

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
- View coverage details
- View or print your identification card
- Exchange secure messages with Humana
- Check claims history and status
- Review plan benefit details
- View estimates for services

Registration is simple

Have your Humana Dental identification number ready and go to **Humana.com**. Click on “Register,” then follow the instructions.

We're here to help

Call **1-800-979-4760 (TTY: 711)**, for Customer Care.



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

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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

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

You will have access to view and print your dental ID cards via the website or mobile app within 10 working days of enrollment.

Here's how

- Go to **Humana.com** and sign in/register for MyHumana (Have your Humana member ID or Social Security number available)
- Click “Access Your ID Card” under “Tools & forms” in the lower right of your MyHumana home page or in the page’s footer under “Tools & resources”
- A new window will appear with links to the ID card or proof of coverage
- Print if desired

The screenshot shows the MyHumana website interface. At the top, there is a search bar and navigation tabs for Coverage & Spending, Claims, and Health & Wellness. Below this is a 'What's New?' section with a search bar and a 'Contact Us' link. The main content area is titled 'Your active coverage' and includes a 'Dental' card showing '1 claim in the past 90 days'. To the right, there are sections for 'Resources for families' and 'Tools & forms'. The 'Tools & forms' section is circled in red and contains three links: 'Access your ID Card', 'Care plans & assessments', and 'Update other dental insurance'. Below this is a 'Find a doctor' section with a search bar and a 'Go' button. At the bottom, there is a footer menu with various categories, and the 'Access your ID Card' link under 'Tools & Resources' is highlighted with a yellow box and a black arrow.



Call Customer Care at **1-800-233-4013** for assistance or more information.



Humana.com

City of Kansas City Missouri

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$75	\$225	\$75	\$225
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services <ul style="list-style-type: none"> Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (tooth extractions including impacted teeth) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) Space maintainers (primary teeth, through age 14) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> 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) 	50% after deductible		50% after deductible	
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental 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.

Humana Dental Traditional Preferred 14

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available
Late applicant ^{1 2}	No	12 months	12 months	Not available

¹ Late applicants not allowed with open enrollment option.

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

Humana Dental Traditional Preferred 14

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

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

Tips to ensure a healthy mouth

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

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

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

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

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

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

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

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<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>**.

Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

Call **1-877-320-1235 (TTY: 711)**.... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.... 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)**번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 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。 **1-877-320-1235 (TTY: 711)**まで、お電話にてご連絡ください。...

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **(TTY: 711)1-877-320-1235** تماس بگیرید.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojí' hódíílnih **1-877-320-1235 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235** (رقم هاتف الصم والبكم: **711**).

HumanaDental Advantage Plus 1S Plan

City of Kansas City Missouri

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **HumanaDental.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **HumanaDental.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You may receive up to a 20 percent discount by using certain participating dentists from our network. Visit **HumanaDental.com** to find a participating dentist.

Choose HumanaDental 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 HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** 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.



Questions?

Check out **HumanaDental.com**

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental Advantage Plus 1S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **HumanaDental.com**.

