

# HumanaOne<sup>®</sup>

## Dental Loyalty Plus<sup>SM</sup>

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke, and other serious conditions. The HumanaOne Dental Loyalty Plus plan offers loyal members increasing benefits from plan years one to three. These increasing benefits include paying less out-of-pocket for services like fillings, root canals, crowns, and other services; an increase in plan year annual maximums; a one-time deductible for as long as you're on the plan; and no copayments or waiting periods. Most preventive services are covered at 100 percent. Also, the plan pays the same percentage no matter which dentist you visit. You can save even more by choosing one of the more than 200,000 dentist locations in the HumanaOne Dental Loyalty Plus network. You can visit [HumanaDental.com](http://HumanaDental.com) to find a participating specialist.

### Loyalty Plus plan features:

- **Loyalty benefits** - There is confidence in knowing your dental plan...and your dental plan knowing you. Now, the longer you are a member, the greater your benefits, such as:
  - Increased coverage for procedures such as fillings, root canals, and crowns
  - Increased maximum amounts that the plan will pay annually
  - One-time deductible for as long as you stay on the plan
- **Choice** - Freedom to visit the dentist you like most
- **Access to benefits** - With no waiting periods, you can get the dental work you need upon your effective date and your plan benefits will help cover the cost.
- **Helps maintain good oral health** - Most preventive services are covered at 100 percent

### One-time deductible

<b>Individual</b>	\$150
<b>Individual + One</b>	\$300
<b>Family</b>	\$450

### Plan year annual maximum

(Annual maximum is the most the plan will pay toward services in a plan year.)

<b>First year</b>	\$1,000 per individual on the plan
<b>Second year</b>	\$1,250 per individual on the plan
<b>Subsequent years</b>	\$1,500 per individual on the plan

### Coinsurance

	<b>First year</b>	<b>Second year</b>	<b>Subsequent years</b>
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (limit two per year)</li> <li>• Periodontal examinations (limit two per year)</li> <li>• Cleanings (limit two per year)</li> <li>• Topical fluoride treatment (limit two per year, age 14 and under)</li> <li>• Sealants (limit one per tooth per lifetime, age 14 and under)</li> </ul>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Diagnostic &amp; basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief (limit two per year)</li> <li>• Fillings (limit two per year, composite covered on front teeth only<sup>1</sup>)</li> <li>• Extractions and root removal (limit two per year)</li> <li>• Miscellaneous x-rays (limit one per year)</li> <li>• Bitewing x-rays (limit one set per year)</li> <li>• Full mouth or panoramic x-rays (limit one per five years)</li> </ul>	Plan pays 40% after deductible	Plan pays 55% after deductible	Plan pays 70% after deductible

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## Coinsurance

	First year	Second year	Subsequent years
<b>Major services</b> <ul style="list-style-type: none"> <li>• Root canals (limit one per tooth per two years, permanent teeth only)</li> <li>• Periodontal cleanings (limit two per year)</li> <li>• Complete dentures (limit one per five years)</li> <li>• Partial dentures (limit one per five years)</li> <li>• Denture repair and adjustments (limit one per year)</li> <li>• Crowns (limit one per tooth per five years)</li> <li>• Onlays (limit one per tooth per five years)</li> <li>• Space maintainers (initial appliance only, not covered for permanent teeth, age 14 and under)</li> <li>• Surgical extractions</li> <li>• Oral surgery</li> </ul>	Plan pays 20% after deductible	Plan pays 30% after deductible	Plan pays 50% after deductible
<b>Orthodontia services</b> <ul style="list-style-type: none"> <li>• Adult and child orthodontia</li> </ul>	Member may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services.		

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan. To ensure you do not receive additional charges, visit a dentist in the HumanaOne Dental Loyalty Plus network. Limitations and exclusions may apply; please see your policy for coverage details.

1. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.

