

Illinois

HumanaDental



HUMANA[®]
Specialty Benefits



Feel good about choosing a HumanaDental plan

9 out of 10 members would recommend a HumanaDental plan to a friend.*

We're happy you are considering a HumanaDental plan. Offering a dental plan not only promotes good dental health, but may also reduce total healthcare costs over time. You can feel good knowing you're offering a highly appreciated employee benefit while helping your employees stay more healthy and fit. Feel even better knowing:

- › You won't break your budget – offer a HumanaDental plan at little or no cost to your business.
- › Your plan will run smoothly. In fact, we have more than 1,000 associates who are experts at servicing dental benefits.
- › Our PPO network is one of the largest with more than 130,000 dentist locations, and growing daily.
- › Your employees will benefit from national network discounts averaging 27 percent.
- › We keep our promises. Humana has never missed a dental service guarantee.

* HumanaDental member satisfaction survey, 2008

Good health starts with a healthy mouth



“Prevention and early treatment of dental disease can help people take better care of their overall health as well as improve their oral health.”

Geoffrey Morris, DDS
National Dental Director,
Humana Specialty Benefits

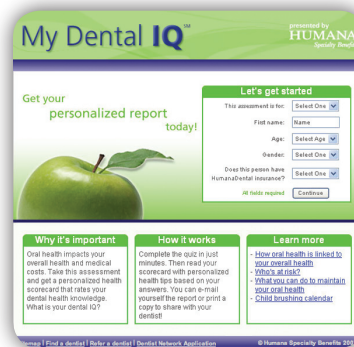
Education and prevention are top priorities

Regular dental cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* HumanaDental plans focus on education, prevention, early diagnosis, and treatment.

Healthy employees are good for your business. They are typically more productive, miss less work, and have fewer healthcare costs. Here's what you can expect with your HumanaDental plan:

- ▶ Two regular cleanings and exams, plus two periodontal cleanings and exams for members in a HumanaDental PPO or Traditional Preferred plan
- ▶ Oral cancer screenings for members 40 years and older in a HumanaDental PPO, Traditional Preferred, or Preventive Plus plan
- ▶ *BrushUp* newsletter provides members with tips on how to keep their mouths healthy, and educates them on the importance of regular dental visits

* www.perio.org



MyDentalIQ.com,
an online dental health
assessment delivers a
personalized action plan
and dental health tips

You're partnering with a company that has more than three decades experience servicing employers' dental insurance needs.



Personalize your HumanaDental plan

You'll work with a team of dental experts to design a plan that best fits you and your employees' needs. Choose voluntary or employer-sponsored plans with various deductibles, copayments, and out-of-pocket options. Administrative service only (ASO) plans also are available. You also can:

- › Offer employees a choice of two dental plans (available for groups with 10 or more enrolled employees)
- › Work with us to nominate dentists for our network
- › Talk directly with a Customer Care specialist and/or manage your plan online at **HumanaDental.com**
- › Choose the enrollment option that works best for you: Web, list enrollment, or paper



Using **HumanaDental.com**, you can:

- › Enroll employees
- › Update employee information
- › Customize reports
- › Order replacement ID cards

Plus, members can find network dentists quickly and check the status of a claim.

Traditional Preferred and PPO plans

	Traditional Preferred			PPO									
Deductible options	See any dentist			See an in-network dentist				See an out-of-network dentist					
	Individual	Family		Individual	Family		Individual	Family					
	<input type="checkbox"/> \$0	\$0		<input type="checkbox"/> \$0	\$0		<input type="checkbox"/> \$25	\$75					
	<input type="checkbox"/> \$25	\$75		<input type="checkbox"/> \$25	\$75		<input type="checkbox"/> \$50	\$150					
	<input type="checkbox"/> \$50	\$150		<input type="checkbox"/> \$50	\$150		<input type="checkbox"/> \$100	\$300					
* Waive deductible option *	Deductible applies to all services with the option to waive on preventive.			Deductible applies to all services with the option to waive on out-of-network preventive. Deductible does not apply to in-network preventive.									
Annual maximum options	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500			<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500									
* Extended annual maximum option *	You have the option to receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year after you reach your annual maximum. (Implants and orthodontia excluded)												
	Coinsurance options			Coinsurance options									
Preventive services	See any dentist			in network	out of network	in network	out of network	in network	out of network	in network	out of network	in network	out of network
	100%	100%	100%	100%	100%	100%	80%	100%	80%	100%	80%	100%	80%
Basic services	80%	50%	50%	100%	80%	90%	80%	90%	50%	80%	80%	80%	50%
Major services	50%	50%	30%	60%	50%	60%	50%	60%	30%	50%	50%	50%	50%

Plan options

Periodontics/Endodontics

Periodontics and endodontics available as a basic service for an additional cost.

Composite fillings for molars

Composite fillings for molars can be added to basic services for groups with 10 or more enrolled employees for an additional cost.

Implants

Implants can be added to major services for groups with 10 or more enrolled employees for an additional cost. \$1,500 maximum implant benefit, subject to the annual maximum.

Orthodontia

If you do not choose orthodontia coverage, employees can still receive up to a 20 percent savings by visiting participating orthodontists and asking for the discount.

Child orthodontia – Available for groups with 10 or more enrolled employees. Plan pays 50 percent (no deductible) of the covered child orthodontia services up to:

\$1,000 \$1,500 \$2,000

Adult/child orthodontia – Available for groups with 25 or more enrolled employees. Plan pays 50 percent (no deductible) of the covered adult/child orthodontia services up to:

\$1,000 \$1,500 \$2,000

Preventive Plus plans

	Preventive Plus	
Deductible	See any dentist	
	Individual \$50	Family \$150
* Waive deductible option *	Deductible applies to all services with the option to waive on preventive.	
Annual maximum	\$1,000	
	Coinsurance options	
	See any dentist	
Preventive services Oral examinations, X-rays, cleanings, topical fluoride treatment (through age 14, one per calendar year), sealants (through age 14)	100%	100%
Basic services Emergency care for pain relief, nonsurgical extractions, fillings (amalgams, composite for anterior teeth)	80%	50%
Discount services Basic services Space maintainers (through age 14), appliances for children, prefabricated stainless steel crowns Major services Crowns, inlays and onlays, bridgework, dentures, denture relines and rebases, denture repair and adjustments, oral surgery, periodontics (gum therapy), endodontics (root canals) Orthodontia services Adult and child orthodontia	Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.	

Policy number: IL-70090-HD 5/06
Insured or administered by HumanaDental Insurance Company

Additional plan options

› Out-of-network reimbursement options

- ❑ **Based on maximum allowable fee (MAF):**
If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.
 - ❑ **Based on in-network fee schedule (INFS):**
If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule in your area.
- If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule.

