



**CITY OF SAN ANTONIO  
BENEFIT GUIDE 2023**

**Humana**<sup>®</sup>

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

**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

## Calendar-year deductible

(excludes orthodontia services)

Individual	Family	Individual	Family
\$50	\$150	\$50	\$150

Deductible applies to all services excluding preventive services.

## Calendar-year annual maximum

(excludes orthodontia services)

\$1,200 + extended annual maximum (see section below)

## 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)
- Periodontal cleanings (4 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)
- Oral Cancer Screening (1 per year, ages 40 and older)

100% no deductible

100% no deductible

## Basic services

- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- Composite fillings (1 per tooth every 2 years, molar teeth)
- Oral surgery (tooth extractions including impacted teeth)
- Stainless steel crowns
- Harmful habit appliances for children (1 per lifetime, through age 14)
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)

80% after deductible

80% 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 every 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 (crowns, bridges, and dentures each limited to 1 per tooth every five years)
- TMJ

50% after deductible

50% after deductible

**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

## Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia) **30%**

**30%**

## Orthodontia services

Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

### Employer-sponsored funding: 5+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



## Questions?

During **Open Enrollment** Simply call 1-855-811-0409 Monday through Friday 8 a.m. to 8 p.m. EST to speak with a friendly, knowledgeable Customer Care specialist. After **January 1, 2023** please call your dedicated Customer Care specialist Monday through Friday 8 a.m. to 6 p.m. EST at 1-855-330-8060 or visit [Humana.com](https://www.humana.com).

## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

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

### Go to MyDentalIQ.com

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

### Tips to ensure a healthy mouth:

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

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

\* American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental'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 Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental's Traditional Preferred Network, log on to [Humana.com](http://Humana.com) or call 1-855-330-8060.

### Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at [Humana.com](http://Humana.com) or call 1-855-330-8060.

### See your dentist

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

### Learn what your plan paid

After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at [Humana.com](http://Humana.com) or by calling 1-855-330-8060.

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). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

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®

# Extended annual maximum

## Unique solution for extended coverage

With Humana's extended annual maximum, employees won't have to put off important dental care procedures for themselves or their covered dependents.

Extended annual maximum is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.

Extended annual maximum helps employees save money by ensuring they have access to network discounts and 30% coinsurance, even after they have reached their annual maximum. Employees can achieve and maintain their best health by getting dental care when it's needed, before oral health issues may affect their overall health and well-being.

Plus, the extended annual maximum is a great way for groups and employees to buy down their annual maximum or coinsurance, or adjust plan deductibles and their out-of-network reimbursements.

## Uniquely different from traditional rollover plans

- No need to delay care
- No paid claims thresholds
- No dollars to roll over
- No provider restrictions
- No mandatory claims submissions
- No need to track annual usage

## Extended annual maximum advantages

- **Simple** – all employees and their dependents have the same benefits
- **Easy** – the plan is easy to describe and administer
- **Immediate** – employees can use the benefit beginning day one
- **Available** – included in all Traditional Preferred (Plus) and PPO plan groups of two or more

# Humana.

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

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling your Humana customer service representative and requesting a copy.

Dental PPO plans are not offered in certain states.



## 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 [Humana.com](https://www.humana.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 [Humana.com](https://www.humana.com). Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental DHMO 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. The HumanaDental DHMO 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?

During **Open Enrollment** Simply call 1-855-811-0409 Monday through Friday 8 a.m. to 8 p.m. EST to speak with a friendly, knowledgeable Customer Care specialist. After **January 1, 2023** please call your dedicated Customer Care specialist Monday through Friday 8 a.m. to 6 p.m. EST at 1-855-330-8060 or visit [Humana.com](https://www.humana.com).

(TDD: 1-800-325-2025)

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](https://www.humana.com).

The HumanaDental DHMO 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.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A 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. Visit [Humana.com](http://Humana.com) to find a 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) .....	\$ 5.00
D9430	Office visit (normal hours) .....	no charge
D9440	Office visit (after regularly scheduled hours) .....	\$ 35.00
D9986	Missed appointment .....	\$ 10.00
D9987	Cancelled appointment .....	\$ 10.00
D9999	Emergency visit during regularly scheduled hours, by report .....	\$ 20.00

Diagnostic		Member pays
D0120	Periodic oral examination (limited to twice in any 12 calendar months) .....	no charge
D0140	Limited oral evaluation—problem focused .....	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	no charge
D0150	Comprehensive oral evaluation—new or established patient (limited to twice in any 12 calendar months) .....	no charge
D0160	Detailed and extensive oral evaluation—problem focused, by report .....	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) .....	no charge
D0180	Comprehensive periodontal evaluation (limited to twice in any 12 calendar months) .....	\$ 15.00
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 (limited to twice in any 12 calendar months) .....	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) .....	no charge