## Dental limitations and exclusions

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This is an outline of the limitations and exclusions for the HumanaOne Dental Loyalty Plus plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - A. That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - B. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - C. Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - A. War or any act of war, whether declared or not;
  - B. Any act of international armed conflict; or
  - C. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
  - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
  - B. Any service to correct congenital malformation;
  - C. Any service performed primarily to improve appearance; or
  - D. Characterizations and personalization of prosthetic devices.
7. Charges for:
  - A. Any type of implant and all related services, including crowns or the prosthetic device attached to it.
  - B. Precision or semi-precision attachments.
  - C. Overdentures and any endodontic treatment associated with overdentures.
  - D. Other customized attachments.
8. Any service related to:
  - A. Altering vertical dimension of teeth;
  - B. Restoration or maintenance of occlusion;
  - C. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
  - D. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - E. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning,
11. and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
12. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
13. Prescription drugs or pre-medications, whether dispensed or prescribed.
14. Any service not specifically listed in your plan benefits.
15. Any service shown as "Not Covered" in the Schedule.
16. Any service that we determine:
  - A. Is not a dental necessity;
  - B. Does not offer a favorable prognosis;
  - C. Does not have uniform professional endorsement; or
  - D. Is deemed to be experimental or investigational in nature.
17. Orthodontic services.
18. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
19. Services provided by someone who ordinarily lives in your home or who is a family member.
20. Charges exceeding the reimbursement limit for the service.
21. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
22. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
23. Repair and replacement of orthodontic appliances.
24. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
25. Elective removal of non-pathologic impacted teeth.

Insured or administered by HumanaDental Insurance Company and/or Humana Insurance Company

Policy number: HUMD-ASSOC-POLICY .001



## Use your Humana Dental benefits

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

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

### Know what your plan covers

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

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

## Choose Humana dental benefits

### Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The Humana Dental Value Plan (HI215) enables you to take better care of your teeth, and you'll pay less doing so.

## Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

# Humana Dental Value Plan (HI215)

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

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

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

## Summary of services

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

### Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .	\$ 45.00
D9430	Office visit (normal hours) . . . . .	\$ 15.00
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 55.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies . . . . .	\$ 10.00

### Diagnostic member pays

D0120	Periodic oral examination (two per calendar year) . . . . .	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver . . . . .	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year) . . . . .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) . . . . .	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year) . . . . .	\$ 35.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years) . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . . . .	no charge
D0240	X-rays intraoral—occlusal film . . . . .	no charge
D0250	Extraoral—first film . . . . .	no charge
D0260	Extraoral—each additional film . . . . .	no charge
D0270	X-ray bitewing—single film (two per calendar year) . . . . .	no charge
D0272	X-ray bitewings—two films (two per calendar year) . . . . .	no charge
D0273	X-ray bitewings—three films (two per calendar year) . . . . .	no charge
D0274	Bitewings—four films (two per calendar year) . . . . .	no charge
D0277	X-ray bitewings, vertical—seven to eight films (two per calendar year) . . . . .	no charge
D0330	Panoramic film (once per three calendar years) . . . . .	no charge
D0350	Oral/facial photography images . . . . .	no charge
D0415	Collect microorganisms culture & sensitivity . . . . .	no charge
D0425	Caries susceptibility tests . . . . .	no charge
D0431	Oral cancer screening using a special light source . . . . .	\$ 70.00
D0460	Pulp vitality tests (not covered if a root canal is performed) . . . . .	no charge
D0470	Diagnostic casts . . . . .	no charge

D0472	Pathology report—gross examination of lesion . . . . .	no charge
D0473	Pathology report—microscopic examination of lesion . . . . .	no charge
D0474	Pathology report—microscopic examination of lesion and area . . . . .	no charge

### Preventive member pays

D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist) . . . . .	no charge
D1120	Prophylaxis—child, routine (two per calendar year) . . . . .	no charge
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year) . . . . .	no charge
D1204	Topical application of fluoride—adult (two per calendar year, by primary care dentist) . . . . .	no charge
D1206	Topical fluoride varnish (for child <16) (two per calendar year) . . . . .	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease . . . . .	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16) . . . . .	\$ 20.00
D1510*	Space maintainer—fixed, unilateral (through age 14) . . . . .	\$ 95.00
D1515*	Space maintainer—fixed, bilateral (through age 14) . . . . .	\$ 135.00
D1520*	Space maintainer—removable, unilateral (through age 14) . . . . .	\$ 105.00
D1525*	Space maintainer—removable, bilateral (through age 14) . . . . .	\$ 115.00
D1550	Recementation of space maintainer . . . . .	\$ 20.00

