	Pontic—porcelain fused to high noble metal	\$245.00
D6241	Pontic—porcelain fused to predominantly base metal	\$245.00
D6242*	Pontic—porcelain fused to noble metal	\$245.00
D6750*	Crown—porcelain fused to high noble metal	\$245.00
D6751	Crown—porcelain fused to predominantly base metal	\$245.00
D6752*	Crown—porcelain fused to noble metal	\$245.00
D6790*	Crown—full cast high noble metal	\$245.00

D6791 Crown—full cast predominantly base metal . . . .	\$245.00
D6792* Crown—full cast noble metal . . . . .	\$245.00
D6794* Crown—titanium . . . . .	\$245.00
D6930 Recement fixed partial denture (per unit) . . . . .	no charge

**Prosthodontics**

(replacement limited to every five years) **Member pays**

D5110* Complete denture—maxillary . . . . .	\$325.00
D5120* Complete denture—mandibular . . . . .	\$325.00
D5130* Immediate denture—maxillary . . . . .	\$350.00
D5140* Immediate denture—mandibular . . . . .	\$350.00
D5211* Maxillary partial denture—resin base . . . . .	\$400.00
D5212* Mandibular partial denture—resin base . . . . .	\$400.00
D5213* Maxillary partial denture—cast metal frame-work, resin denture bases . . . . .	\$425.00
D5214* Mandibular partial denture—cast metal frame-work, resin denture bases . . . . .	\$425.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth) . . . . .	\$425.00
D5226* Mandibular partial denture—flexible (including clasps, rests and teeth) . . . . .	\$425.00
D5281* Removable partial denture—one piece cast metal . . . . .	\$300.00
D5410 Adjust complete denture—maxillary . . . . .	\$ 10.00
D5411 Adjust complete denture—mandibular . . . . .	\$ 10.00
D5421 Adjust partial denture—maxillary . . . . .	\$ 10.00
D5422 Adjust partial denture—mandibular . . . . .	\$ 10.00
D5660* Add clasp to existing partial denture . . . . .	\$ 35.00

**Endodontics**

(each procedure limited to once per tooth per life)

**Member pays**

D3110 Pulp cap—direct (excluding final restoration) . . .	\$ 5.00
D3120 Pulp cap—indirect (excluding final restoration) . .	\$ 5.00
D3220 Therapeutic pulpotomy . . . . .	\$ 30.00
D3221 Pulpal debridement, primary and permanent teeth . . . . .	\$ 55.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) . . . . .	\$ 40.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) . . . . .	\$ 40.00
D3310 Root canal therapy—anterior (excluding final restoration) . . . . .	\$100.00
D3320 Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$152.00
D3330 Root canal therapy—molar (excluding final restoration) . . . . .	\$210.00
D3331 Treatment of root canal obstruction—non-surgical access . . . . .	\$ 85.00
D3332 Incomplete endodontic therapy—inoperable or fractured tooth . . . . .	\$ 96.00
D3333 Internal root repair of perforation defects . . . . .	\$ 85.00
D3346 Retreatment of previous root canal therapy—anterior . . . . .	\$180.00
D3347 Retreatment of previous root canal therapy—bicuspid . . . . .	\$280.00
D3348 Retreatment of previous root canal therapy—molar . . . . .	\$325.00
D3351 Apexification/recalcification—initial visit . . . . .	\$ 70.00
D3352 Apexification/recalcification—interim . . . . .	\$ 70.00
D3353 Apexification/recalcification—final visit . . . . .	\$ 70.00
D3410 Apicoectomy/periradicular surgery—anterior . . .	\$ 95.00
D3421 Apicoectomy/periradicular surgery—bicuspid (first root) . . . . .	\$ 95.00

D3425 Apicoectomy/periradicular surgery—molar (first root) . . . . .	\$ 95.00
D3426 Apicoectomy/periradicular surgery (each additional root) . . . . .	\$ 60.00
D3430 Retrograde filling—per root . . . . .	\$ 60.00
D3450 Root amputation—per root (not covered in conjunction with procedure D3920) . . . . .	\$ 95.00
D3910 Surgical procedure to isolate tooth with rubber dam . . . . .	\$ 19.00
D3920 Hemisection not included in root canal therapy .	\$ 90.00
D3950 Root canal prepare and fit preformed dowel/post . . . . .	\$ 15.00