D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) .....	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months) .....	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months) .....	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 (limited to twice in any 12 calendar months, by primary care dentist) .....	no charge
D1120	Prophylaxis—child (limited to twice in any 12 calendar months) .....	no charge
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) .....	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months) .....	no charge
D1310	Nutrition counseling for the control of dental disease .....	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease .....	no charge

D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use.	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510*	Space maintainer—fixed, unilateral—per quadrant (through age 14)	\$ 50.00
D1516*	Space maintainer—fixed—bilateral, maxillary (through age 14)	\$ 70.00
D1517*	Space maintainer—fixed—bilateral, mandibular (through age 14)	\$ 70.00
D1520*	Space maintainer—removable, unilateral—per quadrant (through age 14)	\$ 85.00
D1526*	Space maintainer—removable—bilateral, maxillary (through age 14)	\$ 90.00
D1527*	Space maintainer—removable—bilateral, mandibular (through age 14)	\$ 90.00
D1551	Re-cement or re-bond bilateral space maintainer—maxillary	\$ 10.00
D1552	Re-cement or re-bond bilateral space maintainer—mandibular	\$ 10.00
D1553	Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 10.00
D1575	Distal shoe space maintainer—fixed, unilateral—per quadrant (through age 14; primary teeth only)	\$ 130.00

<b>Restorative</b>		<b>Member pays</b>
D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 5.00
D2160	Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D2940	Protective restoration	\$ 10.00

<b>Resin restorative</b>		<b>Member pays</b>
(inlays and onlays limited to one per tooth every five years)		
D2330	Resin based composite—one surface, anterior	\$ 30.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 45.00
D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D2393	Resin based composite—three surfaces, posterior	\$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 90.00
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	\$ 250.00
D2543*	Onlay—metallic, three surfaces	\$ 260.00
D2544*	Onlay—metallic, four or more surfaces	\$ 270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$ 260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$ 275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$ 285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$ 295.00
D2650*	Inlay—resin based composite, one surface	\$ 225.00
D2651*	Inlay—resin based composite, two surfaces	\$ 235.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 245.00
D2662*	Onlay—resin based composite, two surfaces	\$ 250.00
D2663*	Onlay—resin based composite, three surfaces	\$ 260.00
D2664*	Onlay—resin based composite, four or more surfaces	\$ 270.00

<b>Crown and bridge</b>		<b>Member pays</b>
(limited to one per tooth every five years)		
D2710*	Crown—resin based composite, indirect	\$ 270.00
D2712*	Crown—3/4 resin based composite, indirect	\$ 270.00
D2720*	Crown—resin with high noble metal	\$ 270.00
D2721	Crown—resin with predominantly base metal	\$ 270.00
D2722*	Crown—resin with noble metal	\$ 270.00
D2740*	Crown—porcelain/ceramic	\$ 270.00
D2750*	Crown—porcelain fused to high noble metal	\$ 270.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 270.00
D2752*	Crown—porcelain fused to noble metal	\$ 270.00
D2753*	Crown—porcelain fused to titanium and titanium alloys	\$ 270.00
D2780*	Crown—3/4 cast high noble metal	\$ 270.00
D2781	Crown—3/4 cast predominantly base metal	\$ 270.00
D2782*	Crown—3/4 cast noble metal	\$ 270.00
D2783*	Crown—3/4 porcelain/ceramic	\$ 270.00
D2790*	Crown—full cast high noble metal	\$ 270.00
D2791	Crown—full cast predominantly base metal	\$ 270.00
D2792*	Crown—full cast noble metal	\$ 270.00
D2794*	Crown—titanium and titanium alloy	\$ 270.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$ 15.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$ 75.00
D2929	Crown-Prefabricated porcelain/ceramic crown—primary tooth	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00



D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 50.00
D2933	Prefabricated stainless steel crown with resin window	\$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 50.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 95.00
D2953*	Each additional cast post—same tooth	\$ 100.00
D2954	Prefabricated post and core in addition to crown	\$ 85.00
D2955	Post removal (not in conjunction with endodontic therapy)	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 35.00
D2960	Labial Veneer (Resin Laminate) - direct	\$ 250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	\$ 300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	\$ 350.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$ 50.00
D2980	Crown repair, necessitated by restorative material failure	no charge
D2981	Inlay repair, necessitated by restorative material failure	no charge
D2982	Onlay repair, necessitated by restorative material failure	no charge
D2983	Veneer repair, necessitated by restorative material failure	no charge
D6940	Stress breaker	\$ 150.00
D6950	Precision attachment, separate from prosthesis	\$ 195.00

