



2018 Summary of Dental Benefits City of Tampa

Humana[®]

[Humana.com](https://www.humana.com)



Humana

HumanaDental Prepaid HS195 Plan

Florida

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

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

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

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

Tips to ensure a healthy mouth

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



Questions?

Check out [HumanaDental.com](https://www.humana.com/humanadental)

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

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

¹ Dr. Michael Roizen, RealAge.com

HumanaDental Prepaid HS195 Plan

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

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Summary of services

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

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	no charge
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 30.00
D9987 Cancelled appointment	\$ 10.00
D9986 Missed Appointment	\$ 10.00

Diagnostic	Member pays
D0120 Periodic oral examination (two per calendar year) .	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver...	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval	no charge
D0170 Re-evaluation—problem focused (not post-operative visit)	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year)	no charge
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first radiographic image	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image	no charge
D0240 X-rays intraoral—occlusal radiographic image ..	no charge
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270 X-ray bitewing—single radiographic image (two per calendar year)	no charge
D0272 X-ray bitewings—two radiographic images (two per calendar year)	no charge
D0273 X-ray bitewings—three radiographic images (two per calendar year)	no charge
D0274 Bitewings—four radiographic images (two per calendar year)	no charge

D0277 X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)	no charge
D0330 Panoramic radiographic image (once per three calendar years)	no charge
D0350 Oral/facial photography images	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests	no charge
D0431 Oral cancer screening using a special light source. \$	50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion..	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area	no charge

Preventive	Member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist). no charge	
D1111 Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year).. \$	35.00
D1120 Prophylaxis—child, routine (two per calendar year)	no charge
D1121 Additional—child prophylaxis, with or without fluoride (maximum of two additional per year).. \$	25.00
D1206 Topical application of fluoride varnish (for child <16) (two per calendar year)	no charge
D1208 Topical application of fluoride excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease	no charge
D1330 Oral hygiene instruction	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16)	no charge
D1510* Space maintainer—fixed, unilateral (through age 14)	\$ 25.00
D1515* Space maintainer—fixed, bilateral (through age 14)	\$ 25.00

D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 35.00
D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 35.00
D1550	Re-cement or re-bond space maintainer	\$ 15.00
D1555	Removal of fixed space maintainer	\$ 15.00

Restorative

Member pays

D2140	Amalgam—one surface, primary or permanent. no charge	
D2150	Amalgam—two surfaces, primary or permanent. no charge	
D2160	Amalgam—three surfaces, primary or permanent. . no charge	
D2161	Amalgam—four or more surfaces, primary or permanent.	no charge
D2940	Sedative filling	no charge

Resin restorative

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

Member pays

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

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710*	Crown—resin based composite, indirect	\$245.00
D2712*	Crown—3/4 resin based composite, indirect	\$245.00
D2720*	Crown—resin with high noble metal	\$245.00
D2721	Crown—resin with predominantly base metal... .	\$245.00
D2722*	Crown—resin with noble metal	\$245.00
D2740*	Crown—porcelain/ceramic substrate	\$245.00
D2750*	Crown—porcelain fused to high noble metal....	\$245.00
D2751	Crown—porcelain fused to predominantly base metal.	\$245.00
D2752*	Crown—porcelain fused to noble metal	\$245.00
D2780*	Crown—3/4 cast high noble metal	\$245.00
D2781	Crown—3/4 cast predominantly base metal	\$245.00

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

Prosthodontics (fixed)

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

Member pays

D6210*	Pontic—cast high noble metal	\$245.00
D6211	Pontic—cast predominantly base metal	\$245.00
D6212*	Pontic—cast noble metal	\$245.00
D6240*	Pontic—porcelain fused to high noble metal	\$245.00
D6241	Pontic—porcelain fused to predominantly base metal	\$245.00
D6242*	Pontic—porcelain fused to noble metal	\$245.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$245.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$245.00
D6752*	Retainer crown—porcelain fused to noble metal	\$245.00
D6790*	Retainer crown—full cast high noble metal	\$245.00
D6791	Retainer crown—full cast predominantly base metal.	\$245.00
D6792*	Retainer crown—full cast noble metal	\$245.00
D6794*	Retainer crown—titanium	\$245.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	no charge

