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# HumanaDental Prepaid 150 CS Plan

## Use your HumanaDental benefits

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

- No waiting periods
- No claims to file
- No annual maximums

### Know what your plan covers

Attached is a summary of HumanaDental CS Series 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 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 Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service. Copayments are applicable at either a participating general dentist or a participating specialist.

## 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 Prepaid 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 Prepaid 150 CS Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. CS plans copayments are applicable at either a participating general dentist or a participating specialist.

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 an contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For CS plans, copayment amounts are applicable when treatment is performed by participating specialists.

## Summary of services

### Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 15.00
D9430	Office visit (normal hours) .....	\$ 5.00
D9440	Office visit (after regularly scheduled hours) ...	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report. ....	\$ 20.00
D9986	Missed appointment .....	\$ 10.00
D9987	Cancelled appointment. ....	\$ 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.....	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings .....	no charge
D0220	X-ray intraoral—periapical, first radiographic image .....	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image .....	no charge
D0270	X-ray bitewing—single radiographic image ...	no charge
D0272	X-ray bitewings—two radiographic images ...	no charge
D0274	Bitewings—four radiographic images .....	no charge
D0330	Panoramic radiographic image .....	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) .....	\$ 20.00
D1120	Prophylaxis—adult/child, (additional) .....	\$ 20.00
D1206	Topical application of fluoride varnish (for child <16) .....	no charge
D1208	Topical application of fluoride – excluding varnish .....	no charge
D1330	Oral hygiene instruction .....	no charge
D1351	Sealant-per tooth .....	\$ 10.00
D1510	Space maintainer—fixed, unilateral .....	\$ 45.00+lab

D1515	Space maintainer—fixed, bilateral .....	\$ 45.00+lab
D1520	Space maintainer—removable, unilateral .	\$ 85.00+lab
D1525	Space maintainer—removable, bilateral ..	\$ 85.00+lab
D1550	Re-cement or re-bond space maintainer ..	\$ 10.00

### Restorative Member pays

D2140	Amalgam—one surface, primary or permanent .....	no charge
D2150	Amalgam—two surfaces, primary or permanent .....	no charge
D2160	Amalgam—three surfaces, primary or permanent .....	no charge
D2161	Amalgam—four or more surfaces, primary or permanent .....	no charge
D2940	Sedative filling .....	\$ 15.00
D2999	Sedative base (under fillings), by report....	no charge

### Resin restorative Member pays

D2330	Resin based composite—one surface, anterior .....	\$ 35.00
D2331	Resin based composite—two surfaces, anterior .....	\$ 40.00
D2332	Resin based composite—three surfaces, anterior .....	\$ 50.00
D2391	Resin based composite—one surface, posterior .....	\$ 60.00
D2392	Resin based composite—two surfaces, posterior .....	\$ 80.00
D2393	Resin based composite—three surfaces, posterior .....	\$ 100.00
D2394	Resin based composite—four or more surfaces, posterior .....	\$ 120.00
D2510	Inlay—metallic, one surface .....	\$ 95.00
D2520	Inlay—metallic, two surfaces .....	\$ 105.00
D2530	Inlay—metallic, three or more surfaces ...	\$ 130.00

### Crown and bridge Member pays

D2740	Crown—porcelain/ceramic substrate .....	\$ 280.00+lab
D2750*	Crown—porcelain fused to high noble metal .	\$ 280.00
D2751	Crown—porcelain fused to predominantly base metal .....	\$ 280.00
D2752*	Crown—porcelain fused to noble metal ...	\$ 280.00
D2790*	Crown—full cast high noble metal .....	\$ 280.00
D2791	Crown—full cast predominantly base metal .	\$ 280.00
D2792*	Crown—full cast noble metal .....	\$ 280.00

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$ 15.00
D2920	Re-cement or re-bond crown .....	\$ 15.00
D2929	Crown—prefabricated porcelain/ceramic crown—primary tooth .....	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth .....	\$ 75.00
D2950	Core buildup, including any pins .....	\$ 45.00
D2951	Pin retention—per tooth, in addition to restoration .....	\$ 15.00
D2952	Cast post and core in addition to crown .....	\$ 90.00+lab
D2953	Each additional cast post—same tooth .....	\$ 90.00+lab
D2954	Prefabricated post and core in addition to crown .....	\$ 90.00
D2962	Labial veneer (porcelain laminate)—laboratory .....	\$ 280.00+lab

#### **Prosthodontics (fixed) Member pays**

D6210*	Pontic—cast high noble metal .....	\$ 280.00
D6211	Pontic—cast predominantly base metal .....	\$ 280.00
D6212*	Pontic—cast noble metal .....	\$ 280.00
D6240*	Pontic—porcelain fused to high noble metal ..	\$ 280.00
D6241	Pontic—porcelain fused to predominantly base metal .....	\$ 280.00
D6242*	Pontic—porcelain fused to noble metal .....	\$ 280.00
D6750*	Crown—porcelain fused to high noble metal ..	\$ 280.00
D6751	Crown—porcelain fused to predominantly base metal .....	\$ 280.00
D6752*	Crown—porcelain fused to noble metal .....	\$ 280.00
D6790*	Crown—full cast high noble metal .....	\$ 280.00
D6791	Crown—full cast predominantly base metal ..	\$ 280.00
D6792*	Crown—full cast noble metal .....	\$ 280.00
D6930	Re-cement or re-bond fixed partial denture ..	\$ 10.00

#### **Endodontics Member pays**

D3220	Therapeutic pulpotomy .....	\$ 35.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$ 100.00
D3310	Root canal therapy—anterior (excluding final restoration) .....	\$ 100.00
D3320	Root canal therapy—bicuspid (excluding final restoration) .....	\$ 200.00
D3330	Root canal therapy—molar (excluding final restoration) .....	\$ 250.00
D3410	Apicoectomy/periradicular surgery—anterior ..	\$ 125.00

#### **Periodontics (gum treatment) Member pays**

D4210	Gingivectomy/gingivoplasty per quadrant ..	\$ 125.00
D4211	Gingivectomy/gingivoplasty per tooth .....	\$ 40.00
D4260	Osseous surgery, per quadrant .....	\$ 350.00
D4261	Osseous surgery—1 to 3 teeth, per quadrant ..	\$ 350.00
D4277	Free soft tissue graft procedure (including donor site surgery) - first tooth .....	\$ 225.00
D4278	Free soft tissue graft procedure (including donor site surgery), ea add'l .....	\$ 169.00
D4341	Periodontal scaling and root planing, per quadrant .....	\$ 50.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant .....	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis ....	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) .....	\$ 45.00
D4910	Periodontal maintenance .....	\$ 50.00

