

# HumanaOne<sup>®</sup>

## Dental Value Plan (C550)

## Use your HumanaOne Dental benefits

The HumanaOne Dental Value Plan (C550) 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 Value Plan (C550) 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 Value Plan (C550) 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.

## 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 Value Plan (C550) enables you to take better care of your teeth, and you'll pay less doing so.

## Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



# HumanaOne Dental Value Plan (C550)

The HumanaOne Dental Value Plan (C550) 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 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 [HumanaOneNetwork.com](http://HumanaOneNetwork.com) to find a participating specialist.

## Summary of services

| <b>Appointments</b> |   | <b>member pays</b> | <b>Restorative</b>       |  | <b>member pays</b> |
|---------------------|---|--------------------|--------------------------|--|--------------------|
| D9310               | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .                                       | \$ 30.00           | D2140                    | Amalgam—one surface, primary or permanent . . . . .              | \$ 30.00           |
| D9430               | Office visit (normal hours) . . . . .   | \$ 10.00           | D2150                    | Amalgam—two surfaces, primary or permanent . . . . .             | \$ 35.00           |
| D9440               | Office visit (after regularly scheduled hours) . . . . .  | \$ 35.00           | D2160                    | Amalgam—three surfaces, primary or permanent . . . . .           | \$ 40.00           |
| D9999               | Emergency visit during regularly scheduled hours, by report . . . . .   | \$ 20.00           | D2161                    | Amalgam—four or more surfaces, primary or permanent . . . . .    | \$ 50.00           |
| 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           | D2940                    | Sedative filling . . . . .                                       | \$ 30.00           |
|                     |   |                    | D2999                    | Sedative base (under fillings), by report . . . . .              | no charge          |
| <b>Diagnostic</b>   |   | <b>member pays</b> | <b>Resin restorative</b> |  | <b>member pays</b> |
| D0120               | Periodic oral examination . . . . .   | no charge          | D2330                    | Resin based composite—one surface, anterior . . . . .            | \$ 50.00           |
| D0140               | Limited/comprehensive/detailed and extensive oral eval . . . . .  | no charge          | D2331                    | Resin based composite—two surfaces, anterior . . . . .           | \$ 55.00           |
| D0150               | Limited/comprehensive/detailed and extensive oral eval . . . . .  | no charge          | D2332                    | Resin based composite—three surfaces, anterior . . . . .         | \$ 65.00           |
| D0160               | Limited/comprehensive/detailed and extensive oral eval . . . . .  | no charge          | D2391                    | Resin based composite—one surface, posterior . . . . .           | \$ 90.00           |
| D0180               | Comprehensive periodontal evaluation . . . . .  | \$ 25.00           | D2392                    | Resin based composite—two surfaces, posterior . . . . .          | \$ 110.00          |
| D0210               | X-ray intraoral—complete series including bitewings no charge   |                    | D2393                    | Resin based composite—three surfaces, posterior . . . . .        | \$ 130.00          |
| D0220               | X-ray intraoral—periapical, first film . . . . .  | no charge          | D2394                    | Resin based composite—four or more surfaces, posterior . . . . . | \$ 150.00          |
| D0230               | X-ray intraoral—periapical, each additional film . . . . .  | no charge          | D2510                    | Inlay—metallic, one surface . . . . .                            | \$ 155.00          |
| D0270               | X-ray bitewing—single film . . . . .  | no charge          | D2520                    | Inlay—metallic, two surfaces . . . . .                           | \$ 165.00          |
| D0272               | X-ray bitewings—two films . . . . .   | no charge          | D2530                    | Inlay—metallic, three or more surfaces . . . . .                 | \$ 190.00          |
| D0274               | Bitewings—four films . . . . .  | no charge          | <b>Crown and bridge</b>  |  | <b>member pays</b> |
| D0330               | Panoramic film . . . . .  | no charge          | D2740                    | Crown—porcelain/ceramic substrate . . . . .                      | \$370.00+lab       |
| D0460               | Pulp vitality tests . . . . .   | no charge          | D2750*                   | Crown—porcelain fused to high noble metal . . . . .              | \$ 370.00          |
| D0470               | Diagnostic casts . . . . .  | no charge          | D2751                    | Crown—porcelain fused to predominantly base metal . . . . .      | \$ 370.00          |
|                     |   |                    | D2752*                   | Crown—porcelain fused to noble metal . . . . .                   | \$ 370.00          |
| <b>Preventive</b>   |   | <b>member pays</b> | D2790*                   | Crown—full cast high noble metal . . . . .                       | \$ 370.00          |
| D1110               | Prophylaxis—adult, routine (once every 6 months) . . . . .  | no charge          | D2791                    | Crown—full cast predominantly base metal . . . . .               | \$ 370.00          |
| D1120               | Prophylaxis—child, routine (once every 6 months) . . . . .  | no charge          | D2792*                   | Crown—full cast noble metal . . . . .                            | \$ 370.00          |
| D1110               | Prophylaxis—adult/child, (additional) . . . . .   | \$ 35.00           | D2910                    | Recement inlay . . . . .   | \$ 30.00           |
| D1120               | Prophylaxis—adult/child, (additional) . . . . .   | \$ 35.00           | D2920                    | Recement crown . . . . .   | \$ 30.00           |
| D1203               | Topical application of fluoride (not including prophylaxis)— child (up to 16 years of age) . . . . .  | no charge          | D2930                    | Prefabricated stainless steel crown—primary tooth . . . . .      | \$ 120.00          |
| D1206               | Topical fluoride varnish (for child <16) . . . . .  | no charge          | D2950                    | Core buildup, including any pins . . . . .                       | \$ 60.00           |
| D1330               | Oral hygiene instruction . . . . .  | no charge          | D2951                    | Pin retention—per tooth, in addition to restoration . . . . .    | \$ 30.00           |
| D1351               | Sealant—per tooth . . . . .   | \$ 20.00           | D2952                    | Cast post and core in addition to crown . . . . .                | \$120.00+lab       |
| D1510               | Space maintainer—fixed, unilateral . . . . .  | \$ 65.00+lab       | D2953                    | Each additional cast post—same tooth . . . . .                   | \$120.00+lab       |
| D1515               | Space maintainer—fixed, bilateral . . . . .   | \$ 65.00+lab       | D2954                    | Prefabricated post and core in addition to crown . . . . .       | \$ 120.00          |
| D1520               | Space maintainer—removable, unilateral . . . . .  | \$105.00+lab       | D2962                    | Labial veneer (porcelain laminate)—laboratory . . . . .          | \$370.00+lab       |
| D1525               | Space maintainer—removable, bilateral . . . . .   | \$105.00+lab       |                          |  |                    |
| D1550               | Recementation of space maintainer . . . . .   | \$ 20.00           |                          |  |                    |