Office visit copay

\$5/\$5

Annual maximum

No annual maximum

Summary of services

Preventive		Member pays			
D0120 ^a	Periodic oral examination.....	no charge	D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00
D0140 ^a	Limited oral evaluation—problem focused ...	no charge	D1520	Space maintainer—removable, unilateral (limited to child <14)	\$ 66.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge	D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge	D1550	Re-cement or re-bond space maintainer	\$ 12.00
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge	D2140	Amalgam—one surface primary or permanent .	\$ 24.00
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge	D2150	Amalgam—two surfaces primary or permanent	\$ 31.00
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge	D2160	Amalgam—three surfaces primary or permanent	\$ 37.00
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge	D2161	Amalgam—four/more surfaces primary/permanent	\$ 46.00
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge	D2330	Resin based composite—one surface, anterior ..	\$ 24.00
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge	D2331	Resin based composite—two surfaces, anterior	\$ 31.00
D0240	X-ray intraoral—occlusal radiographic image	no charge	D2332	Resin based composite—three surfaces, anterior	\$ 38.00
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	no charge	D2335	Resin based composite —four or more surfaces, involving incisal angle.....	\$ 45.00
D0270 ^a	Bitewing—single radiographic image	no charge	D2390	Resin based composite—crown anterior	\$ 49.00
D0272 ^a	Bitewings—two radiographic images	no charge	D2391	Resin based composite—one surface, posterior ..	\$ 28.00
D0273 ^a	Bitewings—three radiographic images.....	no charge	D2392	Resin based composite—two surfaces, posterior	\$ 37.00
D0274 ^a	Bitewings—four radiographic images	no charge	D2393	Resin based composite—three surfaces, posterior	\$ 46.00
D0277 ^a	Vertical bitewings—7 to 8 radiographic images.	no charge	D2394	Resin based composite—four or more surfaces, posterior	\$ 56.00
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge	D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D0470	Diagnostic casts.	no charge	D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months).....	\$ 21.00
D1110 ^a	Prophylaxis—adult (inclusive of D4910)	no charge	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D1120 ^a	Prophylaxis—child (inclusive of D4910)	no charge	D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00
D1206 ^a	Topical application of fluoride varnish (for child <16)	no charge	D7111	Extraction coronal remnants deciduous tooth .	\$ 20.00
D1208 ^a	Topical application of fluoride - excluding varnish (for child <16)	no charge	D7140	Extraction erupted tooth or exposed root	\$ 26.00
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge			
Basic		Member pays	Major		Member pays
D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00	D2510 ^b	Inlay—metallic, one surface.....	\$313.00
			D2520 ^b	Inlay—metallic, two surfaces.....	\$355.00
			D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00
			D2542 ^b	Onlay—metallic, two surfaces	\$402.00

