

## Use your HumanaOne Dental benefits

The HumanaOne Dental Prepaid C550 plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect with HumanaOne dental.

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

## Know what your plan covers

Attached is a summary of HumanaOne Dental Prepaid C550 plan benefits which are described in detail in the policy. Here's what you can expect:

- › You have the freedom to select any participating dentist as your primary care dentist.
- › Life without claim forms! With the HumanaOne Dental Prepaid C550 plan you pay your dentist directly, when applicable.
- › Your primary care dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- › If you need a specialty dentist, you'll receive a 25 percent discount by using one of the participating specialty dentists from our network.

## Choose HumanaOne dental benefits

### Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaOne Dental Prepaid C550 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](https://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](https://MyDentalIQ.com) takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

# HumanaOne Dental Prepaid C550 Plan

The HumanaOne Dental Prepaid C550 plan focuses on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no annual maximums, no deductibles to meet and no waiting periods. Copayments for listed procedures are applicable only at a participating general dentist.

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

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For procedures not listed on the schedule, members will receive a 25 percent discount by visiting a participating specialist.

## Summary of services

| <b>Appointments</b> |   | <b>member pays</b> |
|---------------------|---|--------------------|
| D9310               | Consultation (diagnostic service provided by dentist other than practitioner providing treatment)                                       | \$ 30.00           |
| D9430               | Office visit (normal hours)   | \$ 10.00           |
| D9440               | Office visit (after regularly scheduled hours)  | \$ 35.00           |
| D9999               | Emergency visit during regularly scheduled hours, by report   | \$ 20.00           |
| D9999               | Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies. | \$ 10.00           |

| <b>Diagnostic</b> |  | <b>member pays</b> |
|-------------------|--|--------------------|
| D0120             | Periodic oral examination                              | no charge          |
| D0140             | Limited/comprehensive/detailed and extensive oral eval | no charge          |
| D0150             | Limited/comprehensive/detailed and extensive oral eval | no charge          |
| D0160             | Limited/comprehensive/detailed and extensive oral eval | no charge          |
| D0180             | Comprehensive periodontal evaluation                   | \$ 25.00           |
| D0210             | X-ray intraoral—complete series including bitewings    | no charge          |
| D0220             | X-ray intraoral—periapical, first film                 | no charge          |
| D0230             | X-ray intraoral—periapical, each additional film       | no charge          |
| D0270             | X-ray bitewing—single film                             | no charge          |
| D0272             | X-ray bitewings—two films                              | no charge          |
| D0274             | Bitewings—four films                                   | no charge          |
| D0330             | Panoramic film   | no charge          |
| D0460             | Pulp vitality tests                                    | no charge          |
| D0470             | Diagnostic casts                                       | no charge          |

| <b>Preventive</b> |   | <b>member pays</b> |
|-------------------|---|--------------------|
| D1110             | Prophylaxis—adult, routine (once every 6 months)  | no charge          |
| D1120             | Prophylaxis—child, routine (once every 6 months)  | no charge          |
| D1110             | Prophylaxis—adult/child, (additional)   | \$ 35.00           |
| D1120             | Prophylaxis—adult/child, (additional)   | \$ 35.00           |
| D1203             | Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) | no charge          |
| D1206             | Topical fluoride varnish (for child <16)  | no charge          |
| D1330             | Oral hygiene instruction  | no charge          |
| D1351             | Sealant-per tooth   | \$ 20.00           |
| D1510             | Space maintainer—fixed, unilateral  | \$ 65.00+lab       |
| D1515             | Space maintainer—fixed, bilateral   | \$ 65.00+lab       |
| D1520             | Space maintainer—removable, unilateral  | \$105.00+lab       |
| D1525             | Space maintainer—removable, bilateral   | \$105.00+lab       |
| D1550             | Recementation of space maintainer   | \$ 20.00           |

| <b>Restorative</b> |   | <b>member pays</b> |
|--------------------|---|--------------------|
| D2140              | Amalgam—one surface, primary or permanent           | \$ 30.00           |
| D2150              | Amalgam—two surfaces, primary or permanent          | \$ 35.00           |
| D2160              | Amalgam—three surfaces, primary or permanent        | \$ 40.00           |
| D2161              | Amalgam—four or more surfaces, primary or permanent | \$ 50.00           |
| D2940              | Sedative filling                                    | \$ 30.00           |
| D2999              | Sedative base (under fillings), by report           | no charge          |

| <b>Resin restorative</b> |  | <b>member pays</b> |
|--------------------------|--|--------------------|
| D2330                    | Resin based composite—one surface, anterior            | \$ 50.00           |
| D2331                    | Resin based composite—two surfaces, anterior           | \$ 55.00           |
| D2332                    | Resin based composite—three surfaces, anterior         | \$ 65.00           |
| D2391                    | Resin based composite—one surface, posterior           | \$ 90.00           |
| D2392                    | Resin based composite—two surfaces, posterior          | \$110.00           |
| D2393                    | Resin based composite—three surfaces, posterior        | \$130.00           |
| D2394                    | Resin based composite—four or more surfaces, posterior | \$150.00           |
| D2510                    | Inlay—metallic, one surface                            | \$155.00           |
| D2520                    | Inlay—metallic, two surfaces                           | \$165.00           |
| D2530                    | Inlay—metallic, three or more surfaces                 | \$190.00           |