Prosthodontics

(replacement limited to every five years)

Member pays

D5110*	Complete denture—maxillary	\$325.00
D5120*	Complete denture—mandibular	\$325.00
D5130*	Immediate denture—maxillary	\$350.00
D5140*	Immediate denture—mandibular	\$350.00
D5211*	Maxillary partial denture—resin base	\$400.00
D5212*	Mandibular partial denture—resin base	\$400.00
D5213*	Maxillary partial denture—cast metal frame-work, resin denture bases	\$425.00
D5214*	Mandibular partial denture—cast metal frame-work, resin denture bases	\$425.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$350.00
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$350.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5281*	Removable partial denture—one piece cast metal	\$300.00
D5410	Adjust complete denture—maxillary	\$ 10.00
D5411	Adjust complete denture—mandibular	\$ 10.00
D5421	Adjust partial denture—maxillary	\$ 10.00
D5422	Adjust partial denture—mandibular	\$ 10.00
D5660*	Add clasp to existing partial denture—per tooth	\$ 35.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

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

D3352	Apexification/recalcification—interim	\$ 70.00
D3353	Apexification/recalcification—final visit	\$ 70.00
D3410	Apicoectomy/periradicular surgery—anterior	\$ 95.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 95.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$ 95.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 60.00
D3430	Retrograde filling—per root	\$ 60.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 19.00
D3920	Hemisection not included in root canal therapy	\$ 90.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 15.00

Periodontics (gum treatment)**Member pays**

D4210	Gingivectomy/gingivoplasty per quadrant	\$110.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 83.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$113.00
D4245	Apically positioned flap	\$165.00
D4249	Clinical crown lengthening—hard tissue	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$225.00
D4263	Bone replacement graft—first site in quadrant	\$180.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$215.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$255.00
D4270	Pedicle soft tissue graft procedure	\$245.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$245.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$ 75.00
D4274	Distal or proximal wedge procedure	\$100.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$ 75.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$380.00
D4320	Provisional splinting—intracoronary	\$ 95.00
D4321	Provisional splinting—extracoronary	\$ 85.00

D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 50.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).	\$ 38.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) .	\$ 40.00
D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	\$ 55.00

Extractions/oral and maxillofacial surgery Member pays

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

D7521	Incision and drainage of abscess— extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$ 35.00
D7910	Suture of recent small wounds up to 5 cm.	\$ 25.00
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure	\$ 50.00
D7963	Frenuloplasty	\$ 50.00
D7970	Excision hyperplastic tissue—per arch	\$ 55.00
D7971	Excision of pericoronal gingiva	\$ 40.00