#### **Prosthodontics Member pays**

D5110	Complete denture—maxillary .....	\$ 300.00+lab
D5120	Complete denture—mandibular .....	\$ 300.00+lab
D5130	Immediate denture—maxillary .....	\$ 300.00+lab
D5140	Immediate denture—mandibular .....	\$ 300.00+lab
D5211	Maxillary partial denture—resin base .....	\$ 300.00+lab
D5212	Mandibular partial denture—resin base .....	\$ 300.00+lab
D5213	Maxillary partial denture—cast metal framework, resin denture bases .....	\$ 300.00+lab
D5214	Mandibular partial denture—cast metal framework, resin denture bases .....	\$ 300.00+lab
D5410	Adjust complete denture—maxillary .....	\$ 15.00
D5411	Adjust complete denture—mandibular .....	\$ 15.00
D5421	Adjust partial denture—maxillary .....	\$ 15.00
D5422	Adjust partial denture—mandibular .....	\$ 15.00

#### **Repairs to prosthetics Member pays**

D5510	Repair broken complete denture base .....	\$ 15.00+lab
D5520	Replace missing or broken teeth—complete denture (each tooth) .....	\$ 15.00+lab
D5610	Repair resin denture base .....	\$ 15.00+lab
D5630	Repair or replace broken clasp .....	\$ 15.00+lab
D5640	Replace broken teeth—per tooth .....	\$ 15.00+lab
D5650	Add tooth to existing partial denture .....	\$ 30.00+lab
D5730	Reline complete maxillary denture (chairside) ..	\$ 50.00
D5731	Reline complete mandibular denture (chairside) ..	\$ 50.00
D5740	Reline maxillary partial denture (chairside) ..	\$ 50.00
D5741	Reline mandibular partial denture (chairside) ..	\$ 50.00
D5750	Reline complete maxillary denture (laboratory) ..	\$ 35.00+lab
D5751	Reline complete mandibular denture (laboratory) .....	\$ 35.00+lab
D5760	Reline maxillary partial denture (laboratory) ..	\$ 35.00+lab
D5761	Reline mandibular partial denture (laboratory) ..	\$ 35.00+lab
D5850	Tissue conditioning—maxillary .....	\$ 30.00
D5851	Tissue conditioning—mandibular .....	\$ 30.00

#### **Extractions/oral and maxillofacial surgery Member pays**

D7111	Coronal remnants, deciduous tooth .....	no charge
D7140	Extraction, erupted tooth or exposed tooth ..	no charge
D7210	Surgical removal of erupted tooth .....	\$ 40.00
D7220	Removal of impacted tooth—soft tissue .....	\$ 50.00
D7230	Removal of impacted tooth—partially bony ..	\$ 70.00
D7240	Removal of impacted tooth—completely bony ..	\$ 85.00
D7250	Surgical removal of residual tooth roots .....	\$ 35.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant .....	\$ 35.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant .....	\$ 35.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant .....	\$ 70.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant .....	\$ 70.00
D7510	Incision and drainage of abscess—intraoral ..	\$ 25.00

#### **Anesthesia Member pays**

D9215	Local anesthesia .....	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes ....	\$ 15.00

#### **Adjunctive general services Member pays**

D9450	Case presentation, detailed and extensive treatment planning .....	no charge
D9951	Occlusal adjustment—limited .....	\$ 25.00
D9952	Occlusal adjustment—complete .....	\$ 150.00

**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 .....	\$ 1,800.00
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 .....	\$ 1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over 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 .....	\$ 2,000.00
D8680	Retention .....	\$ 450.00

\* 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:**

- 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 for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply on non-covered services. Visit [HumanaDental.com](http://HumanaDental.com) to find a participating dentist.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.
- If you break your appointment with your dentist without 24-hour advance notice, you will be subject to your dentist's broken appointment fee.
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits.

Insured or administered by Humana Insurance Company, CompBenefits Dental, Inc., or CompBenefits Company



[Humana.com](http://Humana.com)



# HumanaDental Prepaid HS205 Plan

Florida

## Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

### Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **HumanaDental.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our 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 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

## Good health starts with a healthy mouth

### Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.<sup>1</sup> The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

### 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



## Questions?

Check out [HumanaDental.com](https://www.humanadental.com)

Call 1-800-233-4013, Monday through  
Friday, 8 a.m. to 6 p.m.  
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

<sup>1</sup> Dr. Michael Roizen, RealAge.com



# HumanaDental Prepaid HS205 Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable only at a participating general dentist.

A primary care dentist (PCD) may decide that a member needs 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. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

## Summary of services

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 5.00
D9430 Office visit (normal hours) .....	no charge
D9440 Office visit (after regularly scheduled hours) ....	\$ 35.00
D9987 Cancelled appointment .....	\$ 10.00
D9986 Missed Appointment .....	\$ 10.00

Diagnostic	Member pays
D0120 Periodic oral examination (two per calendar year) ..	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver....	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year) .....	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0170 Re-evaluation—problem focused (not post-operative visit) .....	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year) .....	\$ 15.00
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years) .....	no charge
D0220 X-ray intraoral—periapical, first radiographic image .....	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image .....	no charge
D0240 X-rays intraoral—occlusal radiographic image ..	no charge
D0250 Extraoral—first radiographic image .....	no charge
D0260 Extraoral—each additional radiographic image ..	no charge
D0270 X-ray bitewing—single radiographic image (two per calendar year) .....	no charge
D0272 X-ray bitewings—two radiographic images (two per calendar year) .....	no charge
D0273 X-ray bitewings—three radiographic images (two per calendar year) .....	no charge
D0274 Bitewings—four radiographic images (two per calendar year) .....	no charge

D0277 X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)....	no charge
D0330 Panoramic radiographic image (once per three calendar years) .....	no charge
D0350 Oral/facial photography images .....	no charge
D0415 Collect microorganisms culture & sensitivity ....	no charge
D0425 Caries susceptibility tests .....	no charge
D0431 Oral cancer screening using a special light source. \$	50.00
D0460 Pulp vitality tests (not covered if a root canal is performed) .....	no charge
D0470 Diagnostic casts .....	no charge
D0472 Pathology report—gross examination of lesion..	no charge
D0473 Pathology report—microscopic examination of lesion .....	no charge
D0474 Pathology report—microscopic examination of lesion and area .....	no charge