D2543 ^b	Onlay—metallic, three surfaces.	\$420.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$354.00
D2544 ^b	Onlay—metallic, four or more surfaces.	\$437.00	D5110 ^d	Complete denture—maxillary	\$642.00
D2610 ^b	Inlay—porcelain/ceramic, one surface	\$368.00	D5120 ^d	Complete denture—mandibular	\$642.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces	\$389.00	D5130 ^d	Immediate denture—maxillary	\$700.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces.	\$414.00	D5140 ^d	Immediate denture—mandibular	\$700.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces	\$403.00	D5211 ^d	Maxillary partial denture—resin base	\$542.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces	\$434.00	D5212 ^d	Mandibular partial denture—resin base	\$629.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces.	\$461.00	D5213 ^d	Maxillary partial denture—cast metal—resin base	\$709.00
D2650 ^b	Inlay—resin based composite, one surface	\$242.00	D5214 ^d	Mandibular partial denture—cast metal—resin base	\$709.00
D2651 ^b	Inlay—resin based composite, two surfaces	\$288.00	D5410 ^c	Adjust complete denture—maxillary	\$ 35.00
D2652 ^b	Inlay—resin based composite, three or more surfaces.	\$303.00	D5411 ^c	Adjust complete denture—mandibular	\$ 35.00
D2662 ^b	Onlay—resin based composite, two surfaces.	\$263.00	D5421 ^c	Adjust partial denture—maxillary	\$ 35.00
D2663 ^b	Onlay—resin based composite, three surfaces.	\$310.00	D5422 ^c	Adjust partial denture—mandibular	\$ 35.00
D2664 ^b	Onlay—resin based composite, four or more surfaces	\$332.00	D5510	Repair broken complete denture base	\$ 70.00
D2710 ^b	Crown—resin based composite, indirect	\$187.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2720 ^b	Crown—resin with high noble metal	\$461.00	D5610	Repair resin denture base	\$ 76.00
D2721 ^b	Crown—resin with predominantly base metal.	\$432.00	D5620	Repair cast framework.	\$ 82.00
D2722 ^b	Crown—resin with noble metal	\$441.00	D5630	Repair or replace broken clasp—per tooth	\$100.00
D2740 ^b	Crown—porcelain/ceramic substrate	\$473.00	D5640	Replace broken teeth—per tooth	\$ 64.00
D2750 ^b	Crown—porcelain fused to high noble metal	\$466.00	D5650	Add tooth to existing partial denture	\$ 88.00
D2751 ^b	Crown—porcelain fused predom base metal	\$434.00	D5660	Add clasp to existing partial denture—per tooth	\$105.00
D2752 ^b	Crown—porcelain fused to noble metal	\$445.00	D5710 ^e	Rebase complete maxillary denture.	\$261.00
D2790 ^b	Crown—full cast high noble metal	\$450.00	D5711 ^e	Rebase complete mandibular denture	\$249.00
D2791 ^b	Crown—full cast predom base metal.	\$426.00	D5720 ^e	Rebase maxillary partial denture.	\$246.00
D2792 ^b	Crown—full cast noble metal	\$434.00	D5721 ^e	Rebase mandibular partial denture	\$246.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 41.00	D5730 ^e	Reline complete maxillary denture.	\$147.00
D2920	Re-cement or re-bond crown	\$ 42.00	D5731 ^e	Reline complete mandibular denture	\$147.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth	\$115.00	D5740 ^e	Reline maxillary partial denture.	\$135.00
D2930	Crown—prefabricated stainless steel, primary tooth	\$115.00	D5741 ^e	Reline mandibular partial denture	\$135.00
D2931	Crown—prefabricated stainless steel, permanent tooth	\$131.00	D5750 ^e	Reline complete maxillary denture.	\$196.00
D2932	Crown—prefabricated resin.	\$142.00	D5751 ^e	Reline complete mandibular denture	\$196.00
D2940	Sedative filling	\$ 44.00	D5760 ^e	Reline maxillary partial denture	\$193.00
D2950	Core buildup including any pins	\$110.00	D5761 ^e	Reline mandibular partial denture	\$193.00
D2951	Pin retention—per tooth addition restoration.	\$ 23.00	D5850	Tissue conditioning maxillary	\$ 61.00
D2952	Cast post and core in addition to crown	\$168.00	D5851	Tissue conditioning mandibular.	\$ 61.00
D2954	Prefabricated post and core in addition to crown	\$139.00	D6092	Recement implant/abutment supported crown	\$ 42.00
D3220	Therapeutic pulpotomy.	\$ 75.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$ 57.00
D3310	Root canal therapy—anterior	\$315.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3320	Root canal therapy—bicuspid.	\$385.00	D6211 ^f	Pontic—cast predominantly base metal	\$404.00
D3330	Root canal therapy—molar	\$497.00	D6212 ^f	Pontic—cast noble metal.	\$420.00
D3346	Previous root canal therapy—anterior.	\$424.00	D6240 ^f	Pontic—porcelain fused to high noble metal	\$426.00
D3347	Previous root canal therapy—bicuspid	\$500.00	D6241 ^f	Pontic—porceln fused predom base metal	\$393.00
D3348	Previous root canal therapy—molar.	\$601.00	D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00
D3410	Apicoectomy/periradicular surgery—anterior	\$361.00	D6250 ^f	Pontic—resin with high noble metal.	\$420.00
D3421	Apicoectomy/periradicular surgery—bicuspid	\$394.00	D6251 ^f	Pontic—resin with predominantly base metal	\$388.00
D3425	Apicoectomy/periradicular surgery—molar	\$445.00	D6252 ^f	Pontic—resin with noble metal	\$400.00
D3426	Apicoectomy/periradicular surgery—each addtl root	\$148.00	D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces	\$355.00
D3430	Retrograde filling—per root	\$109.00	D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces.	\$373.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad	\$358.00	D6602 ^f	Retainer inlay—cast high noble metal, two surfaces	\$380.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	\$153.00	D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces	\$418.00
D4240 ^c	Gingival flap proc—four or more teeth, quad	\$421.00	D6604 ^f	Retainer inlay—cast predom base metal, two surfaces.	\$372.00
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad	\$217.00	D6605 ^f	Retainer inlay—cast predom base metal, three or more surfaces	\$394.00
D4249	Clinical crown lengthening - hard tissue.	\$481.00	D6606 ^f	Retainer inlay—cast noble metal, two surfaces	\$366.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$680.00			

