

Create a customized plan summary

- Step 1: Choose the benefit options** selected by the employer from the menu below. To make this a valid plan summary, the options selected must match the HumanaDental quote.
- Step 2: View and print your plan summary** by scrolling to the following pages. The plan summary includes a summary of the benefits and information on how to use the plan. (Tip: when printing, check the "Print as image" in the Print dialog box.)
- Step 3: Save your plan summary.** With the full version of Adobe Acrobat (not Acrobat Reader), you can save your plan summary to your PC by using the "Save As" or by clicking the disk icon in the Acrobat's navigation bar.

Build your plan

Enter customer name:

Pick your office visit copay:

Select your annual maximum:

You may return to this page at any time to update your selections.

HumanaDental Advantage Plus 2S Plan with Ortho

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.

Choose HumanaDental 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 HumanaDental Advantage Plus plan 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.

Questions?

Check out **Humana.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental Advantage Plus 2S Plan with Ortho

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. 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. S plan copayments for listed procedures are applicable only at participating General Dentists or participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay



Annual maximum



Summary of services

Preventive	Member pays	Basic	Member pays
D0120 ^a Periodic oral examination.....	no charge	D1510 Space maintainer—fixed, unilateral (limited to child <14)	no charge
D0140 ^a Limited oral evaluation—problem focused ...	no charge	D1515 Space maintainer—fixed, bilateral (limited to child <14)	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	D1520 Space maintainer—removable, unilateral (limited to child <14)	no charge
D0150 Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months) .	no charge	D1525 Space maintainer—removable, bilateral (limited to child <14)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D1550 Re-cement or re-bond space maintainer	no charge
D0170 Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2140 Amalgam—one surface primary or permanent .	no charge
D0180 Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months) .	no charge	D2150 Amalgam—two surfaces primary or permanent	no charge
D0210 X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2160 Amalgam—three surfaces primary or permanent	no charge
D0220 X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2161 Amalgam—four/more surfaces primary/permanent	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2330 Resin based composite—one surface, anterior .	no charge
D0240 X-ray intraoral—occlusal radiographic image	no charge	D2331 Resin based composite—two surfaces, anterior .	no charge
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2332 Resin based composite—three surfaces, anterior	no charge
D0260 X-ray extraoral, each additional radiographic image.....	no charge	D2335 Resin based composite —four or more surfaces, involving incisal angle.....	no charge
D0270 ^a Bitewing—single radiographic image	no charge	D2390 Resin based composite—crown anterior	no charge
D0272 ^a Bitewings—two radiographic images	no charge	D2391 Resin based composite—one surface, posterior .	no charge
D0273 ^a Bitewings—three radiographic images.....	no charge	D2392 Resin based composite—two surfaces, posterior	no charge
D0274 ^a Bitewings—four radiographic images	no charge	D2393 Resin based composite—three surfaces, posterior.....	no charge
D0277 ^a Vertical bitewings—7 to 8 radiographic images.	no charge	D2394 Resin based composite—four or more surfaces, posterior	no charge
D0330 Panoramic radiographic image (limit 1 every 3 years)	no charge	D4341 Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	no charge
D0470 Diagnostic casts.....	no charge	D4342 Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	no charge
D1110 ^a Prophylaxis—adult (inclusive of D4910)	no charge	D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	no charge
D1120 ^a Prophylaxis—child (inclusive of D4910)	no charge	D4910 Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D1203 ^a Topical fluoride varnish (for child <16).....	no charge	D7111 Extraction coronal remnants deciduous tooth.	no charge
D1206 ^a Topical application of fluoride varnish (for child <16)	no charge	D7140 Extraction erupted tooth or exposed root	no charge
D1351 Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge		