› Funding options

- ❑ **Employer sponsored:** Your business only needs to contribute 25 percent of the single rate.
- ❑ **Voluntary:** Same group benefits to your employees at no cost to your business.
- ❑ **Dual choice:** Combine any two employer-sponsored or any two voluntary plans. (Available for groups with 10 or more enrolled employees.)
- ❑ **Administrative services only (ASO):** Your business funds the plan. HumanaDental carefully manages your plan through our industry-leading claims system and nationwide PPO network.

› Enrollment options for employees joining late

- ❑ **Open enrollment:** Employees without a qualifying event can only join during the annual open enrollment period. Additional late applicant waiting periods do not apply (plan waiting periods may apply).
- ❑ **Late applicants:** Employees can join at any time during the plan year without a qualifying event. Late applicant waiting periods apply.



Genuine customer care

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

HumanaDental Advantage Plus plans

Advantage Plus plans are network-based dental plans that emphasize prevention and cost control. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. D plan copayments for listed procedures are applicable only at a participating general dentist. Members with a D plan will receive a 25 percent discount on specialty services when visiting a participating specialist. S plan copayments are applicable at either a participating general dentist or a participating specialist.

Finding a dentist is easy

- › Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025)
- › Look on HumanaDental.com

Choose your office visit copay option (general dentist/specialist)

- D plans \$0 \$5 \$10
 S plans \$0/\$0 \$5/\$15 \$10/\$15

Select your annual maximum

- \$1,000 \$1,500 \$2,000 No annual maximum

Summary of services

Preventive	1D/1S	2D/2S	3D/3S	4D/4S	5D
D0120 ^a Periodic oral examination	no charge	no charge	no charge	no charge	no charge
D0140 ^a Limited oral evaluation – problem focused	no charge	no charge	no charge	no charge	no charge
D0145 Oral evaluation for a patient under 3 years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	no charge	no charge	no charge	no charge
D0150 Comprehensive oral evaluation – new/established patient (limit 1 every 24 months)	no charge	no charge	no charge	no charge	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months)	no charge	no charge	no charge	no charge	no charge
D0170 Re-evaluation – limited problem focused (limit 1 every 12 months)	no charge	no charge	no charge	no charge	no charge
D0180 Comprehensive periodontal eval – new/established patient (limit 1 every 24 months)	no charge	no charge	no charge	no charge	no charge
D0210 X-ray intraoral – complete series (limit 1 every 3 years)	no charge	no charge	no charge	no charge	no charge
D0220 X-ray intraoral – periapical, first film (limit 9 every 12 months includes D0230)	no charge	no charge	no charge	no charge	no charge
D0230 X-ray intraoral – periapical, each additional film (limit 9 every 12 months includes D0220)	no charge	no charge	no charge	no charge	no charge
D0240 X-ray intraoral – occlusal film	no charge	no charge	no charge	no charge	no charge
D0250 X-ray extraoral, first film	no charge	no charge	no charge	no charge	no charge
D0260 X-ray extraoral, each additional film	no charge	no charge	no charge	no charge	no charge
D0270 ^a Bitewing – single film	no charge	no charge	no charge	no charge	no charge
D0272 ^a Bitewings – two films	no charge	no charge	no charge	no charge	no charge
D0273 ^a Bitewings – three films	no charge	no charge	no charge	no charge	no charge
D0274 ^a Bitewings – four films	no charge	no charge	no charge	no charge	no charge
D0277 ^a Vertical bitewings – 7 to 8 films	no charge	no charge	no charge	no charge	no charge
D0330 Panoramic film (limit 1 every 3 years)	no charge	no charge	no charge	no charge	no charge
D0470 Diagnostic casts	no charge	no charge	no charge	no charge	no charge
D1110 ^a Prophylaxis – adult (inclusive of D4910)	no charge	no charge	no charge	no charge	no charge
D1120 ^a Prophylaxis – child (inclusive of D4910)	no charge	no charge	no charge	no charge	no charge
D1203 ^a Topical application of fluoride – child (for child <16)	no charge	no charge	no charge	no charge	no charge
D1206 ^a Topical fluoride varnish (for child <16)	no charge	no charge	no charge	no charge	no charge
D1351 Sealant – per tooth (limit 1 per tooth every 12 months for child <14)	no charge	no charge	no charge	no charge	no charge

^a Limit of one every six months.

Basic	1D/1S	2D/2S	3D/3S	4D/4S	5D
D1510 [†] Space maintainer – fixed, unilateral (limited to child <14)	\$ 53.00	no charge	no charge	no charge	no charge
D1515 [†] Space maintainer – fixed, bilateral (limited to child <14)	\$ 70.00	no charge	no charge	no charge	no charge
D1520 [†] Space maintainer – removable, unilateral (limited to child <14)	\$ 66.00	no charge	no charge	no charge	no charge
D1525 [†] Space maintainer – removable, bilateral (limited to child <14)	\$ 91.00	no charge	no charge	no charge	no charge
D1550 [†] Recementation of space maintainer	\$ 12.00	no charge	no charge	no charge	no charge
D2140 Amalgam – one surface primary or permanent	\$ 24.00	no charge	\$ 24.00	no charge	\$ 64.00
D2150 Amalgam – two surfaces primary or permanent	\$ 31.00	no charge	\$ 31.00	no charge	\$ 83.00
D2160 Amalgam – three surfaces primary or permanent	\$ 37.00	no charge	\$ 37.00	no charge	\$ 100.00
D2161 Amalgam – four/more surfaces primary/permanent	\$ 46.00	no charge	\$ 46.00	no charge	\$ 122.00
D2330 Resin based composite – one surface, anterior	\$ 24.00	no charge	\$ 24.00	no charge	\$ 70.00
D2331 Resin based composite – two surfaces, anterior	\$ 31.00	no charge	\$ 31.00	no charge	\$ 90.00
D2332 Resin based composite – three surfaces, anterior	\$ 38.00	no charge	\$ 38.00	no charge	\$ 109.00
D2335 Resin based composite – four or more surfaces, involving incisal angle	\$ 45.00	no charge	\$ 45.00	no charge	\$ 138.00
D2390 Resin based composite – crown anterior	\$ 49.00	no charge	\$ 49.00	no charge	\$ 203.00
D2391 Resin based composite – one surface, posterior	\$ 28.00	no charge	\$ 28.00	no charge	\$ 86.00
D2392 Resin based composite – two surfaces, posterior	\$ 37.00	no charge	\$ 37.00	no charge	\$ 110.00
D2393 Resin based composite – three surfaces, posterior	\$ 46.00	no charge	\$ 46.00	no charge	\$ 136.00
D2394 Resin based composite – four or more surfaces, posterior	\$ 56.00	no charge	\$ 56.00	no charge	\$ 166.00
D4341 Periodontal scaling and root planing – per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00	no charge	\$ 39.00	no charge	\$ 135.00
D4342 Periodontal scaling and root planing – per quadrant, 1 to 3 teeth (limit 1 per quad every 12 months)	\$ 21.00	no charge	\$ 21.00	no charge	\$ 90.00
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)	\$ 26.00	no charge	\$ 26.00	no charge	\$ 90.00
D4910 Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00	no charge	\$ 23.00	no charge	\$ 81.00
D7111 Extraction coronal remnants deciduous tooth	\$ 20.00	no charge	\$ 20.00	no charge	\$ 65.00
D7140 Extraction erupted tooth or exposed root	\$ 26.00	no charge	\$ 26.00	no charge	\$ 83.00