**Periodontics (gum treatment)**

**Member pays**

D4210 Gingivectomy/gingivoplasty per quadrant . . . . .	\$110.00
D4211 Gingivectomy/gingivoplasty per tooth . . . . .	\$ 83.00
D4240 Gingival flap, including root planing—four or more teeth, per quadrant . . . . .	\$150.00
D4241 Gingival flap, including root planing—one to three teeth, per quadrant . . . . .	\$113.00
D4245 Apically positioned flap . . . . .	\$165.00
D4249 Clinical crown lengthening—hard tissue . . . . .	\$150.00
D4260 Osseous surgery—four or more teeth or bounded spaces, per quadrant . . . . .	\$300.00
D4261 Osseous surgery—one to three teeth, per quadrant .	\$225.00
D4263 Bone replacement graft—first site in quadrant . .	\$180.00
D4264 Bone replacement graft—each additional site in quadrant bone . . . . .	\$ 95.00
D4265 Biological materials which can aid soft and osseous tissue regeneration . . . . .	\$ 95.00
D4266 Guided tissue regeneration—resorbable barrier, per site . . . . .	\$215.00
D4267 Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) . .	\$255.00
D4270 Pedicle soft tissue graft procedure . . . . .	\$245.00
D4271 Free soft tissue graft procedure (including donor site surgery) . . . . .	\$245.00
D4273 Subepithelial connective tissue graft, tooth . . . .	\$ 75.00
D4274 Distal or proximal wedge procedure . . . . .	\$100.00
D4275 Soft tissue allograft . . . . .	\$380.00
D4320 Provisional splinting—intracoronaral . . . . .	\$ 95.00
D4321 Provisional splinting—extracoronaral . . . . .	\$ 85.00
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) . . . . .	\$ 50.00
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) . . . . .	\$ 38.00
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years) . . . . .	\$ 50.00
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
D4910 Periodontal maintenance (covered only after active periodontal therapy) .	\$ 40.00
D4911 Additional periodontal maintenance procedures (beyond two per 12 months) . . . . .	\$ 55.00

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

D7111	Coronal remnants, deciduous tooth.....	\$ 5.00
D7140	Extraction, erupted tooth or exposed tooth .....	\$ 5.00
D7210	Surgical removal of erupted tooth .....	\$ 30.00
D7220	Removal of impacted tooth—soft tissue .....	\$ 50.00
D7230	Removal of impacted tooth—partially bony.....	\$ 65.00
D7240	Removal of impacted tooth—completely bony..	\$ 80.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report. ....	\$100.00
D7250	Surgical removal of residual tooth roots .....	\$ 40.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth .....	\$ 50.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth) .....	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption .....	\$ 90.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	\$ 90.00
D7285	Biopsy of oral tissue—hard (bone, tooth) .....	\$150.00
D7286	Biopsy of oral tissue—soft (all others) .....	\$ 60.00
D7287	Exfoliative cytological sample collection .....	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection..	\$ 50.00
D7310	Alveoplasty in conjunction with extractions—per quadrant .....	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant. .	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant .....	\$ 60.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant .....	\$ 25.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$ 80.00
D7472	Removal of torus palatinus .....	\$ 60.00
D7473	Removal of torus mandibularis .....	\$ 60.00
D7485	Surgical reduction of osseous tuberosity .....	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue .....	\$ 35.00
D7511	Incision and drainage of abscess—intraoral soft tissue, complicated (includes drainage of multiple fascial spaces).....	\$ 35.00
D7520	Incision and drainage of abscess—extraoral soft tissue .....	\$ 35.00
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces).....	\$ 35.00
D7910	Suture of recent small wounds up to 5 cm.....	\$ 25.00
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure .....	\$ 50.00
D7963	Frenuloplasty .....	\$ 50.00
D7970	Excision hyperplastic tissue—per arch .....	\$ 55.00
D7971	Excision of pericoronol gingiva.....	\$ 40.00

**Repairs to prosthetics Member pays**

D5510*	Repair broken complete denture base .....	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth) .....	\$ 35.00
D5610*	Repair resin denture base .....	\$ 35.00
D5620*	Repair cast framework .....	\$ 35.00
D5630*	Repair or replace broken clasp .....	\$ 35.00
D5640*	Replace broken teeth—per tooth .....	\$ 35.00
D5650*	Add tooth to existing partial denture .....	\$ 35.00

