# Create a customized plan summary

**Step 1:** **Choose the benefit options** selected by the employer from the menu below. To make this a valid plan summary, the options selected must match the HumanaDental quote.

**Step 2:** **View and print your plan summary** by scrolling to the following pages. The plan summary includes a summary of the benefits and information on how to use the plan. (Tip: when printing, check the "Print as image" in the Print dialog box.)

**Step 3:** **Save your plan summary.** With the full version of Adobe Acrobat (not Acrobat Reader), you can save your plan summary to your PC by using the "Save As" or by clicking the disk icon in the Acrobat's navigation bar.

# Build your plan

Enter customer name:

Pick your office visit copay: $5/$15

Select your annual maximum: $1,500

You may return to this page at any time to update your selections.

# HumanaDental Advantage Plus 1S Plan

Wisconsin

## 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 **Humana.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 **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 1-800-979-4760.
- 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 in not covered.
- You may also receive a 20 percent discount on services not listed on your schedule of benefits when visiting certain participating dentists. Visit **Humana.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 Humana.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 at participating General Dentists and participating Specialists. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

**Specialists services:** 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. For HumanaDental Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists. Visit **Humana.com** to find a participating specialist.

**Office visit copay**

☐ $10/$15

**Annual maximum**

☐ $1,000

## Summary of services

| Preventive | | Member pays |
|---|---|---|
| D0120[a] | Periodic oral examination | no charge |
| D0140[a] | Limited oral evaluation—problem focused | no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months) | no charge |
| D0150 | Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months) | no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) | no charge |
| D0170 | Re-evaluation—limited problem focused (limit 1 every 12 months) | no charge |
| D0180 | Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months) | no charge |
| D0210 | X-ray intraoral—complete series (limit 1 every 3 years) | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220) | no charge |
| D0240 | X-ray intraoral—occlusal radiographic image | no charge |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | no charge |
| D0260 | X-ray extraoral, each additional radiographic image. | no charge |
| D0270[a] | Bitewing—single radiographic image | no charge |
| D0272[a] | Bitewings—two radiographic images | no charge |
| D0273[a] | Bitewings—three radiographic images | no charge |
| D0274[a] | Bitewings—four radiographic images | no charge |
| D0277[a] | Vertical bitewings—7 to 8 radiographic images | no charge |
| D0330 | Panoramic radiographic image (limit 1 every 3 years) | no charge |
| D0470 | Diagnostic casts. | no charge |
| D1110[a] | Prophylaxis—adult (inclusive of D4910) | no charge |
| D1120[a] | Prophylaxis—child (inclusive of D4910) | no charge |
| D1203[a] | Topical fluoride varnish (for child <16) | no charge |
| D1206[a] | Topical application of fluoride varnish (for child <16) | no charge |
| D1351 | Sealant—per tooth (limit 1 per tooth every 12 months for child <14) | no charge |

| Basic | | Member pays |
|---|---|---|
| D1510 | Space maintainer—fixed, unilateral (limited to child <14) | $ 53.00 |
| D1515 | Space maintainer—fixed, bilateral (limited to child <14) | $ 70.00 |
| D1520 | Space maintainer—removable, unilateral (limited to child <14) | $ 66.00 |
| D1525 | Space maintainer—removable, bilateral (limited to child <14) | $ 91.00 |
| D1550 | Re-cement or re-bond space maintainer | $ 12.00 |
| D2140 | Amalgam—one surface primary or permanent. | $ 24.00 |
| D2150 | Amalgam—two surfaces primary or permanent | $ 31.00 |
| D2160 | Amalgam—three surfaces primary or permanent | $ 37.00 |
| D2161 | Amalgam—four/more surfaces primary/ permanent | $ 46.00 |
| D2330 | Resin based composite—one surface, anterior | $ 24.00 |
| D2331 | Resin based composite—two surfaces, anterior | $ 31.00 |
| D2332 | Resin based composite—three surfaces, anterior | $ 38.00 |
| D2335 | Resin based composite —four or more surfaces, involving incisal angle | $ 45.00 |
| D2390 | Resin based composite—crown anterior | $ 49.00 |
| D2391 | Resin based composite—one surface, posterior | $ 28.00 |
| D2392 | Resin based composite—two surfaces, posterior. | $ 37.00 |
| D2393 | Resin based composite—three surfaces, posterior | $ 46.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | $ 56.00 |
| D4341 | Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months) | $ 39.00 |
| D4342 | Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months) | $ 21.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years). | $ 26.00 |
| D4910 | Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120) | $ 23.00 |
| D7111 | Extraction coronal remnants deciduous tooth. | $ 20.00 |
| D7140 | Extraction erupted tooth or exposed root | $ 26.00 |

| Major | | Member pays |
|---|---|---|
| D2510[b] | Inlay—metallic, one surface. | $313.00 |
| D2520[b] | Inlay—metallic, two surfaces. | $355.00 |