Major

D2510 ^b Inlay – metallic, one surface	\$ 313.00	\$ 313.00	\$ 313.00	\$ 313.00	\$ 403.00
D2520 ^b Inlay – metallic, two surfaces	\$ 355.00	\$ 355.00	\$ 355.00	\$ 355.00	\$ 458.00
D2530 ^b Inlay – metallic, three or more surfaces	\$ 410.00	\$ 410.00	\$ 410.00	\$ 410.00	\$ 527.00
D2542 ^b Onlay – metallic, two surfaces	\$ 402.00	\$ 402.00	\$ 402.00	\$ 402.00	\$ 700.00
D2543 ^b Onlay – metallic, three surfaces	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 733.00
D2544 ^b Onlay – metallic, four or more surfaces	\$ 437.00	\$ 437.00	\$ 437.00	\$ 437.00	\$ 762.00
D2610 ^b Inlay – porcelain/ceramic, one surface	\$ 368.00	\$ 368.00	\$ 368.00	\$ 368.00	\$ 474.00
D2620 ^b Inlay – porcelain/ceramic, two surfaces	\$ 389.00	\$ 389.00	\$ 389.00	\$ 389.00	\$ 501.00
D2630 ^b Inlay – porcelain/ceramic, three or more surfaces	\$ 414.00	\$ 414.00	\$ 414.00	\$ 414.00	\$ 534.00
D2642 ^b Onlay – porcelain/ceramic, two surfaces	\$ 403.00	\$ 403.00	\$ 403.00	\$ 403.00	\$ 702.00
D2643 ^b Onlay – porcelain/ceramic, three surfaces	\$ 434.00	\$ 434.00	\$ 434.00	\$ 434.00	\$ 757.00
D2644 ^b Onlay – porcelain/ceramic, four or more surfaces	\$ 461.00	\$ 461.00	\$ 461.00	\$ 461.00	\$ 803.00
D2650 ^b Inlay – resin based composite, one surface	\$ 242.00	\$ 242.00	\$ 242.00	\$ 242.00	\$ 311.00
D2651 ^b Inlay – resin based composite, two surfaces	\$ 288.00	\$ 288.00	\$ 288.00	\$ 288.00	\$ 371.00
D2652 ^b Inlay – resin based composite, three or more surfaces	\$ 303.00	\$ 303.00	\$ 303.00	\$ 303.00	\$ 390.00
D2662 ^b Onlay – resin based composite, two surfaces	\$ 263.00	\$ 263.00	\$ 263.00	\$ 263.00	\$ 459.00
D2663 ^b Onlay – resin based composite, three surfaces	\$ 310.00	\$ 310.00	\$ 310.00	\$ 310.00	\$ 540.00
D2664 ^b Onlay – resin based composite, four or more surfaces	\$ 332.00	\$ 332.00	\$ 332.00	\$ 332.00	\$ 578.00
D2710 ^b Crown – resin based composite, indirect	\$ 187.00	\$ 187.00	\$ 187.00	\$ 187.00	\$ 224.00
D2720 ^b Crown – resin with high noble metal	\$ 461.00	\$ 461.00	\$ 461.00	\$ 461.00	\$ 550.00
D2721 ^b Crown – resin with predominantly base metal	\$ 432.00	\$ 432.00	\$ 432.00	\$ 432.00	\$ 515.00
D2722 ^b Crown – resin with noble metal	\$ 441.00	\$ 441.00	\$ 441.00	\$ 441.00	\$ 527.00
D2740 ^b Crown – porcelain/ceramic substrate	\$ 473.00	\$ 473.00	\$ 473.00	\$ 473.00	\$ 654.00
D2750 ^b Crown – porcelain fused to high noble metal	\$ 466.00	\$ 466.00	\$ 466.00	\$ 466.00	\$ 603.00
D2751 ^b Crown – porcelain fused predom base metal	\$ 434.00	\$ 434.00	\$ 434.00	\$ 434.00	\$ 551.00
D2752 ^b Crown – porcelain fused to noble metal	\$ 445.00	\$ 445.00	\$ 445.00	\$ 445.00	\$ 567.00

[†] These services are covered as preventive services under 3D, 3S, 4D, 4S, & 5D.

^b Limit one per tooth every eight years.