Preventive	Member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist) .....	no charge
D1120 Prophylaxis—child, routine (two per calendar year) .....	no charge
D1206 Topical application of fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1208 Topical application of fluoride – excluding varnish—child (up to 16 years of age) (two per calendar year) .....	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease .....	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease .....	no charge
D1330 Oral hygiene instruction .....	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16) .....	\$ 10.00
D1510* Space maintainer—fixed, unilateral (through age 14) .....	\$ 50.00
D1515* Space maintainer—fixed, bilateral (through age 14) .....	\$ 70.00
D1520* Space maintainer—removable, unilateral (through age 14) .....	\$ 85.00

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D1525* Space maintainer—removable, bilateral (through age 14) .....	\$ 90.00
D1550 Re-cement or re-bond space maintainer .....	\$ 10.00

## Restorative

## Member pays

D2140 Amalgam—one surface, primary or permanent .	\$ 5.00
D2150 Amalgam—two surfaces, primary or permanent .	\$ 5.00
D2160 Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161 Amalgam—four or more surfaces, primary or permanent .....	\$ 5.00
D2940 Sedative filling .....	\$ 10.00

## Resin restorative

(inlays and onlays limited to one  
per tooth every five years)

## Member pays

D2330 Resin based composite—one surface, anterior ..	\$ 30.00
D2331 Resin based composite—two surfaces, anterior .	\$ 40.00
D2332 Resin based composite—three surfaces, anterior .	\$ 45.00
D2335 Resin based composite—four or more surfaces or involving incisal angle (anterior) .....	\$ 65.00
D2390 Resin based composite crown, anterior .....	\$ 70.00
D2391 Resin based composite—one surface, posterior .	\$ 45.00
D2392 Resin based composite—two surfaces, posterior .	\$ 55.00
D2393 Resin based composite—three surfaces, posterior .....	\$ 80.00
D2394 Resin based composite—four or more surfaces, posterior .....	\$ 90.00
D2510* Inlay—metallic, one surface .....	\$225.00
D2520* Inlay—metallic, two surfaces .....	\$235.00
D2530* Inlay—metallic, three or more surfaces .....	\$245.00
D2542* Onlay—metallic, two surfaces .....	\$250.00
D2543* Onlay—metallic, three surfaces .....	\$260.00
D2544* Onlay—metallic, four or more surfaces .....	\$270.00
D2610* Inlay—porcelain/ceramic, one surface .....	\$250.00
D2620* Inlay—porcelain/ceramic, two surfaces .....	\$260.00
D2630* Inlay—porcelain/ceramic, three or more surfaces .	\$270.00
D2642* Onlay—porcelain/ceramic, two surfaces .....	\$275.00
D2643* Onlay—porcelain/ceramic, three surfaces .....	\$285.00
D2644* Onlay—porcelain/ceramic, four or more surfaces.	\$295.00
D2650* Inlay—resin based composite, one surface .....	\$225.00
D2651* Inlay—resin based composite, two surfaces ....	\$235.00
D2652* Inlay—resin based composite, three or more surfaces .....	\$245.00
D2662* Onlay—resin based composite, two surfaces ...	\$250.00
D2663* Onlay—resin based composite, three surfaces ..	\$260.00
D2664* Onlay—resin based composite, four or more surfaces .....	\$270.00

## Crown and bridge

(limited to one per tooth every five years)

## Member pays

D2710* Crown—resin based composite, indirect .....	\$270.00
D2712* Crown—3/4 resin based composite, indirect ....	\$270.00
D2720* Crown—resin with high noble metal .....	\$270.00
D2721 Crown—resin with predominantly base metal ..	\$270.00
D2722* Crown—resin with noble metal .....	\$270.00
D2740* Crown—porcelain/ceramic substrate .....	\$270.00
D2750* Crown—porcelain fused to high noble metal ....	\$270.00
D2751 Crown—porcelain fused to predominantly base metal .....	\$270.00
D2752* Crown—porcelain fused to noble metal .....	\$270.00
D2780* Crown—3/4 cast high noble metal .....	\$270.00
D2781 Crown—3/4 cast predominantly base metal ....	\$270.00
D2782* Crown—3/4 cast noble metal .....	\$270.00

D2783* Crown—3/4 porcelain/ceramic .....	\$270.00
D2790* Crown—full cast high noble metal .....	\$270.00
D2791 Crown—full cast predominantly base metal ....	\$270.00
D2792* Crown—full cast noble metal .....	\$270.00
D2794* Crown—titanium .....	\$270.00
D2799 Provisional crown .....	no charge
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$ 15.00
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	no charge
D2920 Re-cement or re-bond crown .....	\$ 15.00
D2929 Crown-Prefabricated porcelain/ceramic crown— primary tooth .....	\$ 75.00
D2930 Prefabricated stainless steel crown— primary tooth .....	\$ 75.00
D2931 Prefabricated stainless steel crown— permanent tooth .....	\$ 25.00
D2932 Prefabricated resin crown .....	\$ 50.00
D2933 Prefabricated stainless steel crown with resin window .....	\$ 50.00
D2934 Prefabricated esthetic coated stainless steel crown—primary tooth .....	\$ 50.00
D2950 Core buildup, including any pins .....	\$ 50.00
D2951 Pin retention—per tooth, in addition to restoration .....	\$ 15.00
D2952* Cast post and core in addition to crown .....	\$ 95.00
D2953* Each additional cast post—same tooth .....	\$100.00
D2954 Prefabricated post and core in addition to crown .	\$ 85.00
D2955 Post removal .....	\$ 10.00
D2957 Each additional prefabricated post—same tooth, base metal post .....	\$ 35.00
D2960 Labial veneer (resin laminate)—chairside .....	\$250.00
D2961* Labial veneer (resin laminate)—laboratory .....	\$300.00
D2962* Labial veneer (porcelain laminate)—laboratory .	\$350.00
D2971 Additional procedure—new crown existing partial denture .....	\$ 50.00
D2980 Crown repair .....	no charge
D6940 Stress breaker .....	\$150.00
D6950 Precision attachment .....	\$195.00
D2981 Inlay repair .....	no charge
D2982 Onlay repair .....	no charge
D2983 Veneer repair .....	no charge

## Prosthodontics (fixed)

(replacement limited to every

five years, adjustments once per year)

