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: $10/$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 receive up to a 25 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
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
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

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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