HumanaDental Advantage Plus plans

Major – continued		1D/1S	2D/2S	3D/3S	4D/4S	5D
D2790 ^b	Crown – full cast high noble metal	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00	\$ 538.00
D2791 ^b	Crown – full cast predom base metal	\$ 426.00	\$ 426.00	\$ 426.00	\$ 426.00	\$ 509.00
D2792 ^b	Crown – full cast noble metal	\$ 434.00	\$ 434.00	\$ 434.00	\$ 434.00	\$ 520.00
D2910	Recement inlay, onlay or part coverage restoration	\$ 41.00	\$ 41.00	\$ 41.00	\$ 41.00	\$ 53.00
D2920	Recement crown.	\$ 42.00	\$ 42.00	\$ 42.00	\$ 42.00	\$ 55.00
D2930	Crown – prefabricated stainless steel, primary tooth	\$ 115.00	\$ 115.00	\$ 115.00	\$ 115.00	\$ 152.00
D2931	Crown – prefabricated stainless steel, permanent tooth	\$ 131.00	\$ 131.00	\$ 131.00	\$ 131.00	\$ 171.00
D2932	Crown – prefabricated resin	\$ 142.00	\$ 142.00	\$ 142.00	\$ 142.00	\$ 187.00
D2940	Sedative filling	\$ 44.00	\$ 44.00	\$ 44.00	\$ 44.00	\$ 71.00
D2950	Core buildup including any pins	\$ 110.00	\$ 110.00	\$ 110.00	\$ 110.00	\$ 144.00
D2951	Pin retention – per tooth addition restoration	\$ 23.00	\$ 23.00	\$ 23.00	\$ 23.00	\$ 30.00
D2952	Cast post and core in addition to crown	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00	\$ 220.00
D2954	Prefabricated post and core in addition to crown	\$ 139.00	\$ 139.00	\$ 139.00	\$ 139.00	\$ 182.00
D3220*	Therapeutic pulpotomy.	\$ 75.00	\$ 75.00	\$ 30.00	no charge	\$ 84.00
D3310*	Root canal therapy – anterior	\$ 315.00	\$ 315.00	\$ 126.00	no charge	\$ 413.00
D3320*	Root canal therapy – bicuspid	\$ 385.00	\$ 385.00	\$ 154.00	no charge	\$ 521.00
D3330*	Root canal therapy – molar	\$ 497.00	\$ 497.00	\$ 199.00	no charge	\$ 651.00
D3346*	Previous root canal therapy – anterior	\$ 424.00	\$ 424.00	\$ 170.00	no charge	\$ 519.00
D3347*	Previous root canal therapy – bicuspid	\$ 500.00	\$ 500.00	\$ 200.00	no charge	\$ 660.00
D3348*	Previous root canal therapy – molar	\$ 601.00	\$ 601.00	\$ 240.00	no charge	\$ 737.00
D3410*	Apicoectomy/periradicular surgery – anterior	\$ 361.00	\$ 361.00	\$ 144.00	no charge	\$ 442.00
D3421*	Apicoectomy/periradicular surgery – bicuspid	\$ 394.00	\$ 394.00	\$ 158.00	no charge	\$ 483.00
D3425*	Apicoectomy/periradicular surgery – molar	\$ 445.00	\$ 445.00	\$ 178.00	no charge	\$ 545.00
D3426*	Apicoectomy/periradicular surgery – each add'l root	\$ 148.00	\$ 148.00	\$ 59.00	no charge	\$ 181.00
D3430*	Retrograde filling – per root	\$ 109.00	\$ 109.00	\$ 44.00	no charge	\$ 133.00
D4210 ^c	Gingivectomy/gingivoplasty – four or more teeth, quad	\$ 358.00	\$ 358.00	\$ 143.00	no charge	\$ 368.00
D4211 ^c	Gingivectomy/gingivoplasty – 1 to 3 teeth per quadrant	\$ 153.00	\$ 153.00	\$ 61.00	no charge	\$ 121.00
D4240 ^c	Gingival flap proc – four or more teeth per quadrant	\$ 421.00	\$ 421.00	\$ 169.00	no charge	\$ 434.00
D4241 ^c	Gingival flap proc – 1 to 3 teeth per quadrant	\$ 217.00	\$ 217.00	\$ 87.00	no charge	\$ 297.00
D4249*	Clinical crown lengthening – hard tissue	\$ 481.00	\$ 481.00	\$ 192.00	no charge	\$ 522.00
D4260*	Osseous surgery – four or more teeth, quad	\$ 680.00	\$ 680.00	\$ 272.00	no charge	\$ 701.00
D4261*	Osseous surgery – 1 to 3 teeth per quadrant.	\$ 354.00	\$ 354.00	\$ 142.00	no charge	\$ 701.00
D5110 ^d	Complete denture – maxillary	\$ 642.00	\$ 642.00	\$ 642.00	\$ 642.00	\$ 826.00
D5120 ^d	Complete denture – mandibular	\$ 642.00	\$ 642.00	\$ 642.00	\$ 642.00	\$ 826.00
D5130 ^d	Immediate denture – maxillary	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 856.00
D5140 ^d	Immediate denture – mandibular	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 856.00
D5211 ^d	Maxillary partial denture – resin base	\$ 542.00	\$ 542.00	\$ 542.00	\$ 542.00	\$ 679.00
D5212 ^d	Mandibular partial denture – resin base	\$ 629.00	\$ 629.00	\$ 629.00	\$ 629.00	\$ 797.00
D5213 ^d	Maxillary partial denture – cast metal – resin base	\$ 709.00	\$ 709.00	\$ 709.00	\$ 709.00	\$ 860.00
D5214 ^d	Mandibular partial denture – cast metal – resin base	\$ 709.00	\$ 709.00	\$ 709.00	\$ 709.00	\$ 860.00
D5410 ^c	Adjust complete denture – maxillary	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 42.00
D5411 ^c	Adjust complete denture – mandibular	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 42.00
D5421 ^c	Adjust partial denture – maxillary	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 42.00
D5422 ^c	Adjust partial denture – mandibular	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 42.00
D5510	Repair broken complete denture base	\$ 70.00	\$ 70.00	\$ 70.00	\$ 70.00	\$ 88.00
D5520	Replace missing/broken teeth – complete denture	\$ 59.00	\$ 59.00	\$ 59.00	\$ 59.00	\$ 76.00
D5610	Repair resin denture base	\$ 76.00	\$ 76.00	\$ 76.00	\$ 76.00	\$ 94.00
D5620	Repair cast framework	\$ 82.00	\$ 82.00	\$ 82.00	\$ 82.00	\$ 99.00
D5630	Repair or replace broken clasp	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 120.00
D5640	Replace broken teeth – per tooth	\$ 64.00	\$ 64.00	\$ 64.00	\$ 64.00	\$ 82.00
D5650	Add tooth to existing partial denture	\$ 88.00	\$ 88.00	\$ 88.00	\$ 88.00	\$ 106.00
D5660	Add clasp to existing partial denture	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 127.00
D5710 ^e	Rebase complete maxillary denture	\$ 261.00	\$ 261.00	\$ 261.00	\$ 261.00	\$ 316.00
D5711 ^e	Rebase complete mandibular denture	\$ 249.00	\$ 249.00	\$ 249.00	\$ 249.00	\$ 302.00
D5720 ^e	Rebase maxillary partial denture	\$ 246.00	\$ 246.00	\$ 246.00	\$ 246.00	\$ 298.00
D5721 ^e	Rebase mandibular partial denture	\$ 246.00	\$ 246.00	\$ 246.00	\$ 246.00	\$ 298.00
D5730 ^e	Reline complete maxillary denture	\$ 147.00	\$ 147.00	\$ 147.00	\$ 147.00	\$ 178.00
D5731 ^e	Reline complete mandibular denture	\$ 147.00	\$ 147.00	\$ 147.00	\$ 147.00	\$ 178.00
D5740 ^e	Reline maxillary partial denture	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 163.00
D5741 ^e	Reline mandibular partial denture	\$ 135.00	\$ 135.00	\$ 135.00	\$ 135.00	\$ 163.00
D5750 ^e	Reline complete maxillary denture	\$ 196.00	\$ 196.00	\$ 196.00	\$ 196.00	\$ 238.00
D5751 ^e	Reline complete mandibular denture	\$ 196.00	\$ 196.00	\$ 196.00	\$ 196.00	\$ 238.00

* These services are covered as basic services under 3D, 3S, 4D, 4S, & 5D.
^b Limit one per tooth every eight years. ^c Limit one every 12 months.
^d Limit one every five years. ^e Limit of one every three years.