| <b>Crown and bridge</b> |   | <b>member pays</b> |
|-------------------------|---|--------------------|
| D2740                   | Crown—porcelain/ceramic substrate                   | \$370.00+lab       |
| D2750*                  | Crown—porcelain fused to high noble metal           | \$370.00           |
| D2751                   | Crown—porcelain fused to predominantly base metal   | \$370.00           |
| D2752*                  | Crown—porcelain fused to noble metal                | \$370.00           |
| D2790*                  | Crown—full cast high noble metal                    | \$370.00           |
| D2791                   | Crown—full cast predominantly base metal            | \$370.00           |
| D2792*                  | Crown—full cast noble metal                         | \$370.00           |
| D2910                   | Recement inlay                                      | \$ 30.00           |
| D2920                   | Recement crown                                      | \$ 30.00           |
| D2930                   | Prefabricated stainless steel crown—primary tooth   | \$120.00           |
| D2950                   | Core buildup, including any pins                    | \$ 60.00           |
| D2951                   | Pin retention—per tooth, in addition to restoration | \$ 30.00           |
| D2952                   | Cast post and core in addition to crown             | \$120.00+lab       |
| D2953                   | Each additional cast post—same tooth                | \$120.00+lab       |
| D2954                   | Prefabricated post and core in addition to crown    | \$120.00           |
| D2962                   | Labial veneer (porcelain laminate)—laboratory       | \$370.00+lab       |

| <b>Endodontics</b> |   | <b>member pays</b> |
|--------------------|---|--------------------|
| D3220              | Therapeutic pulpotomy                                     | \$ 50.00           |
| D3221              | Pulpal debridement, primary and permanent teeth           | \$130.00           |
| D3310              | Root canal therapy—anterior (excluding final restoration) | \$250.00           |
| D3320              | Root canal therapy—bicuspid (excluding final restoration) | \$350.00           |
| D3330              | Root canal therapy—molar (excluding final restoration)    | \$450.00           |
| D3410              | Apicoectomy/periradicular surgery—anterior                | \$200.00           |

| <b>Periodontics (gum treatment)</b> |  | <b>member pays</b> |
|-------------------------------------|--|--------------------|
| D4210                               | Gingivectomy/gingivoplasty per quadrant                                    | \$200.00           |
| D4211                               | Gingivectomy/gingivoplasty per tooth                                       | \$ 55.00           |
| D4341                               | Periodontal scaling and root planing, per quadrant                         | \$ 65.00           |
| D4342                               | Periodontal scaling and root planing<br>1 to 3 teeth per quadrant          | \$ 65.00           |
| D4355                               | Full mouth debridement to enable comprehensive<br>evaluation and diagnosis | \$ 60.00           |
| D4381                               | Localized delivery of chemotherapeutic agents<br>(per tooth)               | \$ 60.00           |
| D4910                               | Periodontal maintenance  | \$ 65.00           |

| <b>Prosthodontics</b> |   | <b>member pays</b> |
|-----------------------|---|--------------------|
| D5110                 | Complete denture—maxillary  | \$375.00+lab       |
| D5120                 | Complete denture—mandibular   | \$375.00+lab       |
| D5130                 | Immediate denture—maxillary   | \$375.00+lab       |
| D5140                 | Immediate denture—mandibular  | \$375.00+lab       |
| D5211                 | Maxillary partial denture—resin base                                    | \$375.00+lab       |
| D5212                 | Mandibular partial denture—resin base                                   | \$375.00+lab       |
| D5213                 | Maxillary partial denture—cast metal framework,<br>resin denture bases  | \$375.00+lab       |
| D5214                 | Mandibular partial denture—cast metal framework,<br>resin denture bases | \$375.00+lab       |
| D5410                 | Adjust complete denture—maxillary                                       | \$ 30.00           |
| D5411                 | Adjust complete denture—mandibular                                      | \$ 30.00           |
| D5421                 | Adjust partial denture—maxillary  | \$ 30.00           |
| D5422                 | Adjust partial denture—mandibular                                       | \$ 30.00           |

| <b>Repairs to prosthetics</b> |  | <b>member pays</b> |
|-------------------------------|--|--------------------|
| D5510                         | Repair broken complete denture base                              | \$30.00+lab        |
| D5520                         | Replace missing or broken teeth—complete denture<br>(each tooth) | \$30.00+lab        |
| D5610                         | Repair resin denture base  | \$30.00+lab        |
| D5630                         | Repair or replace broken clasp                                   | \$30.00+lab        |
| D5640                         | Replace broken teeth—per tooth                                   | \$30.00+lab        |
| D5650                         | Add tooth to existing partial denture                            | \$45.00+lab        |
| 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)                   | \$50.00+lab        |
| D5751                         | Reline complete mandibular denture (laboratory)                  | \$50.00+lab        |
| D5760                         | Reline maxillary partial denture (laboratory)                    | \$50.00+lab        |
| D5761                         | Reline mandibular partial denture (laboratory)                   | \$50.00+lab        |
| D5850                         | Tissue conditioning—maxillary                                    | \$ 45.00           |
| D5851                         | Tissue conditioning—mandibular                                   | \$ 45.00           |