## Member pays

D6210* Pontic—cast high noble metal .....	\$270.00
D6211 Pontic—cast predominantly base metal .....	\$270.00
D6212* Pontic—cast noble metal .....	\$270.00
D6240* Pontic—porcelain fused to high noble metal ....	\$270.00
D6241 Pontic—porcelain fused to predominantly base metal .....	\$270.00
D6242* Pontic—porcelain fused to noble metal .....	\$270.00
D6750* Crown—porcelain fused to high noble metal ....	\$270.00
D6751 Crown—porcelain fused to predominantly base metal .....	\$270.00
D6752* Crown—porcelain fused to noble metal .....	\$270.00
D6790* Crown—full cast high noble metal .....	\$270.00
D6791 Crown—full cast predominantly base metal ....	\$270.00
D6792* Crown—full cast noble metal .....	\$270.00
D6794* Crown—titanium .....	\$270.00
D6930 Re-cement or re-bond fixed partial denture (per unit) .....	\$ 15.00

## Prosthodontics

(replacement limited to every five years) **Member pays**

D5110*	Complete denture—maxillary .....	\$375.00
D5120*	Complete denture—mandibular .....	\$375.00
D5130*	Immediate denture—maxillary .....	\$375.00
D5140*	Immediate denture—mandibular .....	\$375.00
D5211*	Maxillary partial denture—resin base .....	\$400.00
D5212*	Mandibular partial denture—resin base .....	\$400.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases .....	\$425.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases .....	\$425.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth) .....	\$425.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth) .....	\$425.00
D5281*	Removable partial denture—one piece cast metal .....	\$350.00
D5410	Adjust complete denture—maxillary .....	\$ 15.00
D5411	Adjust complete denture—mandibular .....	\$ 15.00
D5421	Adjust partial denture—maxillary .....	\$ 15.00
D5422	Adjust partial denture—mandibular .....	\$ 15.00
D5660*	Add clasp to existing partial denture .....	\$ 90.00

## Endodontics

(each procedure limited to once per tooth per life)

**Member pays**

D3110	Pulp cap—direct (excluding final restoration) ...	\$ 15.00
D3120	Pulp cap—indirect (excluding final restoration) ..	\$ 10.00
D3220	Therapeutic pulpotomy .....	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$ 85.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) .....	\$ 45.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) .....	\$ 50.00
D3310	Root canal therapy—anterior (excluding final restoration) .....	\$110.00
D3320	Root canal therapy—bicuspid (excluding final restoration) .....	\$195.00
D3330	Root canal therapy—molar (excluding final restoration) .....	\$250.00
D3331	Treatment of root canal obstruction—non-surgical access .....	\$ 80.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth .....	\$ 80.00
D3333	Internal root repair of perforation defects .....	\$ 90.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) .....	\$ 90.00
D3352	Apexification/recalcification—interim .....	\$ 80.00
D3353	Apexification/recalcification—final visit .....	\$ 90.00
D3410	Apicoectomy/periradicular surgery—anterior ...	\$135.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root) .....	\$120.00
D3425	Apicoectomy/periradicular surgery—molar (first root) .....	\$120.00
D3426	Apicoectomy/periradicular surgery (each additional root) .....	\$ 60.00
D3430	Retrograde filling—per root .....	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920) .....	\$ 95.00

D3910	Surgical procedure to isolate tooth with rubber dam	\$ 20.00
D3920	Hemisection not included in root canal therapy .	\$ 90.00
D3950	Root canal prepare and fit preformed dowel/post .....	\$ 15.00

## Periodontics (gum treatment)

**Member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant .....	\$120.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant .....	\$ 55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant .....	\$150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant .....	\$120.00
D4245	Apically positioned flap .....	\$175.00
D4249	Clinical crown lengthening—hard tissue .....	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$325.00
D4263	Bone replacement graft—first site in quadrant ..	\$180.00
D4264	Bone replacement graft—each additional site in quadrant bone .....	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration .....	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site .....	\$230.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..	\$275.00
D4270	Pedicle soft tissue graft procedure .....	\$260.00
D4273	Subepithelial connective tissue graft, tooth ....	\$350.00
D4274	Distal or proximal wedge procedure .....	\$ 90.00
D4275	Soft tissue allograft .....	\$380.00
D4277	Free soft tissue graft procedure (including donor site surgery) - first tooth .....	\$265.00
D4278	Free soft tissue graft procedure (including donor site surgery) - each additional .....	\$199.00
D4320	Provisional splinting—intracoronal .....	\$ 95.00
D4321	Provisional splinting—extracoronal .....	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) .....	\$ 55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342) .....	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years) .....	\$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy) ....	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy) .....	\$ 45.00

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

D7111	Coronal remnants, deciduous tooth. ....	no charge
D7140	Extraction, erupted tooth or exposed tooth .....	no charge
D7210	Surgical removal of erupted tooth .....	\$ 40.00
D7220	Removal of impacted tooth—soft tissue .....	\$ 55.00
D7230	Removal of impacted tooth—partially bony. ....	\$ 70.00
D7240	Removal of impacted tooth—completely bony. .	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report. ....	\$110.00
D7250	Surgical removal of residual tooth roots .....	\$ 40.00
D7260	Oroantral fistula closure .....	\$350.00
D7261	Primary closure of a sinus perforation .....	\$225.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth .....	\$ 55.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth) .....	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption .....	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .....	\$350.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$120.00
D7287	Exfoliative cytological sample collection .....	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection. .	\$ 55.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant .....	\$ 40.00
D7311	Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant. .	\$ 15.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant .....	\$ 75.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant .....	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm. ....	\$160.00
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm. ....	\$235.00
D7471	Removal of lateral exostosis (maxilla or mandible). .	\$ 90.00
D7472	Removal of torus palatinus .....	\$ 65.00
D7473	Removal of torus mandibularis .....	\$ 65.00
D7485	Surgical reduction of osseous tuberosity .....	\$ 60.00
D7510	Incision and drainage of abscess—intraoral soft tissue. ....	\$ 35.00
D7970	Excision hyperplastic tissue—per arch .....	\$ 85.00
D7971	Excision of pericoronal gingival .....	\$ 55.00