**Prosthodontics (fixed)**

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

**Member pays**

D6210*	Pontic—cast high noble metal	\$ 270.00
D6211	Pontic—cast predominantly base metal	\$ 270.00
D6212*	Pontic—cast noble metal	\$ 270.00
D6240*	Pontic—porcelain fused to high noble metal	\$ 270.00
D6241	Pontic—porcelain fused to predominantly base metal	\$ 270.00
D6242*	Pontic—porcelain fused to noble metal	\$ 270.00
D6243*	Pontic—porcelain fused to titanium and titanium alloys	\$ 270.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$ 270.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$ 270.00
D6752*	Retainer crown—porcelain fused to noble metal	\$ 270.00
D6753*	Crown—porcelain fused to titanium and titanium alloys	\$ 270.00
D6790*	Retainer crown—full cast high noble metal	\$ 270.00
D6791	Retainer crown—full cast predominantly base metal	\$ 270.00

D6792*	Retainer crown—full cast noble metal	\$ 270.00
D6794*	Retainer crown—titanium and titanium alloy	\$ 270.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$ 15.00

**Prosthodontics**

(replacement limited to every five years)

**Member pays**

D5110*	Complete denture—maxillary	\$ 375.00
D5120*	Complete denture—mandibular	\$ 375.00
D5130*	Immediate denture—maxillary	\$ 375.00
D5140*	Immediate denture—mandibular	\$ 375.00
D5211*	Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 400.00
D5212*	Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 400.00
D5213*	Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$ 425.00
D5214*	Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$ 425.00
D5221	Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5222	Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5225*	Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5226*	Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$ 350.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$ 350.00
D5284*	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 350.00
D5286*	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 350.00
D5410	Adjust complete denture—maxillary	\$ 15.00
D5411	Adjust complete denture—mandibular	\$ 15.00
D5421	Adjust partial denture—maxillary	\$ 15.00
D5422	Adjust partial denture—mandibular	\$ 15.00

D5660\* Add clasp to existing partial denture—  
per tooth .....\$ 90.00

### Endodontics

(each procedure limited to  
once per tooth per life)

### Member pays

D3110	Pulp cap—direct (excluding final restoration) ...	\$ 15.00
D3120	Pulp cap—indirect (excluding final restoration) .	\$ 10.00
D3220	Therapeutic pulpotomy (excluding final restoration).....	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day) .....	\$ 85.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) .....	\$ 45.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration).....	\$ 50.00
D3310	Root canal therapy—anterior tooth (excluding final restoration) .....	\$ 110.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations).....	\$ 195.00
D3330	Endodontic therapy, molar tooth (excluding final restorations).....	\$ 250.00
D3331	Treatment of root canal obstruction— non-surgical access.....	\$ 80.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth.....	\$ 80.00
D3333	Internal root repair of perforation defects.....	\$ 90.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.).....	\$ 90.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs) .....	\$ 80.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs) .....	\$ 90.00
D3410	Apicoectomy—anterior .....	\$ 135.00
D3421	Apicoectomy—premolar (first root).....	\$ 120.00
D3425	Apicoectomy—molar (first root) .....	\$ 120.00
D3426	Apicoectomy—(each additional root) .....	\$ 60.00
D3430	Retrograde filling—per root .....	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920) .....	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubbed dam .....	\$ 20.00
D3920	Hemisection not included in root canal therapy .	\$ 90.00
D3950	Canal preparation and fitting of preformed dowel or post .....	\$ 15.00

### Periodontics (gum treatment)

### Member pays

D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$ 120.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$ 55.00

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 .....	\$ 120.00
D4245	Apically positioned flap.....	\$ 175.00
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 .....	\$ 350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$ 325.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant.....	\$ 180.00
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant .....	\$ 95.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site .....	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site.....	\$ 230.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$ 275.00
D4270	Pedicle soft tissue graft procedure .....	\$ 260.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$ 350.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$ 90.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	\$ 380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ...	\$ 265.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site ....	\$ 130.00
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 ....	\$ 210.00
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.....	\$ 228.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns .....	\$ 95.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns .....	\$ 85.00

D4341	Periodontal scaling and root planing – four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months).....	\$ 55.00
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).....	\$ 50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120).....	\$ 55.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five 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) ..	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy).....	\$ 45.00

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

D7111	Extraction, coronal remnants—primary tooth...no charge	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....no charge	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated....	\$ 40.00
D7220	Removal of impacted tooth—soft tissue.....	\$ 55.00
D7230	Removal of impacted tooth—partially bony ....	\$ 70.00
D7240	Removal of impacted tooth—completely bony ..	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report .....	\$ 110.00
D7250	Surgical removal of residual tooth roots .....	\$ 40.00
D7260	Oroantral fistula closure.....	\$ 350.00
D7261	Primary closure of a sinus perforation.....	\$ 225.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$ 55.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth).....	\$ 100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption .....	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .....	\$ 350.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$ 120.00
D7287	Exfoliative cytological sample collection.....	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection.....	\$ 55.00
D7310	Alveoplasty in conjunction with extractions—per quadrant.....	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant .....	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant.....	\$ 75.00