### Restorative member pays

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

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

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

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

D2710*	Crown—resin based composite, indirect	\$ 410.00
D2712*	Crown—3/4 resin based composite, indirect	\$ 410.00
D2720*	Crown—resin with high noble metal	\$ 410.00
D2721	Crown—resin with predominantly base metal	\$ 410.00
D2722*	Crown—resin with noble metal	\$ 410.00
D2740*	Crown—porcelain/ceramic substrate	\$ 410.00
D2750*	Crown—porcelain fused to high noble metal	\$ 410.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 410.00
D2752*	Crown—porcelain fused to noble metal	\$ 410.00
D2780*	Crown—3/4 cast high noble metal	\$ 410.00
D2781	Crown—3/4 cast predominantly base metal	\$ 410.00
D2782*	Crown—3/4 cast noble metal	\$ 410.00
D2783*	Crown—3/4 porcelain/ceramic	\$ 410.00
D2790*	Crown—full cast high noble metal	\$ 410.00
D2791	Crown—full cast predominantly base metal	\$ 410.00
D2792*	Crown—full cast noble metal	\$ 410.00
D2794*	Crown—titanium	\$ 410.00
D2799	Provisional crown	no charge
D2910	Recement inlay, onlay or veneer	\$ 25.00
D2915	Recement cast or prefabricated post and core	no charge
D2920	Recement crown	\$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 110.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 35.00
D2932	Prefabricated resin crown	\$ 110.00
D2933	Prefabricated stainless steel crown with resin window	\$ 110.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 110.00
D2950	Core buildup, including any pins	\$ 80.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 25.00

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

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

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

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

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

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

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

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

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

D4275	Soft tissue allograft . . . . .	\$ 460.00
D4320	Provisional splinting—intracoronaral . . . . .	\$ 135.00
D4321	Provisional splinting—extracoronaral . . . . .	\$ 115.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) . . . . .	\$ 85.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) . . . . .	\$ 70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years) . . . . .	\$ 80.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy) . . . . .	\$ 70.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) . . . . .	\$ 70.00

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

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

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

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

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

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

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

**Bleaching** **member pays**

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

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

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may receive a 25 percent discount by using certain participating dentists. Visit **HumanaOneNetwork.com** to find a participating dentist who offers the discount on non-covered services.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.



## Limitations and Exclusions

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

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

Insured or administered by CompBenefits Company

**Humana**<sup>®</sup>

Humana.com 

# HumanaOne®

Preventive Plus DE, FL, MA, MI, NV, NJ, ND, OH, OK, PA, RI, SC, SD, TX, WV

## About your plan

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke, and other serious conditions.

The HumanaOne Dental Preventive Plus plan is designed for people who believe in the importance of regular dental exams and cleanings. With no office visit copayments, the plan offers affordable coverage for preventive and basic services like routine cleanings and exams, fillings, and extractions. You may receive discounts on major services like root canals, crowns, and other services when you choose one of the more than 200,000 dentist locations in the HumanaOne Dental Preventive Plus network. You can visit [HumanaDental.com](http://HumanaDental.com) to find a participating specialist.

**Who can enroll for this plan** – Anyone can enroll for this plan.

**Date the plan starts** – Your start date will be the first of the month following the day you enrolled.

## How your plan works

### Calendar year deductible

This is the amount you will pay out-of-pocket for basic services in a calendar year (excludes discount services)

### Individual

\$50

### Family

\$150

### Annual maximum

This is the maximum amount that the plan will pay in a calendar year (excludes discount services)

\$1,000 per individual on the plan

### Coinsurance options

#### In-network coverage

#### Out-of-network coverage

#### Preventive services (no waiting period)

- Routine oral examinations (limit two per year)
- Periodontal examinations (limit two per year)
- Bitewing X-rays (limit one set per year, excludes full mouth and panoramic)
- Cleanings (limit two per year)
- Topical fluoride treatment (limit one per year, age 14 and under)
- Sealants (limit of one per tooth per lifetime, age 14 and under)