**Repairs to prosthetics    Member pays**

D5510*	Repair broken complete denture base .....	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth) .....	\$ 35.00
D5610*	Repair resin denture base .....	\$ 35.00
D5620*	Repair cast framework .....	\$ 35.00
D5630*	Repair or replace broken clasp .....	\$ 35.00
D5640*	Replace broken teeth—per tooth .....	\$ 35.00
D5650*	Add tooth to existing partial denture .....	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary .....	\$210.00
D5671*	Replace all teeth and acrylic framework—mandibular. ....	\$225.00
D5710*	Rebase complete maxillary denture .....	\$200.00
D5711*	Rebase complete mandibular denture .....	\$200.00
D5720*	Rebase maxillary partial denture .....	\$200.00
D5721*	Rebase mandibular partial denture .....	\$200.00

D5730	Reline complete maxillary denture (chairside)...	\$ 60.00
D5731	Reline complete mandibular denture (chairside)	\$ 60.00
D5740	Reline maxillary partial denture (chairside).....	\$ 60.00
D5741	Reline mandibular partial denture (chairside) ...	\$ 60.00
D5750*	Reline complete maxillary denture (laboratory) .	\$ 95.00
D5751*	Reline complete mandibular denture (laboratory) .	\$ 95.00
D5760*	Reline maxillary partial denture (laboratory) ....	\$ 95.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$ 95.00
D5810*	Interim complete denture (maxillary).....	\$250.00
D5811*	Interim complete denture (mandibular) .....	\$250.00
D5820*	Interim partial denture (maxillary).....	\$ 80.00
D5821*	Interim partial denture (mandibular) .....	\$ 80.00
D5850	Tissue conditioning, maxillary .....	\$ 30.00
D5851	Tissue conditioning, mandibular .....	\$ 30.00
D6214*	Pontic titanium .....	\$270.00
D6245*	Pontic—porcelain/ceramic .....	\$270.00
D6250*	Pontic—resin with high noble metal .....	\$270.00
D6251	Pontic—resin with predominantly base metal ..	\$270.00
D6252*	Pontic—resin with noble metal .....	\$270.00
D6253*	Provisional pontic .....	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis .....	\$250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis .....	\$250.00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$250.00
D6600*	Inlay—porcelain/ceramic, two surfaces. ....	\$270.00
D6601*	Inlay—porcelain/ceramic, three or more surfaces .	\$270.00
D6602*	Inlay—cast high noble metal, two surfaces .....	\$270.00
D6603*	Inlay—cast high noble metal, three or more surfaces .....	\$270.00
D6604	Inlay—cast predominantly base metal, two surfaces. ....	\$270.00
D6605	Inlay—cast predominantly base metal, three or more surfaces .....	\$270.00
D6606*	Inlay—cast noble metal, two surfaces .....	\$270.00
D6607*	Inlay—cast noble metal, three or more surfaces .	\$270.00
D6608*	Onlay—porcelain/ceramic, two surfaces .....	\$270.00
D6609*	Onlay—porcelain/ceramic, three or more surfaces.	\$270.00
D6610*	Onlay—cast high noble metal, two surfaces ....	\$270.00
D6611*	Onlay—cast high noble metal, three or more surfaces .....	\$270.00
D6612	Onlay—cast predominantly base metal, two surfaces. ....	\$270.00
D6613	Onlay—cast predominantly base metal, three or more surfaces .....	\$270.00
D6614*	Onlay—cast noble metal, two surfaces .....	\$270.00
D6615*	Onlay—cast noble metal, three or more surfaces..	\$270.00
D6624*	Inlay titanium .....	\$270.00
D6634*	Onlay titanium .....	\$270.00
D6710*	Crown—indirect resin based composition .....	\$270.00
D6720*	Crown—resin with high noble metal .....	\$270.00
D6721	Crown—resin with predominantly base metal. .	\$270.00
D6722*	Crown—resin with noble metal .....	\$270.00
D6740*	Crown—porcelain/ceramic .....	\$280.00
D6780*	Crown—3/4 cast high noble metal. ....	\$270.00
D6781	Crown—3/4 cast predominantly base metal ....	\$270.00
D6782*	Crown—3/4 cast noble metal. ....	\$270.00
D6783*	Crown—3/4 porcelain/ceramic, denture .....	\$270.00

**Adjunctive general service    Member pays**

D9110	Palliative (emergency) treatment .....	\$ 20.00
D9215	Local anesthesia .....	no charge



D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) .....	\$165.00
D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) ...	\$ 70.00
D9230	Analgesia (nitrous oxide), per 15 minutes .....	\$ 15.00
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) .....	\$165.00
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) .....	\$ 70.00
D9450	Case presentation, detailed and extensive treatment planning .....	no charge
D9951	Occlusal adjustment—limited .....	\$ 35.00
D9952	Occlusal adjustment—complete .....	\$165.00

<b>Bleaching</b>	<b>Member pays</b>
D9972 External bleaching in office—per arch .....	\$175.00
D9975 External bleaching at home—per arch .....	\$175.00

<b>Orthodontics</b>	<b>Member pays</b>
D8070 or D8080—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 .....	\$ 45.00
Records/treatment planning .....	\$ 250.00
Orthodontic treatment .....	\$1,900.00
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
Consultation .....	no charge
Evaluation .....	\$ 45.00
Records/treatment planning .....	\$ 250.00
Orthodontic treatment .....	\$1,900.00
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) .....	\$455.00

**NOTE:**

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may receive up to a 25% discount when using certain participating dentists. Contact your provider for additional information.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at [Disclosure.Humana.com](http://Disclosure.Humana.com).

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# advantage

## *What to expect from your dental plan:*

Life brings all manner of surprises – some of them good, some of them not.

No matter how much you plan for now and the future, it is very likely that something will come along that leaves you wondering how you are going to pay for it – like dental problems.

Your teeth may be perfectly healthy right now, but CompBenefits' Advantage plan will give you the security you need in case you are looking at expensive dental treatment down the road.

Advantage is a new generation, hybrid dental plan (which takes the best from DHMOs as well as traditional indemnity insurance). And Advantage is the dental benefit of choice for thousands of CompBenefits members who depend on a company that has been helping people maintain good oral health for more than 25 years.

Advantage isn't hard to navigate: you'll be free from deductibles, claim forms, waiting periods, and benefit maximums – freedom you won't find with other insurance plans.

Plus, you'll get a large network of in-network dentists, and with a small co-payment, routine cleanings and x-rays every six months are covered 100 percent as well as oral exams, local anesthesia and topical fluoride for children up to age 16.