D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.....	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.....	\$ 160.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm .....	\$ 235.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$ 90.00
D7472	Removal of torus palatinus .....	\$ 65.00
D7473	Removal of torus mandibularis .....	\$ 65.00
D7485	Reduction of osseous tuberosity.....	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue .....	\$ 35.00
D7970	Excision hyperplastic tissue—per arch .....	\$ 85.00
D7971	Excision of pericoronal gingival .....	\$ 55.00

**Repairs to prosthetics Member pays**

D5511*	Repair broken complete denture base, mandibular .....	\$ 35.00
D5512*	Repair broken complete denture base, maxillary .....	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth).....	\$ 35.00
D5611*	Repair resin partial denture base, mandibular....	\$ 35.00
D5612*	Repair resin partial denture base, maxillary .....	\$ 35.00
D5621*	Repair cast partial framework, mandibular.....	\$ 35.00
D5622*	Repair cast partial framework, maxillary .....	\$ 35.00
D5630*	Repair or replace broken retentive clasping materials—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 on cast metal framework—maxillary.....	\$ 210.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular.....	\$ 225.00
D5710*	Rebase complete maxillary denture .....	\$ 200.00
D5711*	Rebase complete mandibular denture.....	\$ 200.00
D5720*	Rebase maxillary partial denture .....	\$ 200.00
D5721*	Rebase mandibular partial denture .....	\$ 200.00
D5725*	Rebase hybrid prosthesis .....	\$ 200.00
D5730	Reline complete maxillary denture (direct).....	\$ 60.00
D5731	Reline complete mandibular denture (direct) ...	\$ 60.00
D5740	Reline Maxillary Partial Denture (direct) .....	\$ 60.00
D5741	Reline Mandibular Partial Denture (direct).....	\$ 60.00
D5750*	Reline Complete Maxillary Denture (indirect) ...	\$ 95.00
D5751*	Reline Complete Mandibular Denture (indirect)..	\$ 95.00
D5760*	Reline Maxillary Partial Denture (indirect) .....	\$ 95.00
D5761*	Reline Mandibular Partial Denture (indirect).....	\$ 95.00
D5765*	Soft liner for complete or partial removable denture - indirect .....	\$ 95.00
D5810*	Interim complete denture (maxillary) .....	\$ 250.00
D5811*	Interim complete denture (mandibular) .....	\$ 250.00
D5820*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary..	\$ 80.00
D5821*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular.....	\$ 80.00

D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular	\$ 30.00
D6214*	Pontic—titanium and titanium alloy	\$ 270.00
D6245*	Pontic—porcelain/ceramic	\$ 270.00
D6250*	Pontic—resin with high noble metal	\$ 270.00
D6251	Pontic—resin with predominantly base metal	\$ 270.00
D6252*	Pontic—resin with noble metal	\$ 270.00
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$ 250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$ 250.00
D6549	Resin retainer - for resin bonded fixed prosthesis	\$ 250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$ 270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$ 270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$ 270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$ 270.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$ 270.00
D6606*	Retainer inlay—cast noble metal, two surfaces	\$ 270.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$ 270.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$ 270.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$ 270.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$ 270.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$ 270.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$ 270.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$ 270.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$ 270.00
D6624*	Retainer inlay titanium	\$ 270.00
D6634*	Retainer onlay titanium	\$ 270.00
D6710*	Retainer crown—indirect resin based composition	\$ 270.00
D6720*	Retainer crown—resin with high noble metal	\$ 270.00
D6721	Retainer crown—resin with predominantly base metal	\$ 270.00
D6722*	Retainer crown—resin with noble metal	\$ 270.00
D6740*	Retainer crown—porcelain/ceramic	\$ 280.00
D6780*	Retainer crown—3/4 cast high noble metal	\$ 270.00

D6781	Retainer crown—3/4 cast predominantly base metal	\$ 270.00
D6782*	Retainer crown—3/4 cast noble metal	\$ 270.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$ 270.00
D6784	Retainer crown—3/4 titanium and titanium alloys	\$ 270.00

### Adjunctive general service

### Member pays

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 20.00
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia—first 15 minutes	\$ 83.00
D9223	Deep sedation/general anesthesia—each subsequent 15 minute increment	\$ 71.00
D9230	Inhalation of nitrous oxide/analgesia, anxietyolysis	\$ 15.00
D9239	Intravenous moderate (conscious) sedation/analgesia—first 15 minutes	\$ 83.00
D9243	Intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	\$ 71.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 35.00
D9952	Occlusal adjustment—complete	\$ 165.00

### Bleaching

### Member pays

D9972	External bleaching in office—per arch	\$ 175.00
D9975	External bleaching in home—per arch	\$ 175.00

### Orthodontics

### Member pays

D8070 or D8080	children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$1,900.00
D8090	adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$ 250.00
	Orthodontic treatment	\$1,900.00
D8680	Orthodontic retention	\$ 455.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

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 a participating provider to determine if any discounts apply. Visit **Humana.com** to find a participating dentist.
- 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 © 2022 American Dental Association. All rights reserved.*

Offered by DentiCare, Inc. (d/b/a CompBenefits).