D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces.....	\$406.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces.....	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	Retainer onlay—cast high noble metal, three or more surfaces.....	\$448.00
D6612 ^f	Retainer onlay—cast predom base metal, two surfaces.....	\$407.00
D6613 ^f	Retainer onlay—cast predom base metal, three or more surfaces	\$426.00
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces.....	\$414.00
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00
D6721 ^f	Retainer crown—resin with predom base metal.....	\$450.00
D6722 ^f	Retainer crown—resin with noble metal.....	\$458.00
D6740 ^f	Retainer crown—porcelain/ceramic.....	\$499.00
D6750 ^f	Retainer crown—porcelain fused to high noble metal.....	\$486.00
D6751 ^f	Retainer crown—porcelain fused to predom base metal.....	\$453.00
D6752 ^f	Retainer crown—porcelain fused to noble metal.....	\$464.00
D6780 ^f	Retainer crown—3/4 cast high noble metal ..	\$458.00
D6790 ^f	Retainer crown—full cast high noble metal..	\$469.00
D6791 ^f	Retainer crown—full cast predom base metal	\$445.00
D6792 ^f	Retainer crown—full cast noble metal	\$461.00
D6930 ^f	Re-cement or re-bond fixed partial denture ..	\$ 57.00
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony ..	\$179.00
D7240	Removal of impacted tooth—completely bony.	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth.....	\$ 97.00
D7320	Alveoloplasty not conjunction w/extractions—per quad	\$181.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—intraoral..	\$120.00
D7520	Incision and drainage of abscess—extraoral ..	\$570.00
D7960	Frenulectomy—separate procedure.....	\$111.00

D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D9215	Local anesthesia	no charge
D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

Orthodontics

Member pays

D8070	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; 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	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2100.00
D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; 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	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; Up to 24 months of routine orthodontic treatment for Class I and Class II cases. Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2300.00
D8680	Retention	\$ 450.00

- a Limit of one every six months
- b Limit one per tooth every eight years
- c Limit one every 12 months
- d Limit one every five years
- e Limit of one every three years
- f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- 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 to receive up to a 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit HumanaDental.com to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

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



Notice of Privacy Practices

For your personal health and financial information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The privacy of your personal and health information is important. You don't need to do anything unless you have a request or complaint.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is personal and health information?

Personal and health information - from now on referred to as "information" - includes both medical information and individually identifiable information, like your name, address, telephone number, or Social Security number. The term "information" in this notice includes any personal and health information created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare. We protect this information in all formats including electronic, written and oral information.

How do we protect your information?

In keeping with federal and state laws and our own policy, we have a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our associates about company privacy policies and procedures

How do we use and disclose your information?

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services
- Where required by law.

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform plan administration functions such as eligibility, enrollment and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations such as to allow your plan sponsor to obtain bids from other health plans. We will not share detailed health information to your plan sponsor unless you provide us your permission or your plan sponsor has certified they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you if you have not opted out as described below
- To your family and friends if you are unavailable to communicate, such as in an emergency
- To your family and friends or any other person you identify, provided the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation
- To public health agencies if we believe there is a serious health or safety threat
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence
- In response to a court or administrative order, subpoena, discovery request, or other lawful process
- For law enforcement purposes, to military authorities and as otherwise required by law
- To assist in disaster relief efforts
- For compliance programs and health oversight activities
- To fulfill our obligations under any workers' compensation law or contract

Notice of Privacy Practices

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- To avert a serious and imminent threat to your health or safety or the health or safety of others
- For research purposes in limited circumstances
- For procurement, banking, or transplantation of organs, eyes, or tissue
- To a coroner, medical examiner, or funeral director.

Will we use your information for purposes not described in this notice?

In all situations other than described in this notice, we will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission. The following uses and disclosures will require an authorization:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of protected health information

What do we do with your information when you are no longer a member or you do not obtain coverage through us?

Your information may continue to be used for purposes described in this notice when your membership is terminated or you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

The following are your rights with respect to your information. We are committed to responding to your rights request in a timely manner.

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, a per hour charge for staff time to locate and copy your information, and postage.
- Adverse Underwriting Decision – You have the right to be provided a reason for denial or adverse underwriting decision if your application for insurance is declined. *

- Alternate Communications – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life threatening situation. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request an amendment of information we maintain about you if you believe the information is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will give you a written explanation of the denial.
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for a period of six years at your request. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- Notice – You have the right to receive a written copy of this notice any time you request.
- Restriction – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

What types of communications can I opt out of that are made to me?

- Appointment reminders
- Treatment alternatives or other health-related benefits or services

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at 1-866-861-2762 at any time
- Accessing our Website at Humana.com and going to the Privacy Practices link

* This right applies only to our Massachusetts residents in accordance with state regulations.