Major – continued

		1D/1S	2D/2S	3D/3S	4D/4S	5D
D5760 ^e	Reline maxillary partial denture	\$ 193.00	\$ 193.00	\$ 193.00	\$ 193.00	\$ 234.00
D5761 ^e	Reline mandibular partial denture	\$ 193.00	\$ 193.00	\$ 193.00	\$ 193.00	\$ 234.00
D5850	Tissue conditioning maxillary	\$ 61.00	\$ 61.00	\$ 61.00	\$ 61.00	\$ 74.00
D5851	Tissue conditioning mandibular	\$ 61.00	\$ 61.00	\$ 61.00	\$ 61.00	\$ 74.00
D6092	Recement implant/abutment supported crown	\$ 42.00	\$ 42.00	\$ 42.00	\$ 42.00	\$ 55.00
D6093	Recement implant/abutment supported fixed partial denture	\$ 57.00	\$ 57.00	\$ 57.00	\$ 57.00	\$ 67.00
D6210 ^f	Pontic – cast high noble metal	\$ 431.00	\$ 431.00	\$ 431.00	\$ 431.00	\$ 526.00
D6211 ^f	Pontic – cast predominantly base metal	\$ 404.00	\$ 404.00	\$ 404.00	\$ 404.00	\$ 496.00
D6212 ^f	Pontic – cast noble metal	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 514.00
D6240 ^f	Pontic – porcelain fused to high noble metal	\$ 426.00	\$ 426.00	\$ 426.00	\$ 426.00	\$ 592.00
D6241 ^f	Pontic – porcelain fused predom base metal	\$ 393.00	\$ 393.00	\$ 393.00	\$ 393.00	\$ 518.00
D6242 ^f	Pontic – porcelain fused to noble metal	\$ 415.00	\$ 415.00	\$ 415.00	\$ 415.00	\$ 567.00
D6250 ^f	Pontic – resin with high noble metal	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 502.00
D6251 ^f	Pontic – resin with predominantly base metal	\$ 388.00	\$ 388.00	\$ 388.00	\$ 388.00	\$ 466.00
D6252 ^f	Pontic – resin with noble metal	\$ 400.00	\$ 400.00	\$ 400.00	\$ 400.00	\$ 480.00
D6600 ^f	Inlay – porcelain/ceramic, two surfaces	\$ 355.00	\$ 355.00	\$ 355.00	\$ 355.00	\$ 600.00
D6601 ^f	Inlay – porcelain/ceramic, three or more surfaces	\$ 373.00	\$ 373.00	\$ 373.00	\$ 373.00	\$ 630.00
D6602 ^f	Inlay – cast high noble metal, two surfaces	\$ 380.00	\$ 380.00	\$ 380.00	\$ 380.00	\$ 458.00
D6603 ^f	Inlay – cast high noble metal, three or more surfaces	\$ 418.00	\$ 418.00	\$ 418.00	\$ 418.00	\$ 500.00
D6604 ^f	Inlay – cast predom base metal, two surfaces	\$ 372.00	\$ 372.00	\$ 372.00	\$ 372.00	\$ 450.00
D6605 ^f	Inlay – cast predom base metal, three or more surfaces	\$ 394.00	\$ 394.00	\$ 394.00	\$ 394.00	\$ 497.00
D6606 ^f	Inlay – cast noble metal, two surfaces	\$ 366.00	\$ 366.00	\$ 366.00	\$ 366.00	\$ 442.00
D6607 ^f	Inlay – cast noble metal, three or more surfaces	\$ 406.00	\$ 406.00	\$ 406.00	\$ 406.00	\$ 497.00
D6608 ^f	Onlay – porcelain/ceramic, two surfaces	\$ 386.00	\$ 386.00	\$ 386.00	\$ 386.00	\$ 653.00
D6609 ^f	Onlay – porcelain/ceramic, three or more surfaces	\$ 403.00	\$ 403.00	\$ 403.00	\$ 403.00	\$ 681.00
D6610 ^f	Onlay – cast high noble metal, two surfaces	\$ 409.00	\$ 409.00	\$ 409.00	\$ 409.00	\$ 692.00
D6611 ^f	Onlay – cast high noble metal, three or more surfaces	\$ 448.00	\$ 448.00	\$ 448.00	\$ 448.00	\$ 757.00
D6612 ^f	Onlay – cast predom base metal, two surfaces	\$ 407.00	\$ 407.00	\$ 407.00	\$ 407.00	\$ 688.00
D6613 ^f	Onlay – cast predom base metal, three or more surfaces	\$ 426.00	\$ 426.00	\$ 426.00	\$ 426.00	\$ 719.00
D6614 ^f	Onlay – cast noble metal, two surfaces	\$ 399.00	\$ 399.00	\$ 399.00	\$ 399.00	\$ 674.00
D6615 ^f	Onlay – cast noble metal, three or more surfaces	\$ 414.00	\$ 414.00	\$ 414.00	\$ 414.00	\$ 700.00
D6720 ^f	Crown – resin with high noble metal	\$ 474.00	\$ 474.00	\$ 474.00	\$ 474.00	\$ 562.00
D6721 ^f	Crown – resin with predom base metal	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00	\$ 534.00
D6722 ^f	Crown – resin with noble metal	\$ 458.00	\$ 458.00	\$ 458.00	\$ 458.00	\$ 544.00
D6740 ^f	Crown – porcelain/ceramic	\$ 499.00	\$ 499.00	\$ 499.00	\$ 499.00	\$ 843.00
D6750 ^f	Crown – porcelain fused to high noble metal	\$ 486.00	\$ 486.00	\$ 486.00	\$ 486.00	\$ 630.00
D6751 ^f	Crown – porcelain fused to predom base metal	\$ 453.00	\$ 453.00	\$ 453.00	\$ 453.00	\$ 590.00
D6752 ^f	Crown – porcelain fused to noble metal	\$ 464.00	\$ 464.00	\$ 464.00	\$ 464.00	\$ 604.00
D6780 ^f	Crown – 3/4 cast high noble metal	\$ 458.00	\$ 458.00	\$ 458.00	\$ 458.00	\$ 544.00
D6790 ^f	Crown – full cast high noble metal	\$ 469.00	\$ 469.00	\$ 469.00	\$ 469.00	\$ 570.00
D6791 ^f	Crown – full cast predom base metal	\$ 445.00	\$ 445.00	\$ 445.00	\$ 445.00	\$ 542.00
D6792 ^f	Crown – full cast noble metal	\$ 461.00	\$ 461.00	\$ 461.00	\$ 461.00	\$ 560.00
D6930 ^f	Recement fixed partial denture	\$ 57.00	\$ 57.00	\$ 57.00	\$ 57.00	\$ 67.00
D6970 ^f	Cast post & core add'l fix part denture retainer	\$ 157.00	\$ 157.00	\$ 157.00	\$ 157.00	\$ 266.00
D6972 ^f	Prefab post & core add'l fix part denture retainer	\$ 128.00	\$ 128.00	\$ 128.00	\$ 128.00	\$ 216.00
D6973 ^f	Core build up for retainer including any pins	\$ 103.00	\$ 103.00	\$ 103.00	\$ 103.00	\$ 174.00
D7210*	Surgical removal – erupted tooth	\$ 108.00	\$ 108.00	\$ 43.00	no charge	\$ 129.00
D7220*	Removal of impacted tooth – soft tissue	\$ 135.00	\$ 135.00	\$ 54.00	no charge	\$ 166.00
D7230*	Removal of impacted tooth – partially bony	\$ 179.00	\$ 179.00	\$ 72.00	no charge	\$ 221.00
D7240*	Removal of impacted tooth – completely bony	\$ 211.00	\$ 211.00	\$ 84.00	no charge	\$ 259.00
D7241*	Remove impacted tooth – completely bony w/comp	\$ 265.00	\$ 265.00	\$ 106.00	no charge	\$ 454.00
D7250*	Surgical removal of residual tooth roots	\$ 114.00	\$ 114.00	\$ 45.00	no charge	\$ 140.00
D7310*	Alveoloplasty in conjunction w/extractions – per quad	\$ 125.00	\$ 125.00	\$ 50.00	no charge	\$ 155.00
D7311*	Alveoloplasty in conjunction w/extractions – 1 to 3 teeth	\$ 97.00	\$ 97.00	\$ 39.00	no charge	\$ 155.00
D7320*	Alveoloplasty not conjunction w/extractions – per quad	\$ 181.00	\$ 181.00	\$ 72.00	no charge	\$ 696.00
D7321*	Alveoloplasty not conjunction w/extractions – 1 to 3 teeth	\$ 153.00	\$ 153.00	\$ 61.00	no charge	\$ 696.00
D7510*	Incision and drainage of abscess – intraoral	\$ 120.00	\$ 120.00	\$ 48.00	no charge	\$ 161.00
D7520*	Incision and drainage of abscess – extraoral	\$ 570.00	\$ 570.00	\$ 228.00	no charge	\$ 769.00
D7960*	Frenulectomy – separate procedure	\$ 111.00	\$ 111.00	\$ 45.00	no charge	\$ 326.00
D7970*	Excision of hyperplastic tissue – per arch	\$ 272.00	\$ 272.00	\$ 109.00	no charge	\$ 336.00
D9110*	Palliative treatment dental pain – minor procedure	\$ 45.00	\$ 45.00	\$ 18.00	no charge	\$ 49.00