**Humana**

1-855-330-8060 | [Humana.com](https://www.humana.com)

# Healthy smiles lead to healthy lives

Good oral health is essential for well-being

A healthy smile starts with good oral hygiene. Brushing, flossing and seeing the dentist regularly help teeth and gums look and feel better. But that's just the start.

The mouth can be a window to the body. Medical researchers discover more connections between good oral health and good general health every year. Poor oral health has been linked to a variety of general health problems, such as heart disease and strokes.

More than **47 percent** of Americans suffer from periodontal disease<sup>1</sup>

Dental insurance makes good oral health easy and affordable

As a health and wellness company, we recognize the strong connection between good overall health and good oral health. That's why **Humana dental plans** make dental care more accessible and affordable for you.

**Choose your dentist from our nationwide network of more than 252,000 dentist locations.** Plus, you'll enjoy our network discount, which can help you save on preventive and treatment services.

**Get preventive care to keep little problems from becoming big issues.** Humana dental benefits include 100 percent coverage for two routine cleanings each year plus other preventive care including exams, X-rays, space maintainers for children and oral cancer screenings with no deductible. You even have the benefit of four periodontal cleanings each year. Check with your employer for coverage details.\*



Oral infections are linked to: **16 percent** increase in heart disease and **9 percent** increase in diabetes<sup>3</sup>

Humana dental plan advantages:

- **Online access to MyHumana**, your personal, secure online account on **Humana.com**, where you can review dental plan benefits, manage claims and get information and education.
- **Free, personalized report.** Go to **MyHumana.com** to access My Dental IQ for a quick online quiz that gives you an assessment of your dental health plus important tips to stay healthy.
- **Easy-to-understand explanation of benefits** after every claim. Humana's SmartEOB<sup>SM</sup> shows who was paid and includes personal messaging on how you can improve your oral health.
- **On-the-go mobile access to your Humana dental benefits.** Our plans are mobile-friendly to make it easy for you to view your digital ID cards, find dentists or manage claims through your smartphone.

**Humana.**

[Humana.com](http://Humana.com)

\*Not available with Preventive Plus

<sup>1</sup> CDC, Prevalence of Periodontitis in Adults in the United States: 2009 and 2010, 09/12

<sup>2</sup> [www.nytimes.com/health/guides/disease/periodontitis/risk-factors.html](http://www.nytimes.com/health/guides/disease/periodontitis/risk-factors.html)

# Dental insurance facts

## How to choose a plan that meets your needs

Enrolling in the dental benefits plan offered by your employer can be a wise decision

For less than the cost of a cup of coffee a day, you can get both preventive and treatment services when and where you need it. With an affordable premium and a network discount on services, you won't need to delay dental care for you or your family.

These are the types of dental benefit plans that may be available as part of your employee benefits package:

- An **HMO** (health maintenance organization) plan is a copay-based, network-only offering that requires selection of a primary care dentist. Each family member on the plan can choose his or her own dentist. Because each service has a copay, members have clear upfront costs. There are no yearly maximums, no deductibles and no waiting periods.
- A **PPO** (preferred provider organization) plan offers low deductible options for preventive, basic and major services. In-network dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services received from out-of-network dentists.
- A **traditional preferred** plan offers low deductible options for preventive, basic and major services, and the flexibility to see any dentist. With this plan, members receive the same level of coinsurance with all dentists. However, when members choose dentists in the Humana Dental PPO network, they can benefit from our negotiated rates for services received from in-network dentists.
- A **Preventive Plus** plan covers commonly used basic and major services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery and orthodontia. Contact your provider to determine if any discounts are available on non-covered services.

**Ask your employer about your Humana dental plan options today.**

# Humana

Humana.com

<sup>1</sup> Assumes routine exam and bitewing X-rays are covered at 100 percent. Periodontic cleanings incur a \$50 deductible and plan pays 80 percent of network fees with 31 percent off usual charges. Network fees vary by geography and provider; members may experience negotiated fees greater than or less than 31 percent.

<sup>2</sup> [www.dentalimplantcostguide.com/dental-crowns/](http://www.dentalimplantcostguide.com/dental-crowns/)

Humana group dental plans are offered by Humana Insurance Company, Humana Dental Insurance Company, Humana Insurance Company of New York, 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).

How an affordable premium can save you money

As an example, if your plan premiums cost \$360,\* dental insurance can save you money on both preventive and emergency care.



**You may save as much as \$277 with dental insurance\***

Here's an example:

Preventive service	Average cost per visit	# of visits recommended each year	Annual cost
Preventive exam	\$50.00	2	\$100.00
Periodontic cleaning	\$150.00	4	\$600.00
Bitewing X-ray	\$60.00	1	\$ 60.00
Out-of-pocket costs <b>without</b> dental insurance			\$760.00
Out-of-pocket costs <b>with</b> dental insurance <sup>1</sup>			\$122.80
Your annual premium <b>with</b> dental insurance			\$360.00
<b>Your savings with dental insurance</b>			<b>\$277.20</b>

\*Data rounded based on 50th percentile of Fairview Health data as of January 2014 for metropolitan Houston, Texas. Example is for illustration purposes only, and individual results may vary.