Repairs to prosthetics

Member pays

D5510*	Repair broken complete denture base	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 35.00
D5610*	Repair resin denture base	\$ 35.00
D5620*	Repair cast framework	\$ 35.00
D5630*	Repair or replace broken clasp—per tooth	\$ 35.00
D5640*	Replace broken teeth—per tooth	\$ 35.00
D5650*	Add tooth to existing partial denture	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$165.00
D5671*	Replace all teeth and acrylic framework—mandibular	\$165.00
D5710*	Rebase complete maxillary denture	\$ 75.00
D5711*	Rebase complete mandibular denture	\$ 75.00
D5720*	Rebase maxillary partial denture	\$ 75.00
D5721*	Rebase mandibular partial denture	\$ 75.00
D5730	Reline complete maxillary denture (chairside) ..	\$ 65.00
D5731	Reline complete mandibular denture (chairside) .	\$ 65.00
D5740	Reline maxillary partial denture (chairside)	\$ 65.00
D5741	Reline mandibular partial denture (chairside) ...	\$ 65.00
D5750*	Reline complete maxillary denture (laboratory) .	\$ 85.00
D5751*	Reline complete mandibular denture (laboratory) .	\$ 85.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 85.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$ 85.00
D5810*	Interim complete denture (maxillary)	\$230.00
D5811*	Interim complete denture (mandibular)	\$230.00
D5820*	Interim partial denture (maxillary)	\$160.00
D5821*	Interim partial denture (mandibular)	\$170.00
D5850	Tissue conditioning, maxillary	\$ 20.00
D5851	Tissue conditioning, mandibular	\$ 20.00
D5862*	Precision attachment, by report	\$160.00
D6214*	Pontic titanium	\$245.00
D6245*	Pontic—porcelain/ceramic	\$245.00
D6250*	Pontic—resin with high noble metal	\$245.00
D6251	Pontic—resin with predominantly base metal ..	\$245.00
D6252*	Pontic—resin with noble metal	\$245.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$150.00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$150.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$245.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$245.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$245.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$245.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$245.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$245.00
D6606*	Retainer inlay—cast noble metal, two surfaces .	\$245.00

D6607* Retainer inlay—cast noble metal, three or more surfaces	\$245.00
D6608* Retainer onlay—porcelain/ceramic, two surfaces	\$245.00
D6609* Retainer onlay—porcelain/ceramic, three or more surfaces	\$245.00
D6610* Retainer onlay—cast high noble metal, two surfaces	\$245.00
D6611* Retainer onlay—cast high noble metal, three or more surfaces	\$245.00
D6612 Retainer onlay—cast predominantly base metal, two surfaces	\$245.00
D6613 Retainer onlay—cast predominantly base metal, three or more surfaces	\$245.00
D6614* Retainer onlay—cast noble metal, two surfaces.	\$245.00
D6615* Retainer onlay—cast noble metal, three or more surfaces	\$245.00
D6710* Retainer crown—indirect resin based composition.	\$245.00
D6720* Retainer crown—resin with high noble metal ...	\$245.00
D6721 Retainer crown—resin with predominantly base metal	\$245.00
D6722* Retainer crown—resin with noble metal	\$245.00
D6740* Retainer crown—porcelain/ceramic	\$245.00
D6780* Retainer crown—3/4 cast high noble metal	\$245.00
D6781 Retainer crown—3/4 cast predominantly base metal	\$245.00
D6782* Retainer crown—3/4 cast noble metal	\$245.00
D6783* Retainer crown—3/4 porcelain/ceramic, denture	\$245.00

Adjunctive general service Member pays

D9110 Palliative (emergency) treatment of dental pain—minor procedure	\$ 10.00
D9120 Fixed partial denture sectioning	no charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures	no charge
D9211 Regional block anesthesia	no charge
D9212 Trigeminal division block anesthesia	no charge
D9215 Local anesthesia	no charge
D9223 Deep sedation/general anesthesia – each 15 minute increment	\$150.00
D9230 Analgesia (nitrous oxide), per 15 minutes	\$ 15.00
D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$ 45.00

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

Insured or administered by Humana Insurance Company or CompBenefits Company.

D9248 Non-intravenous conscious sedation	\$ 15.00
D9450 Case presentation, detailed and extensive treatment planning	no charge
D9610 Non-intravenous conscious sedation	\$ 15.00
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	\$ 25.00
D9630 Other drugs and/or medicaments, by report	\$ 15.00
D9910 Application of desensitizing medicament	\$ 15.00
D9940 Occlusal guard, by report	\$ 85.00
D9942 Repair and/or relining of occlusal guard	\$ 40.00
D9951 Occlusal adjustment—limited	\$ 30.00
D9952 Occlusal adjustment—complete	\$100.00

Bleaching Member pays

D9972 External bleaching in office—per arch	\$125.00
D9975 External bleaching in home—per arch	\$125.00