* These services are covered as basic services under 3D, 3S, 4D, 4S, & 5D.
^e Limit of one every three years. ^f Limit of one every eight years.

HumanaDental Advantage Plus plans

Major – continued		1D/1S	2D/2S	3D/3S	4D/4S	5D
D9215*	Local anesthesia	no charge	no charge	no charge	no charge	no charge
D9241*	IV conscious sedation/analg – 1st 30 minutes	\$ 144.00	\$ 144.00	\$ 58.00	no charge	\$ 269.00
D9242*	IV conscious sedation/analg – each add'l 15 minutes	\$ 60.00	\$ 60.00	\$ 24.00	no charge	\$ 112.00
D9310*	Professional consultation by non-treating dentist	\$ 96.00	\$ 96.00	\$ 38.00	no charge	\$ 114.00
D9951*	Occlusal adjustment – limited	\$ 58.00	\$ 58.00	\$ 23.00	no charge	\$ 68.00
D9952*	Occlusal adjustment – complete	\$ 326.00	\$ 326.00	\$ 130.00	no charge	\$ 386.00

Orthodontics	1D/1S	2D/2S	3D/3S	4D/4S
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NOTE: Orthodontics does not apply to 5D.

D8070	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases				
	Consultation	no charge	no charge	no charge	no charge
	Evaluation	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
	Records/Treatment Planning	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
	Orthodontic treatment	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00
D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases				
	Consultation	no charge	no charge	no charge	no charge
	Evaluation	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
	Records/Treatment Planning	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
	Orthodontic treatment	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older Up to 24 months of routine orthodontic treatment for Class I and Class II cases				
	Consultation	no charge	no charge	no charge	no charge
	Evaluation	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
	Records/Treatment Planning	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
	Orthodontic treatment	\$ 2,300.00	\$ 2,300.00	\$ 2,300.00	\$ 2,300.00
D8680	Retention	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00

Note:

- Office visit copayment is applicable for all dates of service and is in addition to the copayment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted covered dental care services are available at the participating dentist's usual fee less 20 percent.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

* These services are covered as basic services under 3D, 3S, 4D, 4S, & 5D.

HumanaDental Prepaid plans

The HumanaDental Prepaid plans focus on maintaining oral health, prevention, and cost control. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles, and no waiting periods. C plan copayments for listed procedures are applicable only at a participating general dentist. CS plan copayments are applicable at either a participating general dentist or a participating specialist.

Finding a dentist is easy

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

Summary of services

Member costs listed here are for services provided by their 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: Members can self-refer to a specialist. For CS plans, copayment amounts are applicable when treatment is performed by participating specialists. For C plans and benefits for procedures not listed on the schedule, employees will receive a 25 percent discount by visiting a participating specialist.

Appointments		C/CS 150	C/CS 250	C/CS 350	C/CS 450
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D9430	Office visit (normal hours)	\$ 5.00	\$ 5.00	\$ 10.00	\$ 10.00
D9440	Office visit (after regularly scheduled hours)	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
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	\$ 10.00	\$ 10.00	\$ 10.00

Diagnostic

D0120	Periodic oral examination	no charge	no charge	no charge	no charge
D0140/D0150	Limited/comprehensive/detailed and extensive oral eval	no charge	no charge	no charge	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge	no charge	no charge	no charge
D0180	Comprehensive periodontal evaluation	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
D0210	X-ray intraoral – complete series including bitewings	no charge	no charge	no charge	no charge
D0220	X-ray intraoral – periapical, first film	no charge	no charge	no charge	no charge
D0230	X-ray intraoral – periapical, each additional film	no charge	no charge	no charge	no charge
D0270	X-ray bitewing – single film	no charge	no charge	no charge	no charge
D0272	X-ray bitewings – two films	no charge	no charge	no charge	no charge
D0274	Bitewings – four films	no charge	no charge	no charge	no charge
D0330	Panoramic film	no charge	no charge	no charge	no charge
D0460	Pulp vitality tests	no charge	no charge	no charge	no charge
D0470	Diagnostic casts	no charge	no charge	no charge	no charge

Preventive

D1110	Prophylaxis – adult, routine (once every 6 months)	no charge	no charge	no charge	no charge
D1120	Prophylaxis – child, routine (once every 6 months)	no charge	no charge	no charge	no charge
D1110	Prophylaxis – adult, (additional)	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00
D1120	Prophylaxis – child, (additional)	\$ 20.00	\$ 25.00	\$ 30.00	\$ 35.00
D1203	Topical application of fluoride (not including prophylaxis) – child (up to 16 years of age)	no charge	no charge	no charge	no charge
D1206	Topical fluoride varnish (for child <16)	no charge	no charge	no charge	no charge
D1330	Oral hygiene instruction	no charge	no charge	no charge	no charge
D1351	Sealant-per tooth	\$ 10.00	\$ 15.00	\$ 15.00	\$ 20.00
D1510	Space maintainer – fixed, unilateral	\$ 45.00+lab	\$ 55.00+lab	\$ 60.00+lab	\$ 65.00+lab