Notice of Privacy Practices

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- E-mailing us at privacyoffice@humana.com
Send completed request form to:
Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

What should I do if I believe my privacy has been violated?

If you believe your privacy has been violated in any way, you may file a complaint with us by calling us at 1-866-861-2762 any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You also have the option to e-mail your complaint to OCRComplaint@hhs.gov. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

What will happen if my private information is used or disclosed inappropriately?

You have a right to receive a notice that a breach has resulted in your unsecured private information being inappropriately used or disclosed. We will notify you in a timely manner if such a breach occurs.

PRIVACY NOTICE CONCERNING FINANCIAL INFORMATION

We and our affiliates understand that the privacy of your personal information is important to you. We take your privacy seriously and your trust in our ability to protect your private information is very important to us. This notice describes our policy regarding the confidentiality and disclosure of personal financial information.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our Website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

Where will we disclose your information?

We may share your information with affiliated companies and non-affiliated third parties, as permitted by law. We may also provide your information to other financial institutions with which we have joint marketing agreements in order to provide you with offers for products and services you may find of value or which are health-related.

What can I prevent with an opt-out disclosure?

You can prevent the disclosures to non-affiliated third parties that provide products and services not offered by us or where the non-affiliated company provides services related to your plan by requesting to opt-out of such disclosures. Your opt-out request will apply to all members or individuals covered under your identification number or member account.

Your opt-out request will continue to apply until you revoke your request or terminate your membership.

How do I request an opt-out?

At any time you can tell us not to share any of your personal information with affiliated companies that provide offers other than our products or services. If you wish to exercise your opt-out option, or to revoke a previous opt out request, you need to provide the following information to process your request: your name, date of birth, and your member identification number. You can use any of the methods below to request or revoke your opt-out:

- Call us at 1-866-861-2762
- E-mail us at privacyoffice@humana.com.
- Send your opt-out request to us in writing:
Humana Inc.
Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

We follow all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws,

Notice of Privacy Practices

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rules, and regulations conflict, we follow the law, rule, or regulation which provides greater protection.

The following affiliates and subsidiaries also adhere to our privacy policies and procedures:

American Dental Plan of North Carolina, Inc.
American Dental Providers of Arkansas, Inc.
Arcadian Health Plan, Inc.
CarePlus Health Plans, Inc.
Cariten Health Plan, Inc.
Cariten Insurance Company
CHA HMO, Inc.
CompBenefits Company
CompBenefits Dental, Inc.
CompBenefits Insurance Company
CompBenefits of Alabama, Inc.
CompBenefits of Georgia, Inc.
CorpHealth, Inc. dba LifeSynch
CorpHealth Provider Link, Inc.
DentiCare, Inc.
Emphesys, Inc.
Emphesys Insurance Company
HumanaDental Insurance Company
Humana AdvantageCare Plan, Inc. fna Metcare Health Plans, Inc.
Humana Benefit Plan of Illinois, Inc. fna OSF Health Plans, Inc.
Humana Employers Health Plan of Georgia, Inc.
Humana Health Benefit Plan of Louisiana, Inc.

Humana Health Company of New York, Inc.
Humana Health Insurance Company of Florida, Inc.
Humana Health Plan of California, Inc.
Humana Health Plan of Ohio, Inc.
Humana Health Plan of Texas, Inc.
Humana Health Plan, Inc.
Humana Health Plans of Puerto Rico, Inc.
Humana Insurance Company
Humana Insurance Company of Kentucky
Humana Insurance Company of New York
Humana Insurance of Puerto Rico, Inc.
Humana MarketPOINT, Inc.
Humana MarketPOINT of Puerto Rico, Inc.
Humana Medical Plan, Inc.
Humana Medical Plan of Michigan, Inc.
Humana Medical Plan of Pennsylvania, Inc.
Humana Medical Plan of Utah, Inc.
Humana Pharmacy, Inc.
Humana Regional Health Plan, Inc.
Humana Wisconsin Health Organization Insurance Corporation
Kanawha Insurance Company*
Managed Care Indemnity, Inc.
Preferred Health Partnership, Inc.*
Preferred Health Partnership of Tennessee, Inc.
The Dental Concern, Inc.
The Dental Concern, Ltd.

* These affiliates and subsidiaries are only covered by the Privacy Notice Concerning Financial Information section.