*Get more out of your dental plan  
@ [www.mycompbenefits.com](http://www.mycompbenefits.com)*

Need to find a dentist closer to you? You can do all of this and more at [www.mycompbenefits.com](http://www.mycompbenefits.com). Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



*The Advantage of  
Good Oral Health*

**schedule of benefits and subscriber copayments**

<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>	<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>
D0120	Periodic oral examination (limit 2 every 12 months) .....	\$0.00	D2330	Resin-based composite - one surface, anterior .....	\$0.00
D0140	Limited oral evaluation - problem focused .....	\$0.00	D2331	Resin-based composite - two surfaces, anterior .....	\$0.00
D0150	Comp oral evaluation - new / established patient .....	\$0.00	D2332	Resin-based composite - three surfaces, anterior .....	\$0.00
D0160	DTL&EXT oral evaluation - problem focused report .....	\$0.00	D2335	Resin compos - 4/more surfaces/ invlv incisal ang .....	\$0.00
D0170	Re-evaluation - limited problem focused .....	\$0.00	D2390	Resin-based composite crown anterior .....	\$0.00
D0180	Comp periodontal evaluation - new / est patient .....	\$0.00	D2391	Resin-based composite - one surface, posterior .....	\$0.00
D0210	Intraoral, complete series (limit one every 3 years) .....	\$0.00	D2392	Resin-based composite - two surfaces, posterior .....	\$0.00
D0220	Intraoral, periapical - first film .....	\$0.00	D2393	Resin-based composite - three surfaces, posterior .....	\$0.00
D0230	Intraoral, periapical each additional film .....	\$0.00	D2394	Resin compos - four or more surfaces, posterior .....	\$0.00
D0240	Intraoral, occlusal film .....	\$0.00	D2510	Inlay - metallic one surface (limit 1 per tooth every 5 years) .....	\$313.00
D0250	Extraoral, first film .....	\$0.00	D2520	Inlay - metallic two surfaces (limit 1 per tooth every 5 years) .....	\$355.00
D0260	Extraoral, each additional film .....	\$0.00	D2530	Inlay - metallic - 3 or more surfaces (limit 1 per tooth every 5 years) .....	\$410.00
D0270	Bitewing, single film (limit two every 12 months) .....	\$0.00	D2542	Onlay - metallic two surfaces (limit 1 per tooth every 5 years) .....	\$402.00
D0272	Bitewing, two films (limit two every 12 months) .....	\$0.00	D2543	Onlay - metallic three surfaces (limit 1 per tooth every 5 years) .....	\$420.00
D0274	Bitewing, four films (limit two every 12 months) .....	\$0.00	D2544	Onlay - metallic four or more surfaces (limit 1 per tooth every 5 years) .....	\$437.00
D0277	Vertical Bitewings (limit two every 12 months) .....	\$0.00	D2610	Inlay, porcelain/ceramic - one surface (limit 1 per tooth every 5 years) .....	\$368.00
D0330	Panoramic film (limit one every 3 years) .....	\$0.00	D2620	Inlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years) .....	\$389.00
D0470	Diagnostic Casts .....	\$0.00	D2630	Inlay, porcelain/ceramic - three or more surfaces (limit 1 per tooth every 5 years) .....	\$414.00
D1110	Prophylaxis, adult (limit 1 every 6 months) .....	\$0.00	D2642	Onlay, porcelain/ceramic - two surfaces (limit 1 per tooth every 5 years) .....	\$403.00
D1120	Prophylaxis, child (limit 1 every 6 months) .....	\$0.00	D2643	Onlay, porcelain/ceramic - three surfaces (limit 1 per tooth every 5 years) .....	\$434.00
D1201	Topical application of fluoride - child (limit 2 every 12 months) .....	\$0.00	D2644	Onlay, porcelain/ceramic - four or more surfaces (limit 1 per tooth every 5 years) .....	\$461.00
D1203	Topical application of fluoride - child (limit 2 every 12 months) .....	\$0.00	D2650	Inlay - resin-based composite - one surface (limit 1 per tooth every 5 years) .....	\$242.00
D1351	Sealant, per tooth (limit 1 per tooth every 12 months for child < 13) .....	\$0.00	D2651	Inlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years) .....	\$288.00
D1510	Space maintainer, fixed unilateral .....	\$0.00	D2652	Inlay - resin-based composite - three or more surfaces (limit 1 per tooth every 5 years) .....	\$303.00
D1515	Space maintainer, fixed bilateral .....	\$0.00			
D1520	Space maintainer, removable unilateral .....	\$0.00			
D1525	Space maintainer, removable bilateral .....	\$0.00			
D1550	Recementation of space maintainer .....	\$0.00			
D2140	Amalgam, one surface, primary or permanent .....	\$0.00			
D2150	Amalgam, two surfaces, primary or permanent .....	\$0.00			
D2160	Amalgam, three surfaces, primary or permanent .....	\$0.00			
D2161	Amalgam, four or more surfaces, primary or permanent .....	\$0.00			



### schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D2662	Onlay - resin-based composite - two surfaces (limit 1 per tooth every 5 years) .....	\$263.00	D3346	Retreatment of previous RCT therapy, anterior .....	\$424.00
D2663	Onlay - resin-based composite - three surfaces (limit 1 per tooth every 5 years) .....	\$310.00	D3347	Retreatment of previous RCT therapy, bicuspid .....	\$500.00
D2664	Onlay - resin-based composite - four or more surfaces (limit 1 per tooth every 5 years) .....	\$332.00	D3348	Retreatment of previous RCT therapy, molar .....	\$601.00
D2710	Crown resin based composite indirect (limit 1 per tooth every 5 years) .....	\$187.00	D3410	Apicoectomy/periradicular surgery, anterior .....	\$361.00
D2720	Crown - resin with high noble metal (limit 1 per tooth every 5 years) .....	\$461.00	D3421	Apicoectomy periradicular surgery bicuspid .....	\$394.00
D2721	Crown - resin with predominantly base metal (limit 1 per tooth every 5 years) .....	\$432.00	D3425	Apicoectomy periradicular surgery molar .....	\$445.00
D2722	Crown - resin with noble metal (limit 1 per tooth every 5 years) .....	\$441.00	D3426	Apicoectomy/periradicular surgery .....	\$148.00
D2740	Crown, porcelain/ceramic substrate (limit 1 per tooth every 5 years) .....	\$473.00	D3430	Retrograde filling - per root .....	\$109.00
D2750	Crown, porcelain fused to high noble metal (limit 1 per tooth every 5 years) .....	\$466.00	D4210	Gingivect/plsty 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.) .....	\$358.00
D2751	Crown, porcelain fused to predom base metal (limit 1 per tooth every 5 years) .....	\$434.00	D4211	Gingivect/plsty 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.) .....	\$153.00
D2752	Crown, porcelain fused to noble metal (limit 1 per tooth every 5 years) .....	\$445.00	D4240	Gingivect/flp proc 4/> cntig/bound teeth spaces - quad (limit 1 every 12 mos.) .....	\$421.00
D2790	Crown, full cast high noble metal (limit 1 per tooth every 5 years) .....	\$450.00	D4241	Gingivect/flp proc 1-3 cntig/bound teeth spaces - quad (limit 1 every 12 mos.) .....	\$217.00
D2791	Crown, full cast predom base metal (limit 1 per tooth every 5 years) .....	\$426.00	D4249	Clinical crown lengthening - hard tissue .....	\$481.00
D2792	Crown, full cast noble metal (limit 1 per tooth every 5 years) .....	\$434.00	D4260	Osseous surg 4/> contig/bound teeth spaces - quad .....	\$680.00
D2910	Recement inlay only/part coverage restoration .....	\$41.00	D4261	Osseous surg 1-3 contig/bound teeth spaces - quad .....	\$354.00
D2920	Recement crown .....	\$42.00	D4341	Prdntal scaling & root planing 4/more teeth - quad (limit 2 per quad every 12 months) .....	\$0.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$115.00	D4342	Prdntal scaling & root planing 1-3 teeth - quad (limit 2 per quad every 12 months) .....	\$0.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$131.00	D4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis.....	\$0.00
D2932	Prefabricated resin crown .....	\$142.00	D4910	Periodontal Maintenance (limit 2 every 12 months) .....	\$0.00
D2940	Sedative Filling .....	\$44.00	D5110	Complete denture - maxillary (limit 1 every 5 years) .....	\$642.00
D2950	Core buildup including pins .....	\$110.00	D5120	Complete denture - mandibular (limit 1 every 5 years) .....	\$642.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$23.00	D5130	Immediate denture - maxillary (limit 1 every 5 years) .....	\$700.00
D2952	Cast post & core in addition to crown .....	\$168.00	D5140	Immediate denture - mandibular (limit 1 every 5 years) .....	\$700.00
D2954	Prefabricated post & core in addition to crown .....	\$139.00	D5211	Maxillary partial denture, resin base (limit 1 every 5 years) .....	\$542.00
D3220	Tx pulp-remv pulp coronal dentinocementl junc .....	\$75.00	D5212	Mandibular partial denture, resin base (limit 1 every 5 years) .....	\$629.00
D3310	Root canal - Anterior .....	\$315.00	D5213	Max part dentr - cast metl frmwrk w/ resin base (limit 1 every 5 years) .....	\$709.00
D3320	Root canal - Bicuspid .....	\$385.00			
D3330	Root canal - Molar .....	\$497.00			

**schedule of benefits and subscriber copayments**

<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>	<b>ADA CODE</b>	<b>PROCEDURE</b>	<b>PATIENT PAYS</b>
D5214	Mnd part dentr - cast metl frmewrk w/ resin base (limit 1 every 5 years) .....	\$709.00	D6602	Inlay, cast high noble metal, two surfaces (limit 1 every 5 years) .....	\$380.00
D5410	Adjust complete denture – Maxillary .....	\$35.00	D6603	Inlay, cast high noble metal, three or more surfaces (limit 1 every 5 years) .....	\$418.00
D5411	Adjust complete denture – Mandibular .....	\$35.00	D6604	Inlay, cast predominantly base metal, two surfaces (limit 1 every 5 years) .....	\$372.00
D5421	Adjust partial denture – Maxillary .....	\$35.00	D6605	Inlay, cast predominantly base metal, three or more surfaces (limit 1 every 5 years) ....	\$394.00
D5422	Adjust partial denture – Mandibular .....	\$35.00	D6606	Inlay, cast noble metal, two surfaces (limit 1 every 5 years) .....	\$366.00
D5510	Repair broken complete denture base .....	\$70.00	D6607	Inlay, cast noble metal, three or more surfaces (limit 1 every 5 years) .....	\$406.00
D5520	Replace missing or broken teeth - complete denture .....	\$59.00	D6608	Onlay - porcelain/ceramic two surfaces (limit 1 every 5 years) .....	\$386.00
D5610	Repair resin denture base .....	\$76.00	D6609	Onlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years) .....	\$403.00
D5620	Repair cast framework .....	\$82.00	D6610	Onlay, cast high noble metal, two surfaces (limit 1 every 5 years) .....	\$409.00
D5630	Repair or replace broken clasp .....	\$100.00	D6611	Onlay, cast high noble metal, three or more surfaces (limit 1 every 5 years) .....	\$448.00
D5640	Replace broken teeth - per tooth .....	\$64.00	D6612	Onlay, cast predominantly base metal, two surfaces (limit 1 every 5 years) .....	\$407.00
D5650	Add tooth to existing partial denture .....	\$88.00	D6613	Onlay, cast predominantly base, three or more surfaces (limit 1 every 5 years) .....	\$426.00
D5660	Add clasp to existing partial denture .....	\$105.00	D6614	Onlay, cast noble metal, two surfaces (limit 1 every 5 years) .....	\$399.00
D5710	Rebase complete maxillary denture .....	\$261.00	D6615	Onlay, cast noble metal, three or more surfaces (limit 1 every 5 years) .....	\$414.00
D5711	Rebase complete mandibular denture .....	\$249.00	D6720	Crown, resin - with high noble metal (limit 1 every 5 years) .....	\$474.00
D5720	Rebase maxillary partial denture .....	\$246.00	D6721	Crown, resin - with predom base metal - denture (limit 1 every 5 years) .....	\$450.00
D5721	Rebase mandibular partial denture .....	\$246.00	D6722	Crown, resin with noble metal (limit 1 every 5 years) .....	\$458.00
D5730	Reline complete maxillary denture .....	\$147.00	D6740	Crown, porcelain/ceramic (limit 1 every 5 years) .....	\$499.00
D5731	Reline complete mandibular denture .....	\$147.00	D6750	Crown, porcelain fused to high noble metal - denture (limit 1 every 5 years) .....	\$486.00
D5740	Reline maxillary partial denture .....	\$135.00	D6751	Crown, porcelain fused to predominantly base metal (limit 1 every 5 years) .....	\$453.00
D5741	Reline mandibular partial denture .....	\$135.00	D6752	Crown, porcelain fused to noble metal (limit 1 every 5 years) .....	\$464.00
D5750	Reline complete maxillary denture .....	\$196.00	D6780	Crown, 3/4 cast high noble metal .....	\$458.00
D5751	Reline complete mandibular denture .....	\$196.00	D6790	Crown, full cast high noble metal - denture (limit 1 every 5 years) .....	\$469.00
D5760	Reline maxillary partial denture .....	\$193.00	D6791	Crown, full cast predominantly base metal - denture (limit 1 every 5 years) .....	\$445.00
D5761	Reline mandibular partial denture .....	\$193.00	D6792	Crown, full cast noble metal - denture (limit 1 every 5 years) .....	\$461.00
D5850	Tissue conditioning, maxillary .....	\$61.00	D6930	Recement fixed partial denture (limit 1 every 5 years) .....	\$57.00
D5851	Tissue conditioning, mandibular .....	\$61.00			
D6210	Pontic, cast high noble metal (limit 1 every 5 years) .....	\$431.00			
D6211	Pontic, cast predominantly base metal (limit 1 every 5 years) .....	\$404.00			
D6212	Pontic, cast noble metal (limit 1 every 5 years) .....	\$420.00			
D6240	Pontic, porcelain fused to high noble metal (limit 1 every 5 years) .....	\$426.00			
D6241	Pontic, porcelain fused to predominantly base metal (limit 1 every 5 years) .....	\$393.00			
D6242	Pontic, porcelain fused to noble metal (limit 1 every 5 years) .....	\$415.00			
D6250	Pontic, resin with high noble metal (limit 1 every 5 years) .....	\$420.00			
D6251	Pontic, resin with predominantly base metal (limit 1 every 5 years) .....	\$388.00			
D6252	Pontic, resin with noble metal (limit 1 every 5 years) .....	\$400.00			
D6600	Inlay - porcelain/ceramic two surfaces (limit 1 every 5 years) .....	\$355.00			
D6601	Inlay - porcelain/ceramic three or more surfaces (limit 1 every 5 years) .....	\$373.00			

