

FLORIDA

ICUBA

	If you use <b>IN-NETWORK</b> provider		If you use <b>OUT-OF-NETWORK</b> provider	
	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>
<b>Plan-year deductible</b> (excludes orthodontia services)	\$50	\$150	\$50	\$150
<b>Annual maximum</b> (excludes orthodontia services)	\$2,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings (four per plan year)</li> <li>• Topical fluoride treatment (through age 14, one per plan year)</li> <li>• Sealants (through age 14)</li> <li>• Periodontal cleanings (two per plan year)</li> </ul>	100% no deductible		80% no deductible of maximum allowed fee	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Space maintainers (through age 14)</li> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgam or composite)</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> <li>• Composite fillings for molars</li> <li>• Periodontics</li> <li>• Endodontics (root canal)</li> </ul>	80% after deductible		50% after deductible of maximum allowed fee	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Denture repair and adjustments</li> <li>• Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots</li> </ul>	50% after deductible		30% after deductible of maximum allowed fee	
<b>Orthodontia</b>	Adult/child orthodontia - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

<b>Plan-year deductible</b> (excludes orthodontia services)	<b>Individual</b> \$50	<b>Family</b> \$150
<b>Annual maximum</b> (excludes orthodontia services)	\$1,000	
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Topical fluoride treatment (through age 14, one per plan year)</li> <li>• Sealants (through age 14)</li> </ul>	100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services - basic extractions of erupted tooth or root</li> <li>• Fillings (amalgams, composite for anterior teeth)</li> </ul>	80% after deductible	

**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
- Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots
- Periodontics (gum therapy)
- Endodontics (root canals)

**Orthodontia services**

- Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.

## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

### Feel good about choosing a HumanaDental plan

#### Make regular dental visits a priority

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

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

#### Go to MyDentalIQ.com

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

#### Tips to ensure a healthy mouth

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

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

\* American Academy of Cosmetic Dentistry

### Use your HumanaDental benefits

#### Find a dentist

With HumanaDental's PPO plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to [Humana.com](http://Humana.com) or call 1-800-233-4013.

#### Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at [Humana.com](http://Humana.com) or call 1-800-233-4013.

#### See your dentist

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

#### Learn what your plan paid

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

**HUMANA**  
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

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

# HumanaDental DHMO 250 CS Plan

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

Member costs listed here are for services provided by your chosen participating primary care dentist (PCD) only. As your dental professional, your PCD may decide that you need to see an contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For CS plans, copayment amounts are applicable when treatment is performed by participating specialists.

## Summary of services

### Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 20.00
D9430	Office visit (normal hours) .....	\$ 5.00
D9440	Office visit (after regularly scheduled hours) ...	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report. ....	\$ 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

### Diagnostic Member pays

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

### Preventive Member pays

D1110	Prophylaxis—adult, routine (once every 6 months) .....	no charge
D1120	Prophylaxis—child, routine (once every 6 months) .....	no charge
D1110	Prophylaxis—adult/child, (additional) .....	\$ 25.00
D1120	Prophylaxis—adult/child, (additional) .....	\$ 25.00
D1206	Topical application of fluoride varnish (for child <16) .....	no charge

D1208	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) ....	no charge
D1330	Oral hygiene instruction .....	no charge
D1351	Sealant-per tooth .....	\$ 15.00
D1510	Space maintainer—fixed, unilateral .....	\$ 55.00+lab
D1515	Space maintainer—fixed, bilateral .....	\$ 55.00+lab
D1520	Space maintainer—removable, unilateral ...	\$ 95.00+lab
D1525	Space maintainer—removable, bilateral ....	\$ 95.00+lab
D1550	Recementation of space maintainer .....	\$ 15.00