D5670*	Replace all teeth and acrylic framework—maxillary .....	\$165.00
D5671*	Replace all teeth and acrylic framework—mandibular.....	\$165.00
D5710*	Rebase complete maxillary denture .....	\$ 75.00
D5711*	Rebase complete mandibular denture .....	\$ 75.00
D5720*	Rebase maxillary partial denture .....	\$ 75.00
D5721*	Rebase mandibular partial denture .....	\$ 75.00
D5730	Reline complete maxillary denture (chairside)...	\$ 65.00
D5731	Reline complete mandibular denture (chairside) .	\$ 65.00
D5740	Reline maxillary partial denture (chairside).....	\$ 65.00
D5741	Reline mandibular partial denture (chairside) ...	\$ 65.00
D5750*	Reline complete maxillary denture (laboratory) .	\$ 85.00
D5751*	Reline complete mandibular denture (laboratory) .	\$ 85.00
D5760*	Reline maxillary partial denture (laboratory) ....	\$ 85.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$ 85.00
D5810*	Interim complete denture (maxillary).....	\$230.00
D5811*	Interim complete denture (mandibular) .....	\$230.00
D5820*	Interim partial denture (maxillary).....	\$160.00
D5821*	Interim partial denture (mandibular) .....	\$170.00
D5850	Tissue conditioning, maxillary .....	\$ 20.00
D5851	Tissue conditioning, mandibular .....	\$ 20.00
D5862*	Precision attachment, by report .....	\$160.00
D6214*	Pontic titanium .....	\$245.00
D6245*	Pontic—porcelain/ceramic .....	\$245.00
D6250*	Pontic—resin with high noble metal .....	\$245.00
D6251	Pontic—resin with predominantly base metal ..	\$245.00
D6252*	Pontic—resin with noble metal .....	\$245.00
D6253*	Provisional pontic .....	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis .....	\$150.00
D6600*	Inlay—porcelain/ceramic, two surfaces.....	\$245.00
D6601*	Inlay—porcelain/ceramic, three or more surfaces .	\$245.00
D6602*	Inlay—cast high noble metal, two surfaces .....	\$245.00
D6603*	Inlay—cast high noble metal, three or more surfaces .....	\$245.00
D6604	Inlay—cast predominantly base metal, two surfaces .....	\$245.00
D6605	Inlay—cast predominantly base metal, three or more surfaces .....	\$245.00
D6606*	Inlay—cast noble metal, two surfaces .....	\$245.00
D6607*	Inlay—cast noble metal, three or more surfaces	\$245.00
D6608*	Onlay—porcelain/ceramic, two surfaces .....	\$245.00
D6609*	Onlay—porcelain/ceramic, three or more sur- faces .....	\$245.00
D6610*	Onlay—cast high noble metal, two surfaces ....	\$245.00
D6611*	Onlay—cast high noble metal, three or more surfaces .....	\$245.00
D6612	Onlay—cast predominantly base metal, two surfaces .....	\$245.00
D6613	Onlay—cast predominantly base metal, three or more surfaces .....	\$245.00
D6614*	Onlay—cast noble metal, two surfaces .....	\$245.00
D6615*	Onlay—cast noble metal, three or more surfaces..	\$245.00
D6710*	Crown—indirect resin based composition .....	\$245.00
D6720*	Crown—resin with high noble metal .....	\$245.00
D6721	Crown—resin with predominantly base metal..	\$245.00
D6722*	Crown—resin with noble metal .....	\$245.00
D6740*	Crown—porcelain/ceramic .....	\$245.00
D6780*	Crown—3/4 cast high noble metal.....	\$245.00
D6781	Crown—3/4 cast predominantly base metal ....	\$245.00
D6782*	Crown—3/4 cast noble metal .....	\$245.00
D6783*	Crown—3/4 porcelain/ceramic, denture .....	\$245.00



<b>Adjunctive general service</b>		<b>Member pays</b>
D9110	Palliative (emergency) treatment of dental pain—minor procedure .....	\$ 10.00
D9120	Fixed partial denture sectioning .....	no charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures .....	no charge
D9211	Regional block anesthesia .....	no charge
D9212	Trigeminal division block anesthesia .....	no charge
D9215	Local anesthesia .....	no charge
D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete boney impacted teeth) .....	\$150.00
D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete boney impacted teeth) .....	\$ 45.00
D9230	Analgesia (nitrous oxide), per 15 minutes .....	\$ 15.00
D9241	I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete boney impacted teeth) .....	\$150.00
D9242	I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete boney impacted teeth) .....	\$ 45.00
D9248	Non-intravenous conscious sedation .....	\$ 15.00
D9450	Case presentation, detailed and extensive treatment planning .....	no charge
D9610	Non-intravenous conscious sedation .....	\$ 15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications .....	\$ 25.00
D9630	Other drugs and/or medicaments, by report .....	\$ 15.00
D9910	Application of desensitizing medicament .....	\$ 15.00
D9940	Occlusal guard, by report .....	\$ 85.00
D9942	Repair and/or reline of occlusal guard .....	\$ 40.00
D9951	Occlusal adjustment—limited .....	\$ 30.00
D9952	Occlusal adjustment—complete .....	\$100.00

<b>Bleaching</b>		<b>Member pays</b>
D9972	External bleaching in office—per arch .....	\$125.00
D9975	External bleaching in home—per arch .....	\$125.00

<b>Orthodontics</b>		<b>Member pays</b>
D8070	Comprehensive orthodontic treatment of the transitional dentition .....	\$ 1,850.00
	Consultation .....	no charge
	Evaluation .....	\$ 35.00
	Records/treatment planning .....	\$ 250.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition .....	\$ 1,850.00
	Consultation .....	no charge
	Evaluation .....	\$ 35.00
	Records/treatment planning .....	\$ 250.00
D8090	Comprehensive orthodontic treatment of the adult dentition .....	\$ 1,850.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) ...	\$ 300.00
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers .....	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 receive up to a 25% discount when using certain participating dentists. Contact your provider for additional information.
- 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](http://Disclosure.Humana.com).

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Insured or administered by Humana Insurance Company or CompBenefits Company.





# HumanaDental Prepaid HD205 Plan

Florida DHMO Low

## Feel good about choosing a HumanaDental plan

The HumanaDental HD 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 **HumanaDental.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 **HumanaDental.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.
- If you need a specialty dentist, you may receive up to a 25 percent discount by using certain participating specialty dentists from our network. Visit **HumanaDental.com** to find a participating specialist.