Orthodontics Member pays

D8070 Comprehensive orthodontic treatment of the transitional dentition	\$ 1,850.00
Consultation	no charge
Evaluation	\$ 35.00
Records/treatment planning	\$ 250.00
D8080 Comprehensive orthodontic treatment of the adolescent dentition	\$ 1,850.00
Consultation	no charge
Evaluation	\$ 35.00
Records/treatment planning	\$ 250.00
D8090 Comprehensive orthodontic treatment of the adult dentition	\$ 1,850.00
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) ...	\$ 300.00
D8693 Rebonding or recementing; and/or repair, as required, of fixed retainers	no charge

Implants (available for groups 10+ enrolled)

Coverage for implants:

- Implants and implant supported prostheses covered at a 50% coinsurance
- Annual Maximum Benefit of \$1,500
- Lifetime Maximum Benefit of \$10,000



HumanaDental DHMO Members

How to Select Your Primary Care Dentist

If You Have Enrolled in the DHMO, you **MUST SELECT** Your Primary Care Dentist

How to Search for a PCD

- Visit www.humanadental.com
- Scroll down to "Find a doctor or pharmacy"
- Change the drop down box to "Dental" and click "Go"
- Select the DHMO radio button under the "Just Looking" tab
- Enter your zip code
- Select HS195 DHMO / Prepaid Network from the drop down box
- Set your search Criteria and click "Search"
- Search for a dentist
- Select a dentist and locate the Dentist ID number Select the
- Show Info radio button to verify that the provider is accepting new patients.



After You Have Enrolled in the DHMO, you can Contact Humana Directly to Change Your Primary Care Dentist
Contact customer support center at

1-800-233-4013

Hours of Operation: Monday thru Friday 8 a.m.- 6 p.m. EST

Effective Date of Your Change –

Any changes done prior to the 15th of the month will be effective on the first day of the next month. (i.e. a change on July 12 will be effective August 1)

Any changes made after the 15th of the month will become effective for the first day of the second following month. (i.e. a change on July 16 will be effective September 1)

Humana

City of Tampa

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	Unlimited			
Preventive services <ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)• Routine cleanings (2 per year)• Fluoride treatment (1 per year, through age 14)• Sealants (permanent molars, through age 14)• Space maintainers (primary teeth, through age 14)• Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible		80% no deductible	
Basic services <ul style="list-style-type: none">• Emergency care for pain relief• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)• Oral surgery (tooth extractions including impacted teeth)• Stainless steel crowns• Harmful habit appliances for children (1 per lifetime, through age 14)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		60% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 3 years, following 6 months of denture use)• Denture repair and adjustments (following 6 months of denture use)• Implants (1 every 5 years for implant placement, crowns, bridges, and dentures)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum.			

Questions?

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

Feel good about choosing a 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 calendar year: two regular and two periodontal.

* 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

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. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

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

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

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.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**.

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** or by calling 1-800-233-4013.



Humana.com





Manage your plan at MyHumana

Use **MyHumana** to manage your plan, understand your benefits, and take charge of your dental health.

As a Humana Dental member, you can:

- Find network dentists
- Check claims history and status
- View coverage details
- Review plan benefit details
- Order a replacement identification card
- View estimates for services
- Exchange secure messages with Humana

Registration is simple

Have your Humana Dental identification card ready and go to **Humana.com**. Click on “**Register**,” then follow the instructions.

We're here to help

CALL 1-800-979-4760 FOR CUSTOMER CARE.