The cost of repairing cracked or broken teeth or replacing missing teeth can add up quickly:

- The average cost of an **all-porcelain crown** is about \$1,430 per tooth<sup>2</sup>
- The average cost of a **single tooth implant** with an all-porcelain crown is about \$4,250<sup>2</sup>

Having dental insurance can help get the care you need when you need it, by reducing your out-of-pocket costs.

Humana dental plans are one more way we're closing the gap between you and care



## 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

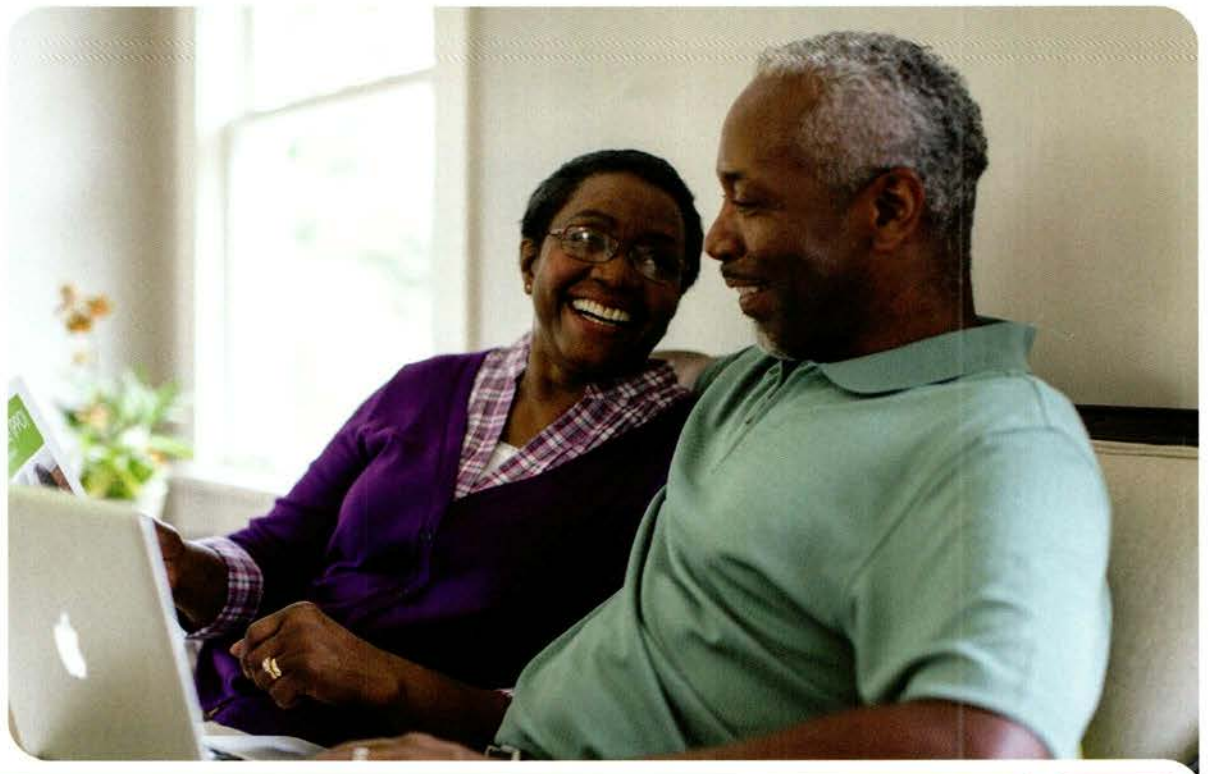
CALL 1-855-330-8060 FOR CUSTOMER CARE.

**Humana.**

Humana.com







## What's your dental IQ?

Did you know that making regular preventive visits to your dentist can help detect problems throughout your body such as heart disease, diabetes, and stroke?\*

Your HumanaDental® plan focuses on prevention, early detection, and education.

\* Perio.org

### Go to [MyDentalIQ.com](http://MyDentalIQ.com) to find out how to improve your oral health

You brush your teeth and floss daily and have regular dental checkups. What more can you do to improve your dental health?

Go to **MyDentalIQ.com** and take a free dental health assessment. You'll answer a few questions to help evaluate your family history, general health, daily routine, and eating habits. You'll receive a score that immediately rates your dental knowledge, along with a personalized action plan and tips. You can even print a copy of your plan to discuss with your dentist.