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|---|---|---|
| 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 |
| D2544[b] | Onlay—metallic, four or more surfaces | $437.00 |
| D2610[b] | Inlay—porcelain/ceramic, one surface | $368.00 |
| D2620[b] | Inlay—porcelain/ceramic, two surfaces | $389.00 |
| D2630[b] | Inlay—porcelain/ceramic, three or more surfaces | $414.00 |
| D2642[b] | Onlay—porcelain/ceramic, two surfaces | $403.00 |
| D2643[b] | Onlay—porcelain/ceramic, three surfaces | $434.00 |
| D2644[b] | Onlay—porcelain/ceramic, four or more surfaces | $461.00 |
| D2650[b] | Inlay—resin based composite, one surface | $242.00 |
| D2651[b] | Inlay—resin based composite, two surfaces | $288.00 |
| D2652[b] | Inlay—resin based composite, three or more surfaces | $303.00 |
| D2662[b] | Onlay—resin based composite, two surfaces | $263.00 |
| D2663[b] | Onlay—resin based composite, three surfaces | $310.00 |
| D2664[b] | Onlay—resin based ccomposite, four or more surfaces | $332.00 |
| D2710[b] | Crown—resin based composite, indirect | $187.00 |
| D2720[b] | Crown—resin with high noble metal | $461.00 |
| D2721[b] | Crown—resin with predominantly base metal | $432.00 |
| D2722[b] | Crown—resin with noble metal | $441.00 |
| D2740[b] | Crown—porcelain/ceramic substrate | $473.00 |
| D2750[b] | Crown—porcelain fused to high noble metal | $466.00 |
| D2751[b] | Crown—porcelain fused predominantly base metal | $434.00 |
| D2752[b] | Crown—porcelain fused to noble metal | $445.00 |
| D2790[b] | Crown—full cast high noble metal | $450.00 |
| D2791[b] | Crown—full cast predominantly base metal | $426.00 |
| D2792[b] | Crown—full cast noble metal | $434.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | $ 41.00 |
| D2920 | Re-cement or re-bond crown | $ 42.00 |
| D2930 | Crown—prefabricated stainless steel, primary tooth | $115.00 |
| D2931 | Crown—prefabricated stainless steel, permanent tooth | $131.00 |
| D2932 | Crown—prefabricated resin | $142.00 |
| D2940 | Protective restoration | $ 44.00 |
| D2950 | Core buildup including any pins | $110.00 |
| D2951 | Pin retention—per tooth addition restoration | $ 23.00 |
| D2952 | Cast post and core in addition to crown | $168.00 |
| D2954 | Prefabricated post and core in addition to crown | $139.00 |
| D3220 | Therapeutic pulpotomy | $ 75.00 |
| D3310 | Root canal therapy—anterior | $315.00 |
| D3320 | Root canal therapy—bicuspid | $385.00 |
| D3330 | Root canal therapy—molar | $497.00 |
| D3346 | Previous root canal therapy—anterior | $424.00 |
| D3347 | Previous root canal therapy—bicuspid | $500.00 |
| D3348 | Previous root canal therapy—molar | $601.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior | $361.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid | $394.00 |
| D3425 | Apicoectomy/periradicular surgery—molar | $445.00 |
| D3426 | Apicoectomy/periradicular surgery—each addtl root | $148.00 |
| D3430 | Retrograde filling—per root | $109.00 |
| D4210[c] | Gingivectomy/gingivoplasty—four or more teeth, quad | $358.00 |
| D4211[c] | Gingivectomy/gingivoplasty—1 to 3 teeth, quad | $153.00 |
| D4240[c] | Gingival flap proc—four or more teeth, quad | $421.00 |
| D4241[c] | Gingival flap proc—1 to 3 teeth, quad | $217.00 |
| D4249 | Clinical crown lengthening – hard tissue | $481.00 |
| 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 |
| 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 |
| D5110[d] | Complete denture—maxillary | $642.00 |
| D5120[d] | Complete denture—mandibular | $642.00 |
| D5130[d] | Immediate denture—maxillary | $700.00 |
| D5140[d] | Immediate denture—mandibular | $700.00 |
| D5211[d] | Maxillary partial denture—resin base | $542.00 |
| D5212[d] | Mandibular partial denture—resin base | $629.00 |
| D5213[d] | Maxillary partial denture—cast metal—resin base | $709.00 |
| D5214[d] | Mandibular partial denture—cast metal—resin base | $709.00 |
| D5410[c] | Adjust complete denture—maxillary | $ 35.00 |
| D5411[c] | Adjust complete denture—mandibular | $ 35.00 |