### Restorative Member pays

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

### Resin restorative Member pays

D2330	Resin based composite—one surface, anterior. ..	\$ 40.00
D2331	Resin based composite—two surfaces, anterior .....	\$ 45.00
D2332	Resin based composite—three surfaces, anterior .....	\$ 55.00
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 .....	\$ 115.00
D2520	Inlay—metallic, two surfaces .....	\$ 125.00
D2530	Inlay—metallic, three or more surfaces .....	\$ 150.00

### Crown and bridge Member pays

D2740	Crown—porcelain/ceramic substrate .....	\$ 310.00+lab
D2750*	Crown—porcelain fused to high noble metal ..	\$ 310.00
D2751	Crown—porcelain fused to predominantly base metal .....	\$ 310.00

D2752*	Crown—porcelain fused to noble metal	\$310.00
D2790*	Crown—full cast high noble metal	\$310.00
D2791	Crown—full cast predominantly base metal	\$310.00
D2792*	Crown—full cast noble metal	\$310.00
D2910	Recement inlay	\$ 20.00
D2920	Recement crown	\$ 20.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth	\$ 90.00
D2930	Prefabricated stainless steel crown— primary tooth	\$ 90.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 20.00
D2952	Cast post and core in addition to crown	\$100.00+lab
D2953	Each additional cast post—same tooth	\$100.00+lab
D2954	Prefabricated post and core in addition to crown	\$100.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$310.00+lab

**Prosthodontics (fixed) Member pays**

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

**Endodontics Member pays**

D3220	Therapeutic pulpotomy	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 110.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$ 150.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$ 250.00
D3330	Root canal therapy—molar (excluding final restoration)	\$ 300.00
D3410	Apicoectomy/periradicular surgery—anterior	\$ 150.00

**Periodontics (gum treatment) Member pays**

D4210	Gingivectomy/gingivoplasty per quadrant	\$150.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 45.00
D4260	Osseous surgery, per quadrant	\$375.00
D4261	Osseous surgery—1 to 3 teeth, per quadrant	\$375.00
D4277	Free soft tissue graft procedure (including donor site surgery) - first tooth	\$250.00
D4278	Free soft tissue graft procedure (including donor site surgery), ea add'l	\$188.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 55.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 55.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 50.00

D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 50.00
D4910	Periodontal maintenance	\$ 55.00

**Prosthodontics Member pays**

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

**Repairs to prosthetics Member pays**

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

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

D7111	Coronal remnants, deciduous tooth	\$ 25.00
D7140	Extraction, erupted tooth or exposed tooth	\$ 25.00
D7210	Surgical removal of erupted tooth	\$ 45.00
D7220	Removal of impacted tooth—soft tissue	\$ 60.00
D7230	Removal of impacted tooth—partially bony	\$ 80.00
D7240	Removal of impacted tooth—completely bony	\$ 100.00
D7250	Surgical removal of residual tooth roots	\$ 45.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 45.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 45.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 80.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 80.00
D7510	Incision and drainage of abscess—intraoral	\$ 30.00

**Anesthesia Member pays**

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

**Adjunctive general services** **Member pays**

D9450 Case presentation, detailed and extensive treatment planning.....	no charge
D9951 Occlusal adjustment—limited .....	\$ 30.00
D9952 Occlusal adjustment—complete .....	\$ 175.00

**Orthodontics** **Member pays**

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
Evaluation.....	\$ 35.00
Records/treatment planning .....	\$ 250.00
Orthodontic treatment .....	\$1,800.00

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
Evaluation.....	\$ 35.00
Records/treatment planning .....	\$ 250.00
Orthodontic treatment .....	\$1,800.00

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
Evaluation.....	\$ 35.00
Records/treatment planning .....	\$ 250.00
Orthodontic treatment .....	\$2,000.00

D8680 Retention .....	\$ 450.00
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\* 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.

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 available at certain participating dentists usual fee less 25%. Visit HumanaDental.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 \$50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Insured or administered by Humana Insurance Company, The Dental Concern, Inc., CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., CompBenefits of Georgia, Inc., or CompBenefits Insurance Company.