## 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. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.<sup>1</sup> 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 [HumanaDental.com](https://www.humanadental.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**.

<sup>1</sup>Dr. Michael Roizen, RealAge.com

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. HD plans copayments for listed procedures are applicable only at a participating general dentist.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A 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. For HD plans, and benefits for procedures not listed on the schedule, members may receive up to a 25 percent discount by visiting certain participating specialists. Visit **HumanaDental.com** to find a participating specialist.

## Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges, not to exceed \$200. 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).....	\$ 5.00
D9430	Office visit (normal hours) .....	no charge
D9440	Office visit (after regularly scheduled hours) ....	\$ 35.00
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) .....	\$ 15.00
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(s)	no charge
D0250	Extraoral—first radiographic image .....	no charge
D0260	Extraoral—each additional radiographic image .	no charge
D0270	X-ray bitewing—single radiographic image (two per calendar year) .....	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year) .....	no charge

D0273	X-ray bitewings—three radiographic images (two per calendar year) .....	no charge
D0274	Bitewings—four radiographic images (two per calendar year) .....	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)....	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	\$ 50.00
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
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1208	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (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) .....	\$ 10.00

D1510*	Space maintainer—fixed, unilateral (through age 14)	\$ 50.00
D1515*	Space maintainer—fixed, bilateral (through age 14)	\$ 70.00
D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 85.00
D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 90.00
D1550	Recementation of space maintainer	\$ 10.00

**Restorative** **Member pays**

D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 5.00
D2160	Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D2940	Sedative filling	\$ 10.00

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

**Member pays**

D2330	Resin based composite—one surface, anterior	\$ 30.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 45.00
D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D2393	Resin based composite—three surfaces, posterior	\$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 90.00
D2510*	Inlay—metallic, one surface	\$225.00
D2520*	Inlay—metallic, two surfaces	\$235.00
D2530*	Inlay—metallic, three or more surfaces	\$245.00
D2542*	Onlay—metallic, two surfaces	\$250.00
D2543*	Onlay—metallic, three surfaces	\$260.00
D2544*	Onlay—metallic, four or more surfaces	\$270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$295.00
D2650*	Inlay—resin based composite, one surface	\$225.00
D2651*	Inlay—resin based composite, two surfaces	\$235.00
D2652*	Inlay—resin based composite, three or more surfaces	\$245.00
D2662*	Onlay—resin based composite, two surfaces	\$250.00
D2663*	Onlay—resin based composite, three surfaces	\$260.00
D2664*	Onlay—resin based composite, four or more surfaces	\$270.00

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

D2710*	Crown—resin based composite, indirect	\$270.00
D2712*	Crown—3/4 resin based composite, indirect	\$270.00
D2720*	Crown—resin with high noble metal	\$270.00
D2721	Crown—resin with predominantly base metal	\$270.00
D2722*	Crown—resin with noble metal	\$270.00
D2740*	Crown—porcelain/ceramic substrate	\$270.00

D2750*	Crown—porcelain fused to high noble metal	\$270.00
D2751	Crown—porcelain fused to predominantly base metal	\$270.00
D2752*	Crown—porcelain fused to noble metal	\$270.00
D2780*	Crown—3/4 cast high noble metal	\$270.00
D2781	Crown—3/4 cast predominantly base metal	\$270.00
D2782*	Crown—3/4 cast noble metal	\$270.00
D2783*	Crown—3/4 porcelain/ceramic	\$270.00
D2790*	Crown—full cast high noble metal	\$270.00
D2791	Crown—full cast predominantly base metal	\$270.00
D2792*	Crown—full cast noble metal	\$270.00
D2794*	Crown—titanium	\$270.00
D2799	Provisional crown	no charge
D2910	Recement inlay, onlay or veneer	\$ 15.00
D2915	Recement cast or prefabricated post and core	no charge
D2920	Recement crown	\$ 15.00
D2929	Crown—Prefabricated porcelain/ceramic crown—primary tooth	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 50.00
D2933	Prefabricated stainless steel crown with resin window	\$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 50.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 95.00
D2953*	Each additional cast post—same tooth	\$100.00
D2954	Prefabricated post and core in addition to crown	\$ 85.00
D2955	Post removal	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 35.00
D2960	Labial veneer (resin laminate)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350.00
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair	no charge
D2981	Inlay repair	no charge
D2982	Onlay repair	no charge
D2983	Veneer repair	no charge
D6940	Stress breaker	\$ 150.00
D6950	Precision attachment	\$ 195.00

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

D6210*	Pontic—cast high noble metal	\$270.00
D6211	Pontic—cast predominantly base metal	\$270.00
D6212*	Pontic—cast noble metal	\$270.00
D6240*	Pontic—porcelain fused to high noble metal	\$270.00
D6241	Pontic—porcelain fused to predominantly base metal	\$270.00
D6242*	Pontic—porcelain fused to noble metal	\$270.00
D6750*	Crown—porcelain fused to high noble metal	\$270.00
D6751	Crown—porcelain fused to predominantly base metal	\$270.00
D6752*	Crown—porcelain fused to noble metal	\$270.00
D6790*	Crown—full cast high noble metal	\$270.00