Major		Member pays			
D2510 ^b	Inlay—metallic, one surface.....	\$313.00	D4249	Clinical crown lengthening – hard tissue.....	\$481.00
D2520 ^b	Inlay—metallic, two surfaces.....	\$355.00	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$680.00
D2530 ^b	Inlay—metallic, three or more surfaces.....	\$410.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$354.00
D2542 ^b	Onlay—metallic, two surfaces.....	\$402.00	D5110 ^d	Complete denture—maxillary	\$642.00
D2543 ^b	Onlay—metallic, three surfaces.....	\$420.00	D5120 ^d	Complete denture—mandibular.....	\$642.00
D2544 ^b	Onlay—metallic, four or more surfaces.....	\$437.00	D5130 ^d	Immediate denture—maxillary.....	\$700.00
D2610 ^b	Inlay—porcelain/ceramic, one surface.....	\$368.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces.....	\$389.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces	\$414.00	D5212 ^d	Mandibular partial denture—resin base.....	\$629.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces.....	\$403.00	D5213 ^d	Maxillary partial denture—cast metal—resin base	\$709.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces....	\$434.00	D5214 ^d	Mandibular partial denture—cast metal—resin base	\$709.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces.....	\$461.00	D5410 ^c	Adjust complete denture—maxillary.....	\$ 35.00
D2650 ^b	Inlay—resin based composite, one surface..	\$242.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2651 ^b	Inlay—resin based composite, two surfaces..	\$288.00	D5421 ^c	Adjust partial denture—maxillary.....	\$ 35.00
D2652 ^b	Inlay—resin based composite, three or more surfaces	\$303.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2662 ^b	Onlay—resin based composite, two surfaces..	\$263.00	D5510	Repair broken complete denture base	\$ 70.00
D2663 ^b	Onlay—resin based composite, three surfaces	\$310.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2664 ^b	Onlay—resin based ccomposite, four or more surfaces	\$332.00	D5610	Repair resin denture base.....	\$ 76.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5620	Repair cast framework.....	\$ 82.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5630	Repair or replace broken clasp—per tooth....	\$100.00
D2721 ^b	Crown—resin with predominantly base metal..	\$432.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5650	Add tooth to existing partial denture.....	\$ 88.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5660	Add clasp to existing partial denture—per tooth	\$105.00
D2750 ^b	Crown—porcelain fused to high noble metal..	\$466.00	D5710 ^e	Rebase complete maxillary denture.....	\$261.00
D2751 ^b	Crown—porcelain fused predominantly base metal.....	\$434.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2752 ^b	Crown—porcelain fused to noble metal.....	\$445.00	D5720 ^e	Rebase maxillary partial denture.....	\$246.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2791 ^b	Crown—full cast predominantly base metal..	\$426.00	D5730 ^e	Reline complete maxillary denture	\$147.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5740 ^e	Reline maxillary partial denture	\$135.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5750 ^e	Reline complete maxillary denture.....	\$196.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2932	Crown—prefabricated resin.....	\$142.00	D5760 ^e	Reline maxillary partial denture	\$193.00
D2940	Protective restoration.....	\$ 44.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D2950	Core buildup including any pins	\$110.00	D5850	Tissue conditioning maxillary	\$ 61.00
D2951	Pin retention—per tooth addition restoration..	\$ 23.00	D5851	Tissue conditioning mandibular	\$ 61.00
D2952	Cast post and core in addition to crown	\$168.00	D6092	Recement implant/abutment supported crown ..	\$ 42.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D3220	Therapeutic pulpotomy.....	\$ 75.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3310	Root canal therapy—anterior.....	\$315.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3320	Root canal therapy—bicuspid.....	\$385.00	D6212 ^f	Pontic—cast noble metal	\$420.00
D3330	Root canal therapy—molar	\$497.00	D6240 ^f	Pontic—porcelain fused to high noble metal ..	\$426.00
D3346	Previous root canal therapy—anterior.....	\$424.00	D6241 ^f	Pontic—porcelain fused predominantly base metal.....	\$393.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00
D3348	Previous root canal therapy—molar	\$601.00	D6245	Pontic, porcelain/ceramic	\$439.00
D3410	Apicoectomy/periradicular surgery—anterior ..	\$361.00	D6250 ^f	Pontic—resin with high noble metal.....	\$420.00
D3421	Apicoectomy/periradicular surgery—bicuspid ..	\$394.00	D6251 ^f	Pontic—resin with predominantly base metal..	\$388.00
D3425	Apicoectomy/periradicular surgery—molar ..	\$445.00	D6252 ^f	Pontic—resin with noble metal	\$400.00
D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00	D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00
D3430	Retrograde filling—per root	\$109.00	D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces.....	\$373.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00	D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153.00	D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00
D4240 ^c	Gingival flap proc—four or more teeth, quad ..	\$421.00			
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	\$217.00			

D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces.	\$372.00
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces	\$394.00
D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00
D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces.....	\$406.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces.....	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	Retainer onlay—cast high noble metal, three or more surfaces	\$448.00
D6612 ^f	Retainer onlay—cast predominantly base metal, two surfaces	\$407.00
D6613 ^f	Retainer onlay—cast predominantly base metal, three or more surfaces	\$426.00
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces.....	\$414.00
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00
D6721 ^f	Retainer crown—resin with predominantly base metal.	\$450.00
D6722 ^f	Retainer crown—resin with noble metal.	\$458.00
D6740 ^f	Retainer crown—porcelain/ceramic.....	\$499.00
D6750 ^f	Retainer crown—porcelain fused to high noble metal	\$486.00
D6751 ^f	Retainer crown—porcelain fused to predominantly base metal.	\$453.00
D6752 ^f	Retainer crown—porcelain fused to noble metal	\$464.00
D6780 ^f	Retainer crown—3/4 cast high noble metal ..	\$458.00
D6790 ^f	Retainer crown—full cast high noble metal. ..	\$469.00
D6791 ^f	Retainer crown—full cast predominantly base metal.	\$445.00
D6792 ^f	Retainer crown—full cast noble metal	\$461.00
D6930 ^f	Re-cement or re-bond fixed partial denture ..	\$ 57.00
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony ..	\$179.00
D7240	Removal of impacted tooth—completely bony.	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	\$ 97.00
D7320	Alveoloplasty not conjunction w/extractions—per quad	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—intraoral..	\$120.00
D7520	Incision and drainage of abscess—extraoral ..	\$570.00
D7960	Frenulectomy—separate procedure.	\$111.00
D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$144.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	\$ 60.00

D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

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	\$2100.00
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	\$2100.00
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
	Evaluation	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2300.00
D8680	Retention	\$ 450.00

- a Limit of one every six months
- 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
- f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment 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.
- Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company or Humana Employers Health Plan of Georgia, Inc.