| <b>Prosthodontics (fixed)</b> |  | <b>member pays</b> |
|-------------------------------|--|--------------------|
| D6210*                        | Pontic—cast high noble metal                       | \$370.00           |
| D6211                         | Pontic—cast predominantly base metal               | \$370.00           |
| D6212*                        | Pontic—cast noble metal                            | \$370.00           |
| D6240*                        | Pontic—porcelain fused to high noble metal         | \$370.00           |
| D6241                         | Pontic—porcelain fused to predominantly base metal | \$370.00           |
| D6242*                        | Pontic—porcelain fused to noble metal              | \$370.00           |
| D6750*                        | Crown—porcelain fused to high noble metal          | \$370.00           |
| D6751                         | Crown—porcelain fused to predominantly base metal  | \$370.00           |
| D6752*                        | Crown—porcelain fused to noble metal               | \$370.00           |
| D6790*                        | Crown—full cast high noble metal                   | \$370.00           |
| D6791                         | Crown—full cast predominantly base metal           | \$370.00           |
| D6792*                        | Crown—full cast noble metal                        | \$370.00           |
| D6930                         | Recement fixed partial denture (per unit)          | \$ 25.00           |

| <b>Extractions/oral and maxillofacial surgery</b> |   | <b>member pays</b> |
|---|---|--------------------|
| D7111   | Coronal remnants, deciduous tooth   | \$ 35.00           |
| D7140   | Extraction, erupted tooth or exposed tooth  | \$ 35.00           |
| D7210   | Surgical removal of erupted tooth   | \$ 55.00           |
| D7220   | Removal of impacted tooth—soft tissue   | \$100.00           |
| D7230   | Removal of impacted tooth—partially bony  | \$125.00           |
| D7240   | Removal of impacted tooth—completely bony   | \$150.00           |
| D7250   | Surgical removal of residual tooth roots  | \$ 65.00           |
| D7310   | Alveoloplasty in conjunction with<br>extractions—per quadrant   | \$ 65.00           |
| D7311   | Alveoloplasty in conjunction with extractions—one to<br>three teeth or tooth spaces, per quadrant     | \$ 65.00           |
| D7320   | Alveoloplasty not in conjunction with<br>extractions—per quadrant                                     | \$100.00           |
| D7321   | Alveoloplasty not in conjunction with extractions—one<br>to three teeth or tooth spaces, per quadrant | \$100.00           |
| D7510   | Incision and drainage of abscess—intraoral  | \$ 40.00           |

| <b>Anesthesia</b> |   | <b>member pays</b> |
|-------------------|---|--------------------|
| D9215             | Local anesthesia                          | no charge          |
| D9230             | Analgesia (nitrous oxide), per 15 minutes | \$ 30.00           |

| <b>Adjunctive general services</b> |   | <b>member pays</b> |
|------------------------------------|---|--------------------|
| D9450                              | Case presentation, detailed and extensive<br>treatment planning | no charge          |
| D9951                              | Occlusal adjustment—limited                                     | \$ 40.00           |
| D9952                              | Occlusal adjustment—complete                                    | \$225.00           |

| <b>Orthodontics</b> |  | <b>member pays</b> |
|---------------------|--|--------------------|
|---------------------|--|--------------------|

NOTE: Members can receive a 25 percent savings by visiting an in-network orthodontist.

\* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

NOTE:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25 percent INCLUDING, BUT NOT LIMITED TO, MAXILLOFACIAL PROSTHETICS, ENAMEL MICROABRASION, AND BLEACHING.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAYBE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

## SPECIALTY CARE

Should you need specialty care, (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty Dentist. Upon identification of yourself as a Humana member, you will receive a 25 percent reduction from usual and customary fees for services performed. Specialty Services are available only in areas where the dental plan has a Participating Specialty Dentist.

## Limitations and exclusions

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
  - a. Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b. Services which in the opinion of the Participating General Dentist or Participating specialty dentist are not Necessary Treatment to establish and/or maintain the Member's oral health.
  - c. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating specialty dentist or which in the opinion of the Participating General Dentist or Participating specialty dentist would endanger the health of the Member.
  - d. Any service or procedure which the Participating General Dentist or Participating specialty dentist is unable to perform because of the general health or physical limitations of the Member.
  - e. Any dental treatment started prior to the Member's effective date for eligibility of benefits.
  - f. Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
  - g. Treatment for cysts, neoplasms and malignancies.
  - h. General anesthesia.