D6791	Crown—full cast predominantly base metal	....	\$270.00
D6792*	Crown—full cast noble metal	.....	\$270.00
D6794*	Crown—titanium	.....	\$270.00
D6930	Recement fixed partial denture (per unit)	.....	\$ 15.00

**Prosthodontics**

(replacement limited to every five years) **Member pays**

D5110*	Complete denture—maxillary	.....	\$375.00
D5120*	Complete denture—mandibular	.....	\$375.00
D5130*	Immediate denture—maxillary	.....	\$375.00
D5140*	Immediate denture—mandibular	.....	\$375.00
D5211*	Maxillary partial denture—resin base	.....	\$400.00
D5212*	Mandibular partial denture—resin base	.....	\$400.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	.....	\$425.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	.....	\$425.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	.....	\$425.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	.....	\$425.00
D5281*	Removable partial denture—one piece cast metal	.....	\$350.00
D5410	Adjust complete denture—maxillary	.....	\$ 15.00
D5411	Adjust complete denture—mandibular	.....	\$ 15.00
D5421	Adjust partial denture—maxillary	.....	\$ 15.00
D5422	Adjust partial denture—mandibular	.....	\$ 15.00
D5660*	Add clasp to existing partial denture	.....	\$ 90.00

**Endodontics**

(each procedure limited to once per tooth per life)

**Member pays**

D3110	Pulp cap—direct (excluding final restoration)	....	\$ 15.00
D3120	Pulp cap—indirect (excluding final restoration)	..	\$ 10.00
D3220	Therapeutic pulpotomy	.....	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth	.....	\$ 85.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	.....	\$ 45.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	.....	\$ 50.00
D3310	Root canal therapy—anterior (excluding final restoration)	.....	\$110.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	.....	\$195.00
D3330	Root canal therapy—molar (excluding final restoration)	.....	\$250.00
D3331	Treatment of root canal obstruction—non-surgical access	.....	\$ 80.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	.....	\$ 80.00
D3333	Internal root repair of perforation defects	.....	\$ 90.00
D3351	Apexification/recalcification—initial visit	.....	\$ 90.00
D3352	Apexification/recalcification—interim	.....	\$ 80.00
D3353	Apexification/recalcification—final visit	.....	\$ 90.00
D3410	Apicoectomy/periradicular surgery—anterior	....	\$135.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	.....	\$120.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	.....	\$120.00
D3426	Apicoectomy/periradicular surgery (each additional root)	.....	\$ 60.00

D4330	Retrograde filling—per root	.....	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	.....	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	.....	\$ 20.00
D3920	Hemisection not included in root canal therapy	..	\$ 90.00
D3950	Root canal prepare and fit preformed dowel/post	.....	\$ 15.00

**Periodontics (gum treatment)**

**Member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	.....	\$120.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	.....	\$ 55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	.....	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	.....	\$120.00
D4245	Apically positioned flap	.....	\$175.00
D4249	Clinical crown lengthening—hard tissue	.....	\$150.00
D4260	Osseous surgery—four or more teeth or bounded spaces, per quadrant	.....	\$350.00
D4261	Osseous surgery—one to three teeth, per quadrant	.....	\$325.00
D4263	Bone replacement graft—first site in quadrant	..	\$180.00
D4264	Bone replacement graft—each additional site in quadrant bone	.....	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	.....	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	.....	\$230.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	..	\$275.00
D4270	Pedicle soft tissue graft procedure	.....	\$260.00
D4273	Subepithelial connective tissue graft, tooth	....	\$350.00
D4274	Distal or proximal wedge procedure	.....	\$ 90.00
D4275	Soft tissue allograft	.....	\$380.00
D4277	Free soft tissue graft procedure (including donor site surgery) - first tooth	.....	\$265.00
D4278	Free soft tissue graft procedure (including donor site surgery), ea add'l	.....	\$199.00
D4320	Provisional splinting—intracoronal	.....	\$ 95.00
D4321	Provisional splinting—extracoronal	.....	\$ 85.00
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)	.....	\$ 55.00
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)	.....	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	.....	\$ 50.00
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)	....	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	.....	\$ 45.00