**Humana**®

[Humana.com](http://Humana.com)



# MyHumana

Your dental plan at your fingertips

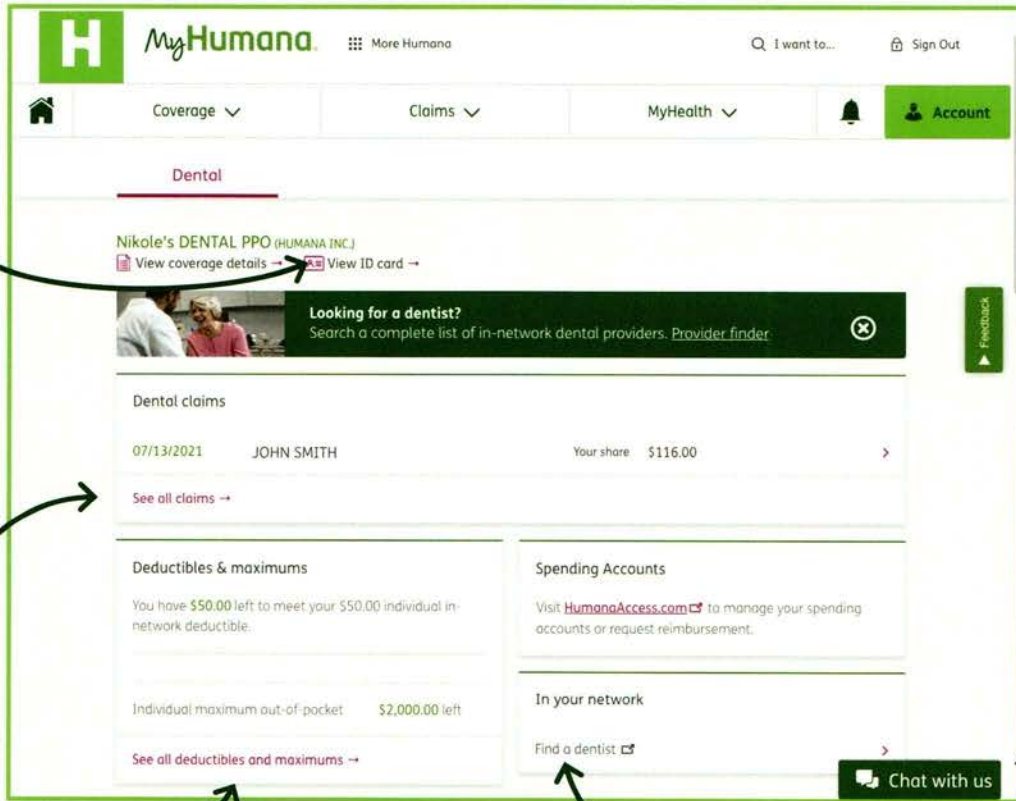
Your personal MyHumana account gives you quick, convenient and secure access to your Humana dental plan information. It's available anytime, anywhere.



## Get quick access to your dental plan

**View, print and email ID cards**  
ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, follow the "Registering is easy" instructions below.

**A dashboard that puts all your information in one spot**



**Check your claim status**

**Chat with a representative about any of your dental plan questions**

**Review deductibles, coverage levels and limits**

**Find a dentist near you**

### Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
3. Create a username, password and security prompt and choose "Next" to finish.



### Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://www.humana.com).\*



# Humana.

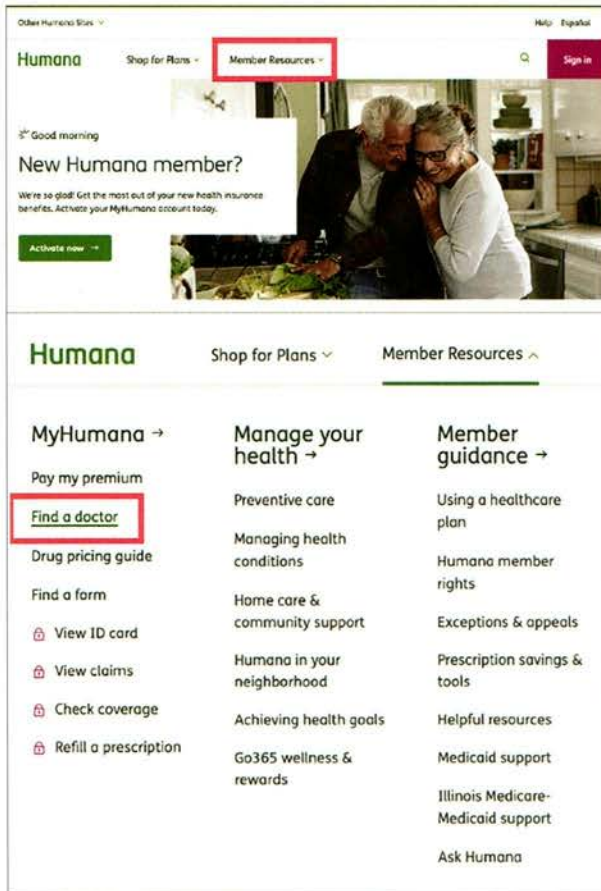
\* Message and data rates may apply.