**Endodontics** **member pays**

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

**Periodontics (gum treatment)** **member pays**

|       |   |           |
|-------|---|-----------|
| 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  |

**Prosthodontics** **member pays**

|       |   |              |
|-------|---|--------------|
| 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     |

**Repairs to prosthetics** **member pays**

|       |  |             |
|-------|--|-------------|
| 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    |

**Prosthodontics (fixed)** **member pays**

|        |  |           |
|--------|--|-----------|
| 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  |

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

|       |   |           |
|-------|---|-----------|
| 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  |

**Anesthesia** **member pays**

|       |   |           |
|-------|---|-----------|
| D9215 | Local anesthesia .....                          | no charge |
| D9230 | Analgesia (nitrous oxide), per 15 minutes ..... | \$ 30.00  |

**Adjunctive general services** **member pays**

|       |   |           |
|-------|---|-----------|
| D9450 | Case presentation, detailed and extensive<br>treatment planning ..... | no charge |
| D9951 | Occlusal adjustment—limited .....                                     | \$ 40.00  |
| D9952 | Occlusal adjustment—complete .....                                    | \$ 225.00 |

**Orthodontics** **member pays**

\* 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. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAYBE CHARGED AN ADDITIONAL \$50.00 PER UNIT.

### 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.

Insured or administered by CompBenefits Dental, Inc., CompBenefits of Alabama, Inc., Humana Employers Health Plan of Georgia, Inc., CompBenefits Insurance Company, CompBenefits Company, The Dental Concern, Inc., or American Dental Plan of North Carolina, Inc.

**Humana**<sup>®</sup>

Humana.com 

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (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。請致電會員卡上的電話號碼 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY: 711)。

**فارسی (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dólzin bikáá'ígíí bee hólne' (TTY: 711).

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).