HumanaDental Prepaid plans

Preventive – continued

		C/CS 150	C/CS 250	C/CS 350	C/CS 450
D1515	Space maintainer – fixed, bilateral	\$ 45.00+lab	\$ 55.00+lab	\$ 60.00+lab	\$ 65.00+lab
D1520	Space maintainer – removable, unilateral	\$ 85.00+lab	\$ 95.00+lab	\$ 100.00+lab	\$ 105.00+lab
D1525	Space maintainer – removable, bilateral	\$ 85.00+lab	\$ 95.00+lab	\$ 100.00+lab	\$ 105.00+lab
D1550	Recementation of space maintainer	\$ 10.00	\$ 15.00	\$ 15.00	\$ 20.00

Restorative

D2140	Amalgam – one surface, primary or permanent	no charge	\$ 20.00	\$ 25.00	\$ 30.00
D2150	Amalgam – two surfaces, primary or permanent	no charge	\$ 25.00	\$ 30.00	\$ 35.00
D2160	Amalgam – three surfaces, primary or permanent	no charge	\$ 30.00	\$ 35.00	\$ 40.00
D2161	Amalgam – four or more surfaces, primary or permanent	no charge	\$ 40.00	\$ 45.00	\$ 50.00
D2940	Sedative filling	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D2999	Sedative base (under fillings), by report	no charge	no charge	no charge	no charge

Resin restorative

D2330	Resin based composite – one surface, anterior	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00
D2331	Resin based composite – two surfaces, anterior	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00
D2332	Resin based composite – three surfaces, anterior	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D2391	Resin based composite – one surface, posterior	\$ 60.00	\$ 70.00	\$ 80.00	\$ 90.00
D2392	Resin based composite – two surfaces, posterior	\$ 80.00	\$ 90.00	\$ 100.00	\$ 110.00
D2393	Resin based composite – three surfaces, posterior	\$ 100.00	\$ 110.00	\$ 120.00	\$ 130.00
D2394	Resin based composite – four or more surfaces, posterior	\$ 120.00	\$ 130.00	\$ 140.00	\$ 150.00
D2510	Inlay – metallic, one surface	\$ 95.00	\$ 115.00	\$ 135.00	\$ 155.00
D2520	Inlay – metallic, two surfaces	\$ 105.00	\$ 125.00	\$ 145.00	\$ 165.00
D2530	Inlay – metallic, three or more surfaces	\$ 130.00	\$ 150.00	\$ 170.00	\$ 190.00

Crown and bridge

D2740	Crown – porcelain/ceramic substrate	\$280.00+lab	\$310.00+lab	\$340.00+lab	\$370.00+lab
D2750*	Crown – porcelain fused to high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2751	Crown – porcelain fused to predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2752*	Crown – porcelain fused to noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2790*	Crown – full cast high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2791	Crown – full cast predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2792*	Crown – full cast noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D2910	Recement inlay	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D2920	Recement crown	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D2930	Prefabricated stainless steel crown – primary tooth	\$ 75.00	\$ 90.00	\$ 105.00	\$ 120.00
D2950	Core buildup, including any pins	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00
D2951	Pin retention – per tooth, in addition to restoration	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D2952	Cast post and core in addition to crown	\$90.00+lab	\$100.00+lab	\$110.00+lab	\$120.00+lab
D2953	Each additional cast post – same tooth	\$90.00+lab	\$100.00+lab	\$110.00+lab	\$120.00+lab
D2954	Prefabricated post and core in addition to crown	\$ 90.00	\$ 100.00	\$ 110.00	\$ 120.00
D2962	Labial veneer (porcelain laminate) – laboratory	\$280.00+lab	\$310.00+lab	\$340.00+lab	\$370.00+lab

Prostodontics (fixed)

D6210*	Pontic – cast high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6211	Pontic – cast predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6212*	Pontic – cast noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6240*	Pontic – porcelain fused to high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6241	Pontic – porcelain fused to predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6242*	Pontic – porcelain fused to noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6750*	Crown – porcelain fused to high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6751	Crown – porcelain fused to predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6752*	Crown – porcelain fused to noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6790*	Crown – full cast high noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6791	Crown – full cast predominantly base metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6792*	Crown – full cast noble metal	\$ 280.00	\$ 310.00	\$ 340.00	\$ 370.00
D6930	Recement fixed partial denture (per unit)	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00

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

Endodontics

		C/CS 150	C/CS 250	C/CS 350	C/CS 450
D3220	Therapeutic pulpotomy	\$ 35.00	\$ 40.00	\$ 45.00	\$ 50.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 100.00	\$ 110.00	\$ 125.00	\$ 130.00
D3310	Root canal therapy – anterior (excluding final restoration)	\$ 100.00	\$ 150.00	\$ 200.00	\$ 250.00
D3320	Root canal therapy – bicuspid (excluding final restoration)	\$ 200.00	\$ 250.00	\$ 300.00	\$ 350.00
D3330	Root canal therapy – molar (excluding final restoration)	\$ 250.00	\$ 300.00	\$ 350.00	\$ 450.00
D3410	Apicoectomy/periradicular surgery – anterior	\$ 125.00	\$ 150.00	\$ 175.00	\$ 200.00

Periodontics (gum treatment)

D4210	Gingivectomy/gingivoplasty per quadrant	\$ 125.00	\$ 150.00	\$ 175.00	\$ 200.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00
D4260†	Osseous surgery, per quadrant	\$ 350.00	\$ 375.00	\$ 400.00	\$ 425.00
D4261†	Osseous surgery, 1 to 3 teeth per quadrant	\$ 350.00	\$ 375.00	\$ 400.00	\$ 425.00
D4271†	Free soft tissue graft procedure (including donor site surgery)	\$ 225.00	\$ 250.00	\$ 275.00	\$ 300.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 45.00	\$ 50.00	\$ 55.00	\$ 60.00
D4910	Periodontal maintenance	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00

Prosthetics

D5110	Complete denture – maxillary	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5120	Complete denture – mandibular	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5130	Immediate denture – maxillary	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5140	Immediate denture – mandibular	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5211	Maxillary partial denture – resin base	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5212	Mandibular partial denture – resin base	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5213	Maxillary partial denture – cast metal framework, resin denture bases	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5214	Mandibular partial denture – cast metal framework, resin denture bases	\$300.00+lab	\$325.00+lab	\$350.00+lab	\$375.00+lab
D5410	Adjust complete denture – maxillary	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D5411	Adjust complete denture – mandibular	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D5421	Adjust partial denture – maxillary	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00
D5422	Adjust partial denture – mandibular	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00