| D5421[c] | Adjust partial denture—maxillary | $ 35.00 |
| D5422[c] | Adjust partial denture—mandibular | $ 35.00 |
| D5510 | Repair broken complete denture base | $ 70.00 |
| D5520 | Replace missing/broken teeth—complete denture | $ 59.00 |
| D5610 | Repair resin denture base | $ 76.00 |
| D5620 | Repair cast framework | $ 82.00 |
| D5630 | Repair or replace broken clasp—per tooth | $100.00 |
| D5640 | Replace broken teeth—per tooth | $ 64.00 |
| D5650 | Add tooth to existing partial denture | $ 88.00 |
| D5660 | Add clasp to existing partial denture—per tooth | $105.00 |
| D5710[e] | Rebase complete maxillary denture | $261.00 |
| D5711[e] | Rebase complete mandibular denture | $249.00 |
| D5720[e] | Rebase maxillary partial denture | $246.00 |
| D5721[e] | Rebase mandibular partial denture | $246.00 |
| D5730[e] | Reline complete maxillary denture | $147.00 |
| D5731[e] | Reline complete mandibular denture | $147.00 |
| D5740[e] | Reline maxillary partial denture | $135.00 |
| D5741[e] | Reline mandibular partial denture | $135.00 |
| D5750[e] | Reline complete maxillary denture | $196.00 |
| D5751[e] | Reline complete mandibular denture | $196.00 |
| D5760[e] | Reline maxillary partial denture | $193.00 |
| D5761[e] | Reline mandibular partial denture | $193.00 |
| D5850 | Tissue conditioning maxillary | $ 61.00 |
| D5851 | Tissue conditioning mandibular | $ 61.00 |
| D6092 | Recement implant/abutment supported crown | $ 42.00 |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | $ 57.00 |
| D6210[f] | Pontic—cast high noble metal | $431.00 |
| D6211[f] | Pontic—cast predominantly base metal | $404.00 |
| D6212[f] | Pontic—cast noble metal | $420.00 |
| D6240[f] | Pontic—porcelain fused to high noble metal | $426.00 |
| D6241[f] | Pontic—porceln fused predominantly base metal | $393.00 |
| D6242[f] | Pontic—porcelain fused to noble metal | $415.00 |
| D6245 | Pontic—porcelain/ceramic | $439.00 |
| D6250[f] | Pontic—resin with high noble metal | $420.00 |
| D6251[f] | Pontic—resin with predominantly base metal | $388.00 |
| D6252[f] | Pontic—resin with noble metal | $400.00 |
| D6600[f] | Retainer inlay—porcelain/ceramic, two surfaces | $355.00 |
| D6601[f] | Retainer inlay—porcelain/ceramic, three or more surfaces | $373.00 |
| D6602[f] | Retainer inlay—cast high noble metal, two surfaces | $380.00 |

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|---|---|---|
| D6603[f] | Retainer inlay—cast high noble metal, three or more surfaces | $418.00 |
| D6604[f] | Retainer inlay—cast predominantly base metal, two surfaces | $372.00 |
| D6605[f] | Retainer inlay—cast predominantly base metal, three or more surfaces | $394.00 |
| D6606[f] | Retainer inlay—cast noble metal, two surfaces | $366.00 |
| 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 predominantly base metal, two surfaces | $407.00 |
| D6613[f] | Retainer onlay—cast predominantly 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 predominantly 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 predominantly 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 predominantly 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 |
| D9241 | Intravenous moderate (conscious) sedation/ analgesia – first 30 minutes | $144.00 |
| D9242 | Intravenous moderate (conscious) sedation/ analgesia – each additional 15 minutes | $ 60.00 |
| 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. Also includes consultation, evaluation, records/ treatment planning and retention | $2,835.00 |
| 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. Also includes consultation, evaluation, records/treatment planning and retention | $2,835.00 |
| 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. Also includes consultation, evaluation, records/ treatment planning and retention | $3,035.00 |

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 **Humana.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 or HumanaDental Insurance Company

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