100% no deductible

70% after deductible

#### Basic services (six-month waiting period applies)

- Emergency care for pain relief
- Extractions and root removal
- Fillings (limit two per year, composite covered on front teeth only<sup>1</sup>)
- Space maintainers (age 14 and under, initial placement only)
- Oral surgery
- Prefabricated stainless steel crowns

50% after deductible

30% after deductible

# HumanaOne Dental Preventive Plus

## Discount services (no waiting periods)

### Major services

- Crowns
- Bridgework
- Dentures including repair and adjustments
- Periodontics such as periodontic cleanings and gum therapies
- Endodontics (root canals)

### Orthodontia services

- Adult and child orthodontia

You may receive a discount on these non-covered services. You may contact your participating provider to determine if any discounts are available on non-covered services. Out-of-pocket expenses do not apply to deductible and annual maximum. Members are responsible for 100% of the discounted service.

<b>Examples:</b>	<b>Average cost for service:</b>	<b>Your average discounted cost:</b>	<b>Your average savings:</b>
Porcelain crowns fused to noble metal	\$877	\$667	\$210
Root canal (molar)	\$923	\$765	\$158
Periodontal cleanings	\$110	\$86	\$24
Dentures	\$1,190	\$808	\$382
Partial dentures	\$1,215	\$902	\$313

**Examples only.** These are the average costs the patient will pay per procedure with an in-network provider and are based on averages across Atlanta, Chicago, Dallas, Phoenix, and Pittsburgh. Actual costs and savings may vary by provider, geographic area, and service received. Keep in mind there are limitations and exclusions to the discount available under this policy. For example, general anesthesia, implants, and/or cosmetic dentistry are not discounted services. Please refer to your policy for more information on the limitations and exclusions that may apply.

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan. To ensure you do not receive additional charges, visit a dentist in the HumanaOne Dental Preventive Plus Network. Waiting periods and other limitations may apply; please see your policy for coverage details.

1. Emergency care covered at 50% both in-network and out-of-network in state of Illinois (IL).
2. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.
3. Network providers are not required to offer non-covered services at a discounted rate. HumanaOne Dental encourages all providers to extend discounts, but can not legally require. Examples of services listed may have lower than average discounts. Check with in-network provider for details.

## People's Benefit Alliance

Membership in the People's Benefit Alliance (PBA) is required, at an additional cost, in order to be eligible to apply for this plan.

The PBA is a not-for-profit membership organization that provides health, travel, consumer, and business-related discounts to its members. Visit [HumanaOneDental.com](http://HumanaOneDental.com) for more information.

### Important to know:

This plan requires a one-time, non-refundable application fee, a monthly membership in an association, and a one-year contract.

## Dental limitations and exclusions

This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - A. That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - B. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - C. Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - A. War or any act of war, whether declared or not;
  - B. Any act of international armed conflict; or
  - C. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
  - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
  - B. Any service to correct congenital malformation;
  - C. Any service performed primarily to improve appearance; or
  - D. Characterizations and personalization of prosthetic devices.
7. Charges for:
  - A. Any type of implant and all related services, including crowns or the prosthetic device attached to it.
  - B. Precision or semi-precision attachments.
  - C. Over dentures and any endodontic treatment associated with over dentures.
  - D. Other customized attachments.
8. Any service related to:
  - A. Altering vertical dimension of teeth;
  - B. Restoration or maintenance of occlusion;
  - C. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
  - D. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - E. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in your plan benefits.
14. Any service shown as "Not Covered" in the Schedule.
15. Any service that we determine:
  - A. Is not a dental necessity;
  - B. Does not offer a favorable prognosis;
  - C. Does not have uniform professional endorsement; or
  - D. Is deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
18. Services provided by someone who ordinarily lives in your home or who is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
22. Repair and replacement of orthodontic appliances.
23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
24. Elective removal of non-pathologic impacted teeth.

Insured by HumanaDental Insurance Company and/or Humana Insurance Company

Applications are subject to approval. Waiting periods, limitations and exclusions apply.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.

Policy number: HUMD-ASSOC-POLICY .001