Repairs to prosthetics

D5510	Repair broken complete denture base	\$15.00+lab	\$20.00+lab	\$25.00+lab	\$30.00+lab
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$15.00+lab	\$20.00+lab	\$25.00+lab	\$30.00+lab
D5610	Repair resin denture base	\$15.00+lab	\$20.00+lab	\$25.00+lab	\$30.00+lab
D5630	Repair or replace broken clasp	\$15.00+lab	\$20.00+lab	\$25.00+lab	\$30.00+lab
D5640	Replace broken teeth – per tooth	\$15.00+lab	\$20.00+lab	\$25.00+lab	\$30.00+lab
D5650	Add tooth to existing partial denture	\$30.00+lab	\$35.00+lab	\$40.00+lab	\$45.00+lab
D5730	Reline complete maxillary denture (chairside)	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D5731	Reline complete mandibular denture (chairside)	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D5740	Reline maxillary partial denture (chairside)	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D5741	Reline mandibular partial denture (chairside)	\$ 50.00	\$ 55.00	\$ 60.00	\$ 65.00
D5750	Reline complete maxillary denture (laboratory)	\$35.00+lab	\$40.00+lab	\$45.00+lab	\$50.00+lab
D5751	Reline complete mandibular denture (laboratory)	\$35.00+lab	\$40.00+lab	\$45.00+lab	\$50.00+lab
D5760	Reline maxillary partial denture (laboratory)	\$35.00+lab	\$40.00+lab	\$45.00+lab	\$50.00+lab
D5761	Reline mandibular partial denture (laboratory)	\$35.00+lab	\$40.00+lab	\$45.00+lab	\$50.00+lab
D5850	Tissue conditioning – maxillary	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00
D5851	Tissue conditioning – mandibular	\$ 30.00	\$ 35.00	\$ 40.00	\$ 45.00

† Only covered on the CS series.

HumanaDental Prepaid plans

Extractions/oral and maxillofacial surgery

		C/CS 150	C/CS 250	C/CS 350	C/CS 450
D7111	Coronal remnants, deciduous tooth	no charge	\$ 25.00	\$ 30.00	\$ 35.00
D7140	Extraction, erupted tooth or exposed tooth	no charge	\$ 25.00	\$ 30.00	\$ 35.00
D7210	Surgical removal of erupted tooth	\$ 40.00	\$ 45.00	\$ 50.00	\$ 55.00
D7220	Removal of impacted tooth – soft tissue	\$ 50.00	\$ 60.00	\$ 80.00	\$ 100.00
D7230	Removal of impacted tooth – partially bony	\$ 70.00	\$ 80.00	\$ 100.00	\$ 125.00
D7240	Removal of impacted tooth – completely bony	\$ 85.00	\$ 100.00	\$ 120.00	\$ 150.00
D7250	Surgical removal of residual tooth roots	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00
D7310	Alveoplasty in conjunction with extractions – per quadrant	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00
D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00
D7320	Alveoplasty not in conjunction with extractions – per quadrant	\$ 70.00	\$ 80.00	\$ 90.00	\$ 100.00
D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$ 70.00	\$ 80.00	\$ 90.00	\$ 100.00
D7510	Incision and drainage of abscess – intraoral	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00

Anesthesia

D9215	Local anesthesia	no charge	no charge	no charge	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 15.00	\$ 20.00	\$ 25.00	\$ 30.00

Adjunctive general services

D9450	Case presentation, detailed and extensive treatment planning	no charge	no charge	no charge	no charge
D9951	Occlusal adjustment – limited	\$ 25.00	\$ 30.00	\$ 35.00	\$ 40.00
D9952	Occlusal adjustment – complete	\$ 150.00	\$ 175.00	\$ 200.00	\$ 225.00

Orthodontics

NOTE: Orthodontic coverage applies to the CS series, and is optional for the C series. The coverage is for groups with 2 or more eligible employees. If you do not choose orthodontia coverage, employees can still receive a 25 percent savings by visiting in-network orthodontists.

D8070/D8080	Comprehensive orthodontic treatment of the transitional/ adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases				
	Consultation	no charge	no charge	no charge	no charge
	Evaluation	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
	Records/treatment planning	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
	Orthodontic treatment	\$ 1,800.00	\$ 1,800.00	\$ 2,300.00	\$ 2,300.00
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases				
	Consultation	no charge	no charge	no charge	no charge
	Evaluation	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00
	Records/treatment planning	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00
	Orthodontic treatment	\$ 2,000.00	\$ 2,000.00	\$ 2,500.00	\$ 2,500.00
D8680	Retention	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the dentists usual fee less 25 percent.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

HumanaDental plan guidelines

Eligibility – Traditional Preferred, PPO, Preventive Plus, Advantage Plus, and Prepaid

- › 2+ eligible employees – Traditional Preferred, PPO, Preventive Plus, and Prepaid
- › 10+ eligible employees – Advantage Plus

	Participation
Employer pays 100 percent of premium	100 percent
Employer contributes at least 25 percent of premium – For groups with two or more eligible employees, HumanaDental will lower the participation requirement to 50 percent if 25 percent or more of the eligible employees waive due to other credible coverage.	75 percent
Voluntary – Traditional Preferred, PPO, and Preventive Plus	Two enrolled employees or 25 percent, whichever is greater
Voluntary – Advantage Plus	10 enrolled employees or 25 percent, whichever is greater
Voluntary – Prepaid	Two or more enrolled employees

Waiting periods – Traditional Preferred, PPO, and Preventive Plus

HumanaDental reimburses most services in your plan as of your effective date. There are no waiting periods for preventive services. There are no waiting periods for endodontics unless you are a late applicant. In some circumstances, benefits are available after 12 months. Please see the chart below.

Enrollment type	Group size	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months ¹	Not available
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months ¹ (No waiting period for employer-sponsored)
Late applicant ²	All group sizes ³	No	12 months	12 months	12 months

Waiting periods – Advantage Plus

Enrollment type	Group size	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees (all plans except 5D)	No	No	No	12 months ¹ (No waiting period for employer-sponsored)
Initial enrollment, open enrollment, and timely add-on (5 D plan)	5D plan for 2-9 enrolled employees	No	No	12 months ¹	Not available
Late applicant ²	All group sizes ³	No	12 months	12 months	12 months

¹ The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan.

² Late applicants not allowed with open enrollment option.

³ Orthodontia is not available for groups with 2-9 enrolled employees.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent/broker. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the plan selection.



thank
you

for considering
HumanaDental.

HUMANA[®]
Specialty Benefits

- Dental
- Vision
- Life
- Disability
- Workplace voluntary benefits