HumanaOne®
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 Humana***One*** 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** to find a participating specialist.

Summary of services

Appointments		member pays
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

Diagnostic		member pays
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

Preventive		member pays
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

Restorative		member pays
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

Resin restorative		member pays
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

Crown and bridge		member pays
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

Endodontics		member pays
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

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 1 to 3 teeth per quadrant	$ 65.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	$ 60.00
D4381	Localized delivery of chemotherapeutic agents (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, resin denture bases	$375.00+lab
D5214	Mandibular partial denture—cast metal framework, 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 (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 extractions—per quadrant	$ 65.00
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	$ 65.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	$ 100.00
D7321	Alveoplasty not in conjunction with extractions—one 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 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.