Humana®

Humana.com 

MyHumana Mobile app

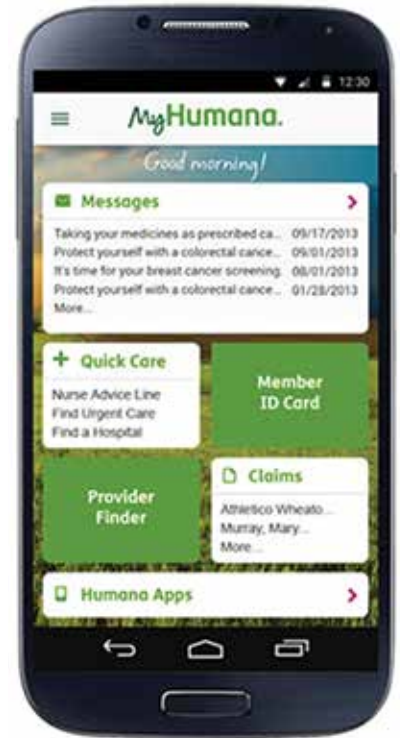
“Now we go where you go”

Access your health information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:

- View dental claims
- View ID cards
- View your plans and coverage details



Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Text message alerts*

On the MyHumana Mobile app:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on the “Menu” icon
3. Select “Text Alerts”
4. Register and verify your mobile #
5. Select the alerts you want to receive

On Humana.com:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account settings & preferences”
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

*Message and data rates may apply.

Humana®

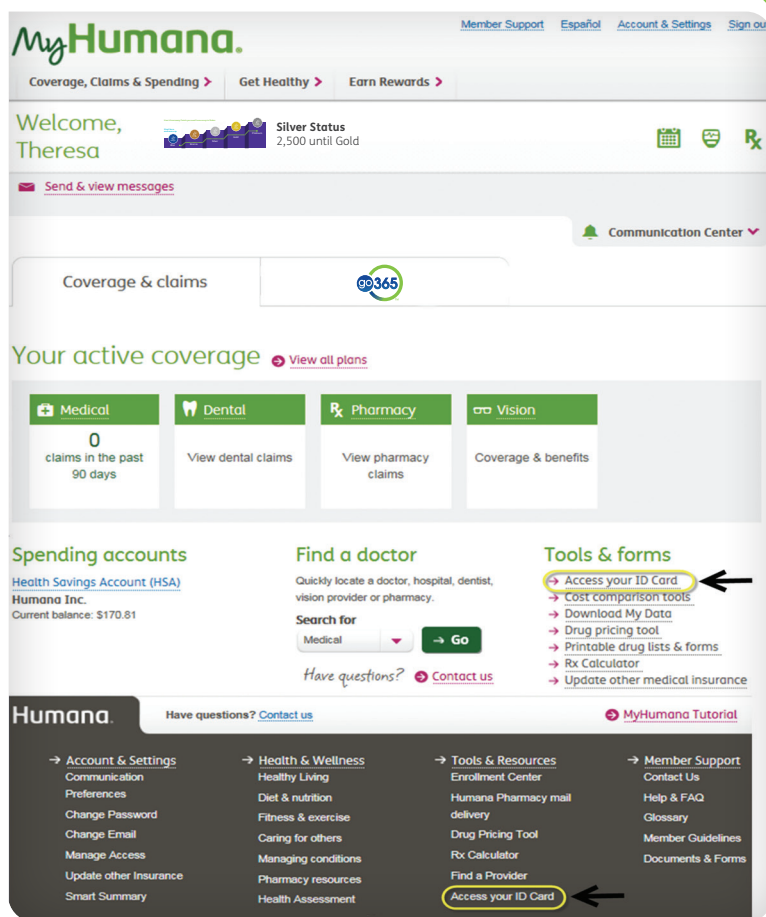
Humana.com

How to view a copy of your dental identification (ID) cards

You will have access to view and print your ID cards via the website or mobile app within 10 working days of enrollment.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page's footer under “Tools & Resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired.



Call Customer Care at **1-866-4ASSIST**
(1-866-427-7478) for assistance
or more information

Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。

Humana®

Humana.com



Humana

Relationships are built on trust. Respect for an individual's privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana's Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you'd like a copy of Humana's Notice of Privacy Practices, you can request a copy by:

- Visiting **Humana.com** and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
Humana Privacy Office
P.O. Box 1438
Louisville, KY 40202