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

D7111	Coronal remnants, deciduous tooth . . . . .	no charge
D7140	Extraction, erupted tooth or exposed tooth . . . . .	no charge
D7210	Surgical removal of erupted tooth . . . . .	\$ 40.00
D7220	Removal of impacted tooth—soft tissue . . . . .	\$ 55.00
D7230	Removal of impacted tooth—partially bony. . . . .	\$ 70.00
D7240	Removal of impacted tooth—completely bony. . . . .	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report. . . . .	\$110.00
D7250	Surgical removal of residual tooth roots . . . . .	\$ 40.00
D7260	Oroantral fistula closure . . . . .	\$350.00
D7261	Primary closure of a sinus perforation . . . . .	\$225.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth . . . . .	\$ 55.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth) . . . . .	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption . . . . .	\$ 90.00
D7285	Biopsy of oral tissue—hard (bone, tooth) . . . . .	\$350.00
D7286	Biopsy of oral tissue—soft (all others) . . . . .	\$120.00
D7287	Exfoliative cytological sample collection . . . . .	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection. . . . .	\$ 55.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant . . . . .	\$ 40.00
D7311	Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant. . . . .	\$ 15.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant . . . . .	\$ 75.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. . . . .	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm. . . . .	\$160.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm. . . . .	\$235.00
D7471	Removal of lateral exostosis (maxilla or mandible) . . . . .	\$ 90.00
D7472	Removal of torus palatinus . . . . .	\$ 65.00
D7473	Removal of torus mandibularis . . . . .	\$ 65.00
D7485	Surgical reduction of osseous tuberosity . . . . .	\$ 60.00
D7510	Incision and drainage of abscess—intraoral soft tissue. . . . .	\$ 35.00
D7970	Excision hyperplastic tissue—per arch . . . . .	\$ 85.00
D7971	Excision of pericoronal gingival . . . . .	\$ 55.00

**Repairs to prosthetics Member pays**

D5510*	Repair broken complete denture base . . . . .	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth) . . . . .	\$ 35.00
D5610*	Repair resin denture base . . . . .	\$ 35.00
D5620*	Repair cast framework . . . . .	\$ 35.00
D5630*	Repair or replace broken clasp . . . . .	\$ 35.00
D5640*	Replace broken teeth—per tooth . . . . .	\$ 35.00
D5650*	Add tooth to existing partial denture . . . . .	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary . . . . .	\$210.00
D5671*	Replace all teeth and acrylic framework—mandibular. . . . .	\$225.00
D5710*	Rebase complete maxillary denture . . . . .	\$200.00
D5711*	Rebase complete mandibular denture . . . . .	\$200.00
D5720*	Rebase maxillary partial denture . . . . .	\$200.00
D5721*	Rebase mandibular partial denture . . . . .	\$200.00
D5730	Reline complete maxillary denture (chairside) . . . . .	\$ 60.00

D5731	Reline complete mandibular denture (chairside) . . . . .	\$ 60.00
D5740	Reline maxillary partial denture (chairside) . . . . .	\$ 60.00
D5741	Reline mandibular partial denture (chairside) . . . . .	\$ 60.00
D5750*	Reline complete maxillary denture (laboratory) . . . . .	\$ 95.00
D5751*	Reline complete mandibular denture (laboratory) . . . . .	\$ 95.00
D5760*	Reline maxillary partial denture (laboratory) . . . . .	\$ 95.00
D5761*	Reline mandibular partial denture (laboratory) . . . . .	\$ 95.00
D5810*	Interim complete denture (maxillary) . . . . .	\$250.00
D5811*	Interim complete denture (mandibular) . . . . .	\$250.00
D5820*	Interim partial denture (maxillary) . . . . .	\$ 80.00
D5821*	Interim partial denture (mandibular) . . . . .	\$ 80.00
D5850	Tissue conditioning, maxillary . . . . .	\$ 30.00
D5851	Tissue conditioning, mandibular . . . . .	\$ 30.00
D6214*	Pontic titanium . . . . .	\$270.00
D6245*	Pontic—porcelain/ceramic . . . . .	\$270.00
D6250*	Pontic—resin with high noble metal . . . . .	\$270.00
D6251	Pontic—resin with predominantly base metal . . . . .	\$270.00
D6252*	Pontic—resin with noble metal . . . . .	\$270.00
D6253*	Provisional pontic . . . . .	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis . . . . .	\$250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis . . . . .	\$250.00
D6600*	Inlay—porcelain/ceramic, two surfaces . . . . .	\$270.00
D6601*	Inlay—porcelain/ceramic, three or more surfaces . . . . .	\$270.00
D6602*	Inlay—cast high noble metal, two surfaces . . . . .	\$270.00
D6603*	Inlay—cast high noble metal, three or more surfaces . . . . .	\$270.00
D6604	Inlay—cast predominantly base metal, two surfaces . . . . .	\$270.00
D6605	Inlay—cast predominantly base metal, three or more surfaces . . . . .	\$270.00
D6606*	Inlay—cast noble metal, two surfaces . . . . .	\$270.00
D6607*	Inlay—cast noble metal, three or more surfaces . . . . .	\$270.00
D6608*	Onlay—porcelain/ceramic, two surfaces . . . . .	\$270.00
D6609*	Onlay—porcelain/ceramic, three or more surfaces. . . . .	\$270.00
D6610*	Onlay—cast high noble metal, two surfaces . . . . .	\$270.00
D6611*	Onlay—cast high noble metal, three or more surfaces . . . . .	\$270.00
D6612	Onlay—cast predominantly base metal, two surfaces . . . . .	\$270.00
D6613	Onlay—cast predominantly base metal, three or more surfaces . . . . .	\$270.00
D6614*	Onlay—cast noble metal, two surfaces . . . . .	\$270.00
D6615*	Onlay—cast noble metal, three or more surfaces . . . . .	\$270.00
D6624*	Inlay titanium . . . . .	\$270.00
D6634*	Onlay titanium . . . . .	\$270.00
D6710*	Crown—indirect resin based composition . . . . .	\$270.00
D6720*	Crown—resin with high noble metal . . . . .	\$270.00
D6721	Crown—resin with predominantly base metal. . . . .	\$270.00
D6722*	Crown—resin with noble metal . . . . .	\$270.00
D6740*	Crown—porcelain/ceramic . . . . .	\$280.00
D6780*	Crown—3/4 cast high noble metal. . . . .	\$270.00
D6781	Crown—3/4 cast predominantly base metal . . . . .	\$270.00
D6782*	Crown—3/4 cast noble metal. . . . .	\$270.00
D6783*	Crown—3/4 porcelain/ceramic, denture . . . . .	\$270.00