# How to find a dentist

To see if your dentist is available with the plan you choose—or if you need to find a dentist—get started at **Humana.com** with Humana’s “Find a doctor” tool.

## 1. Go to **Humana.com**

Select “Find a doctor” under the “Member Resources” menu.



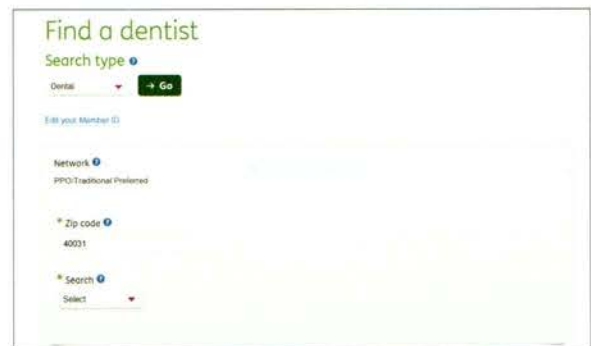
## 2. Choose “Dental” search type and select “Go”



## 3. Enter search criteria

### • **Already a member:**

- Select “Member ID” tab and enter your ID number.
- Enter your ZIP code.
- Select “name, specialty or all” under “Search.” Type in the name or specialty.



### • **Not a member:**

- Select “Look Up Method.”
- Select “DHMO or PPO.”
- Enter your ZIP code.
- Select Network “DHMO - Network is HS205 or PPO - Network is Traditional Preferred.”
- Select “name, specialty or all” under “Search.” Type in the name or specialty.



**Humana**

GCHKM3JEN 0919

# Find a doctor with Physician Finder Plus<sup>®</sup>

**Physician Finder Plus** is Humana's online **provider look-up** tool. It's your guide to the latest information about providers in Humana's network.

The tool provides the names, addresses and phone numbers of in-network providers. You can choose to sort your results by specialty or distance from your home or office.

**To find a participating provider**, visit **Humana.com** and in the **Find a doctor or pharmacy** section, click on **Search**. You will need your ZIP code and plan type to help narrow your search. This service is also available on MyHumana and the MyHumana Mobile app for your smart phone.

If you need more assistance finding an in-network provider, call the Customer Care number on the back of your Humana member ID card.



To find a participating provider, click on **Start your search** and then enter your ZIP code and plan type.

## 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. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Humana Inc. and its subsidiaries provide:

- 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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235**, or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512-4618

**Humana**<sup>®</sup>

Humana.com

# Get access to virtual dental care 24/7 with Teledentix








## When it's urgent, you can see a dentist virtually

Humana members have access to \$0 teledentistry, also known as virtual dental care, with Teledentix, as part of their Humana Dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room.

## How you can use teledentistry

Typically, when you have a teledentistry visit, you will speak with a dental provider through an online video chat or a phone call. You can get access to care from the comfort of your home for a variety of dental needs. Teledentix dentists can:

-  **Write prescriptions for antibiotics or non-narcotic pain medications when needed** *(Please note, the cost of medications are not covered by your dental plan.)*
-  **Perform a visual exam for things like mouth, tooth or jaw pain**
-  **Provide instructions on caring for mouth, tooth or jaw pain**
-  **Help members determine if they need urgent/emergency care or home care until they can see their dentist**
-  **Help members find a dentist if they don't have one or if requested**

## Tips to prepare for your Teledentix virtual dental visit

- 1** Register on the Teledentix app, or from your computer at [Humana.teledentix.com/c/humanaondemand](https://Humana.teledentix.com/c/humanaondemand).
- 2** Fill out any required patient forms before your appointment.
- 3** Make a list of any symptoms, questions or concerns in advance, so you'll be ready to discuss them with your provider.
- 4** Share any prescriptions, over-the-counter medicines or supplements you're currently taking with your provider. If you have a preferred pharmacy, have the name and address handy in case your provider suggests prescription medication.

**To learn more about teledentistry or your Humana Dental benefits, visit [Humana.com](https://Humana.com).**

Teledentistry is not available in all states. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply. Teledentistry services are available on-demand or by appointment to members of all ages, including children and adolescents. Internet access is required for video teledentistry visits. Data fees may apply.

Available on PPO and Traditional Preferred plans only.

Dental PPO plans are not offered in all states.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

For California: Covered services provided via telehealth are also available on an in-person basis at an in-network or out-of-network provider of your choice, although selection of an out-of-network provider may result in a higher cost sharing obligation for you. In-network providers will not balance bill you for covered services you receive. Acceptance of covered services from a third party telehealth provider and submission of claims will serve as consent to the terms of service provided in this notice.

**Humana**

GCHLKUVEN 0722

# #1 in Customer Satisfaction with Dental Plans



For J.D. Power 2022 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards)

# Humana

# 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):** Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowot.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك