Your Dental Benefits 2022

City of Tampa Retirees

Humana®

Humana

Dear City of Tampa Retiree:

As a valued member with Humana's dental plan, we're pleased to offer you an opportunity to continue your dental coverage as a City of Tampa retiree.

The plan is closed to NEW enrollments but if you were enrolled in 2021 you have the option to move from one plan to another. If you wish to make a change to your plan such as moving from the DHMO to the PPO, please complete the Enrollment/Change form and return it to Humana within 31 days of your retirement effective date. Please include your current ID number on the application in the upper right hand corner of the form.

If you wish to continue the dental policy, please complete the form and fax or email to the address captioned below. Please note, if you elect to cancel your coverage, you will not be eligible to re-enroll in the future.

Email: cotretiree@humana.com
Fax: 1-833-947-2762

Your Monthly rates are listed below:

DHMO-HS195* Plan	**Monthly Rates**
Retiree Only	$13.62
Retiree + One	$26.97
Retiree + Family	$47.94
PPO Plan	**Monthly Rates**
Retiree	$31.00
Retiree + One	$58.00
Retiree + Family	$96.00

*If you are enrolling in the HS195 plan, please select a primary care dentist and include the provider ID number on the application.

Once you are enrolled, Humana will be sending you a monthly statement with the new plan premium along with payment instructions. **DO NOT SEND PAYMENT WITH THE APPLICATION.**

You will have the opportunity to pay monthly by sending payment directly to Humana or setting up an automatic bill-pay through your personal bank or on the Humana.com website. Should you need additional information or assistance regarding payments, you may contact Humana Customer Care at **1-800-233-4013**.

Best Regards,

Humana Account Management Team

Humana

CITY OF TAMPA RETIREE Group #773466 Div. 03

Dental Enrollment/Change/Termination Form - 2022

☐ Enrollment ☐ Change ☐ Termination Effective Date:_____

Reason for change _____

GENERAL INFORMATION

Employee Name: _____ Social Security #: _____

Address:_____ City: _____ State:_____ Zip:_____

Phone:_____ Email address:_____ Date of Hire:_____

EMPLOYEE AND DEPENDENT INFORMATION

	Name	Date of Birth	Facility #**	Gender	Action
Employee:	_____	_____	_____	☐ M ☐ F	☐ Add ☐ Cancel
Spouse:	_____ SS#_____	_____	_____	☐ M ☐ F	☐ Add ☐ Cancel
Child:	_____ SS#_____	_____	_____	☐ M ☐ F	☐ Add ☐ Cancel
Child:	_____ SS#_____	_____	_____	☐ M ☐ F	☐ Add ☐ Cancel
Child:	_____ SS#_____	_____	_____	☐ M ☐ F	☐ Add ☐ Cancel

**Facility Number is only required if DHMO HS195 plan is chosen

EMPLOYEE SIGNATURE AND DATE

Please Note:

Any person who, with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. I hereby consent, personally and on behalf of any family members enrolled, to the unrestricted release of my/our dental records maintained by participating physicians to Humana for, but not limited to, claims verification and quality assessment review, and to any other participating physician who may be or become involved in my/our dental care.

Employee Signature _____ **Date:** _____

Please fax completed form to 1-833-947-2762 or Email to cotretiree@humana.com

*** Payment is not required, you will receive a monthly invoice**

Please select your plan:			
DHMO HS195 Plan			
Retiree	☐		$13.62
Retiree + One	☐		$26.97
Retiree + Family	☐		$47.94
PPO Plan			
Retiree	☐		$31.00
Retiree + One	☐		$58.00
Retiree + Family	☐		$96.00

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

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

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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

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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 framework, resin denture bases	$425.00
D5214*	Mandibular partial denture—cast metal framework, 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—intracoronal.	$ 95.00
D4321	Provisional splinting—extracoronal	$ 85.00

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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 pericoronoal 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

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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
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 reline 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

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availabilty 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.

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Insured or administered by Humana Insurance Company or CompBenefits Company.

Humana Dental 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.humana.com**
- **Click Member Resources**
- **Click on Find a Doctor**
- **Change the Drop Down Box to Dental and Click Go**
- **Select the DHMO radio button and enter your zip code**
- **Select DHMO / Prepaid Network HS195**
- **Set your search Criteria**
- **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.**
- **Please contact the provider to confirm they accept patients with your HS195 dental plan**

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

Contact customer support center at

1-800-979-4760

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 Dental PPO

FLORIDA

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 • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 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 • 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 • 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) • Impants (1 every 5 years for implant placement, crowns, bridges, and dentures • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Periodontal cleanings (4 per year)	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 HumanaDental.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 Traditional Preferred 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

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred 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 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)

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.

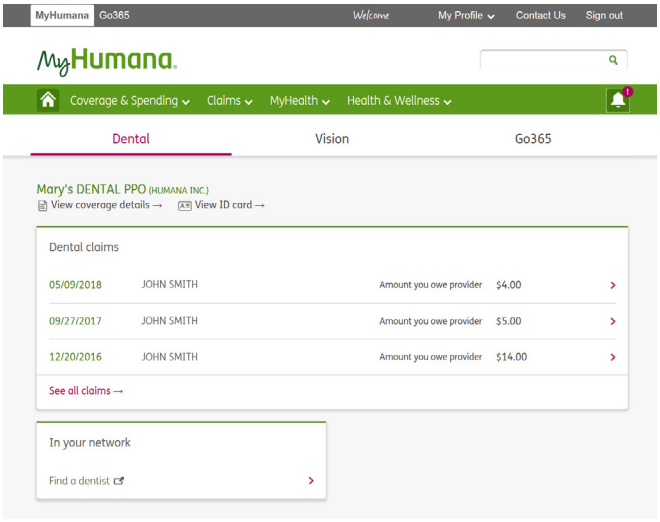
Humana®

Humana.com

CLICK HERE TO LEARN HOW TO REGISTER

Humana.

A dashboard that puts all your information in one spot



Scroll over each bullet point to learn how to navigate through the MyHumana dashboard!

- Quick access to your dental or vision plans
- Chat with a representative with any of your questions about your plan
- Check the status of your claims
- View, print and email ID cards
- Find a dentist or eye care professional

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts* at **Humana.com.**

Register for MyHumana today to stay connected to your health benefits anytime you need them.

ANDROID APP ON Google play

Download on the App Store

*Message and data rates may apply.

Download a print version here

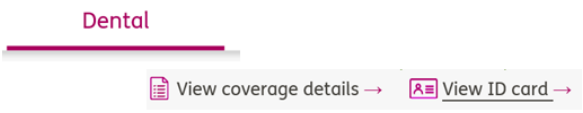
How to view a copy of your dental identification (ID) cards

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

1 LOG INTO HUMANA.COM

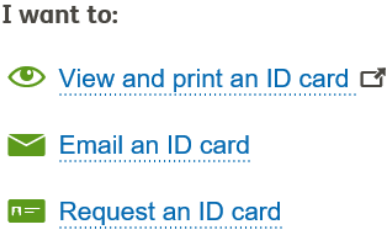
- Under the Dental tab, click View ID card under your name



2 OPEN THE DENTAL PLAN INFORMATION

- Click the + to open the dental information

3 CHOOSE HOW YOU WOULD LIKE TO RECEIVE YOUR ID CARD



Call Customer Care at **1-800-233-4013** 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

GCHJCFTEN 1116

IMPORTANT!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**.

Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.

Auxiliary aids and services, free of charge, are available to you.
1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.
1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę́ niká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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