**Adjunctive general service member pays**

D9110	Palliative (emergency) treatment . . . . .	\$ 20.00
D9215	Local anesthesia . . . . .	no charge
D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$165.00

D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 70.00
D9230	Analgesia (nitrous oxide), per 15 minutes . . . . .	\$ 15.00
D9241	I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$165.00
D9242	I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) . . . . .	\$ 70.00
D9450	Case presentation, detailed and extensive treatment planning . . . . .	no charge
D9951	Occlusal adjustment—limited . . . . .	\$ 35.00
D9952	Occlusal adjustment—complete . . . . .	\$165.00

<b>Bleaching</b>	<b>member pays</b>
D9972	External bleaching in office—per arch . . . . . \$175.00
D9975	External bleaching at home—per arch . . . . . \$175.00

**Orthodontics** **member pays**

**NOTE:** You may receive up to a 25 percent discount by visiting certain in-network orthodontists. Visit **HumanaDental.com** to find a participating orthodontist.

**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 up to a 25% discount when using certain participating dentists. Contact your provider for additional information.
- 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.

*Current Dental Terminology © 2007 American Dental Association. All rights reserved.*

Insured or administered by Humana Insurance Company or CompBenefits Company.



	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 waived on Preventive Services)	\$50	\$150	\$50	\$150
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$2,000			
<b>Preventive services</b>	100% no deductible		100% no deductible	
<ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Periodontal cleanings (3 per year)</li> <li>• Sealants (through age 14)</li> </ul>				
<b>Basic services</b>	80% after deductible		80% after deductible	
<ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam, composite for anterior teeth)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> </ul>				
<b>Major services</b>	50% after deductible		50% after deductible	
<ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Denture repair and adjustments</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> <li>• Implants</li> <li>• Periodontics (gums)</li> <li>• Endodontics (root canals)</li> </ul>				
<b>Orthodontia services</b>	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

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. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

## Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant <sup>1,2</sup>	No	12 months	12 months	Not available

<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.



## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.



## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

\* [www.perio.org](http://www.perio.org)

### 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

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* Humana Dental helps you feel good about your dental health so you can smile confidently.

\*American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to [Humana.com](http://Humana.com) or call 1-800-233-4013.

### Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at [Humana.com](http://Humana.com) or call 1-800-233-4013.

### See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at [Humana.com](http://Humana.com).

### Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at [Humana.com](http://Humana.com) or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, Humana Dental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



Policy Number: FL-70090-HD 3/08 et.al.

## FSRBC Medium PPO

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$25	\$75	\$50	\$150
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,250			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Three periodontal cleanings per year</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>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam, composite for anterior teeth)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> <li>• Periodontics (gums)</li> <li>• Endodontics (root canals)</li> </ul>	80% after deductible		60% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> </ul>	50% after deductible		40% after deductible	
<b>Orthodontia</b>	If you do not choose orthodontia coverage, employees may be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.			

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.

## Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant <sup>1,2</sup>	No	12 months	12 months	Not available

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

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

## FSRBC Low PPO

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$50	\$150	\$100	\$300
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$800			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Three periodontal cleanings per year</li> </ul>	100% after deductible		100% after deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam, composite for anterior teeth)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> </ul>	70% after deductible		70% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> <li>• Periodontics (gums)</li> <li>• Endodontics (root canals)</li> </ul>	50% after deductible		50% after deductible	
<b>Orthodontia</b>	If you do not choose orthodontia coverage, employees may be eligible to receive up to a 20% discount on non-covered services. Members may contact a participating provider to determine if any discounts are available.			

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.



## Waiting periods

### Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant <sup>1,2</sup>	No	12 months	12 months	Not available

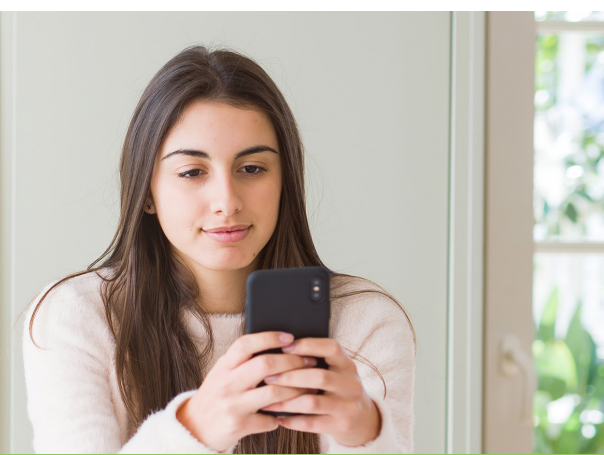
<sup>1</sup> Late applicants not allowed with open enrollment option.

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

Available on PPO Plans Only

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

Available on PPO Plans








## 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

Typically, 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 pain medications when needed** *(Please note, the cost of medications are not covered by your dental plan.)*
-  **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**

## Tips to prepare for your Teledentix virtual dental visit

- 1** Register on the Teledentix app, or from your computer at [Humana.teledentix.com/c/humanaondemand](https://humana.teledentix.com/c/humanaondemand).
- 2** Fill out any required patient forms before your appointment.
- 3** Make a list of any symptoms, questions or concerns in advance, so you'll be ready to discuss them with your provider.
- 4** Share any prescriptions, over-the-counter medicines or supplements you're currently taking with your provider. If you have a preferred pharmacy, have the name and address handy in case your provider suggests prescription medication.

**To learn more about teledentistry or your Humana Dental benefits, visit [Humana.com](https://Humana.com).**

Teledentistry is not available in all states. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply. Teledentistry services are available on-demand or by appointment to members of all ages, including children and adolescents. Internet access is required for video teledentistry visits. Data fees may apply.

Available on PPO and Traditional Preferred plans only.

Dental PPO plans are not offered in all states.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

**Humana**®

GCHLKUVEN 0322

# You and your health



A healthy mouth may help  
reduce your risk of stroke

**Humana**®

GN51814HD 1213

**Humana**®

# Make regular dental visits a priority

Certain conditions such as stroke may be linked to dental health. In fact, the bacteria present in gum diseases may contribute to your stroke risk.\*

## How dental health affects the risk of a stroke

Gum disease occurs when the tissue around your teeth becomes infected. Bacteria found in gum disease can increase the risk for a heart attack or stroke. Also, if left untreated, gum disease can damage the gums and bone around your teeth and eventually may cause tooth loss.

## What can you do?

See a dentist. Make regular dental visits a priority. And if you are at risk for a stroke, it's important to tell your dentist, including any medications that you are currently taking. A dentist may be able to recognize early oral hygiene problems that you can't see, and provide appropriate treatment to help slow the progression of gum disease.

Practice good dental care every day. Dental care is always important, but even more of a priority for those at risk for a stroke. Healthy gums help prevent bacteria in your mouth from entering your bloodstream, keeping you healthier.

Take an oral health risk assessment called My Dental IQ<sup>SM</sup> that immediately provides feedback regarding your oral health. You'll receive a personalized action plan with health tips. You can print a copy of your summary to discuss with your dentist at your next visit.

## Tips to help 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



# 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.



## Get quick access to your dental plan

### 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, follow the "Registering is easy" instructions below.

### Check your claim status

### Review deductibles, coverage levels and limits

The screenshot shows the MyHumana web dashboard for a user named Nikole. At the top, there's a navigation bar with 'Home', 'Coverage', 'Claims', 'MyHealth', and 'Account' menus. The main content area is titled 'Dental' and includes sections for 'Nikole's DENTAL PPO (HUMANA INC.)' with links to 'View coverage details' and 'View ID card', a 'Looking for a dentist?' section with a 'Provider finder' link, 'Dental claims' with a table showing a claim for 'JOHN SMITH' on '07/13/2021' with a 'Your share' of '\$116.00', 'Deductibles & maximums' showing '\$50.00 left to meet your \$50.00 individual in-network deductible' and '\$2,000.00 left' for the 'Individual maximum out-of-pocket', 'Spending Accounts' with a link to 'HumanaAccess.com', and 'In your network' with a 'Find a dentist' link. A 'Chat with us' button is visible in the bottom right corner.

A dashboard that puts all your information in one spot

Chat with a representative about any of your dental plan questions

Find a dentist near you

## Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
3. 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://www.humana.com).\*



**Humana**

\* Message and data rates may apply.





## 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, & 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](https://www.mychumana.com) to see all your discounts!



AUDICUS

TruHearing®

**The discounts offered through the Special Discounts Program (the Program) are not insurance or insured benefits.**

The Program is subject to change and may be discontinued, without notice and at any time. The Program is only available to eligible Humana members. For any non-vision discounts in the Program, members in New Mexico and Vermont are not eligible. Additional exclusions may apply for members of individual policies. The Program is not available to Medicare or Medicaid members. The discount vendors are third-party vendors. The vendors are solely responsible to you for the provision of these products and services. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. You should independently review the products and services and the discount vendors before purchasing. Humana's contract with the discount vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Program is voluntary. Humana and the discount vendor, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates, expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.



## 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 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 resewva 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'ahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowól.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721