**schedule of benefits and subscriber copayments**

ADA CODE	PROCEDURE	PATIENT PAYS	ADA CODE	PROCEDURE	PATIENT PAYS
D6970	Cast post & core add fix part dentur retainer (limit 1 every 5 years) .....	\$157.00	<b>ORTHODONTICS</b>		
D6972	Prefab post & core add fix part dentur retain (limit 1 every 5 years) .....	\$128.00	D8070/D8080		
D6973	Core buildup for retainer including any pins (limit 1 every 5 years) .....	\$103.00	Comprehensive Orthodontic Treatment of the transitional adult dentition.		
D7111	Extraction of coronal remnants, deciduous tooth .....	\$0.00	Comprehensive Orthodontic Treatment of the transitional adolescent dentition Children up to 19 years of age		
D7140	Extraction, erupted tooth or exposed root .....	\$0.00	Up to 24 months of routine orthodontic treatment for Class I and Class II cases		
D7210	Surgical removal of erupted tooth rqr elev flap & remv bone .....	\$108.00	Consultation .....		
D7220	Removal of impacted tooth soft tissue .....	\$135.00	Evaluation .....		
D7230	Removal of impacted tooth - partially bony .....	\$179.00	Records/Treatment Planning .....		
D7240	Removal of impacted tooth - completely bony .....	\$211.00	Orthodontic Treatment .....		
D7241	Removal of impacted tooth - compl bony w/unusual surgical complications .....	\$265.00	D8090		
D7250	Surgical removal of residual tooth roots ....	\$114.00	Comprehensive Orthodontic Treatment of the transitional adult dentition		
D7310	Alveoloplasty conjunc w/extractions per quadrant .....	\$125.00	Comprehensive Orthodontic Treatment of the transitional adolescent dentition Adults 19 years of age and over		
D7311	Alveoloplasty conjunc xtract 1-3 teeth/spaces quad .....	\$97.00	Up to 24 months of routine orthodontic treatment for Class I and Class II cases		
D7320	Alveoloplasty not in conjunc w/extractions - quad .....	\$181.00	Consultation .....		
D7321	Alveoloplasty not conjunc xtract 1-3 teeth/spaces quad .....	\$153.00	Evaluation .....		
D7510	Incision and drainage of abscess, intraoral soft tissue .....	\$120.00	Records/Treatment Planning .....		
D7520	Incision and drainage of abscess, extraoral soft tissue .....	\$570.00	Orthodontic Treatment .....		
D7960	Frenulectomy separate procedure .....	\$111.00	D8680		
D7970	Excision of hyperplastic tissue, per arch ....	\$272.00	Retention .....		
D9110	Palliative treatment of dental pain - minor procedure .....	\$45.00	<b>NOTE</b>		
D9241	IV conscious sedation/analgesia - First 30 minutes .....	\$144.00	1. Your Participating General Dentist and Participating Specialty 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 services.		
D9242	IV conscious sedation/analgesia - each additional 15 minutes .....	\$60.00	2. Co-payment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialty dentist.		
D9310	Consultation .....	\$96.00	3. Not all Participating Dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.		
D9951	Occlusal adjustment, limited .....	\$58.00	4. Unlisted covered procedures are available at the Participating Dentist's usual fee less 20%.		
D9952	Occlusal adjustment, complete .....	\$326.00	5. If you should need to see a specialty dentist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialty dentist.		

### **schedule of benefits and subscriber copayments**

#### **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 B 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 Specialist 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 Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
  - d) Any service or procedure which the Participating General Dentist or Participating Specialist 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.

# frequently asked questions

**Q. *What are CompBenefits Advantage dental plans?***

- A.** CompBenefits' Advantage plans are network-based dental plans that emphasize prevention and cost containment. In order to receive services, you simply select any participating general dentist in CompBenefits' Advantage network and make your appointment. You do not need to notify us of your choice. Advantage does not cover services (except emergency care) received from an out-of-network dentist.

**Q. *How do the plans work?***

- A.** With CompBenefits' Advantage plans, you do not have to pre-select a primary dentist. When you want dental services, simply select any general dentist from the CompBenefits' Advantage network. Many preventive services are covered 100 percent after a co-payment for other listed procedures. Once you have paid your co-payment, you do not have to file any claim forms. For dental services that are not listed on your schedule of benefits, dentists will give you a 20 percent discount off their usual fees. You will pay your dentist directly, if applicable.

**Q. *How many times a year can I visit my dentist?***

- A.** You are encouraged to visit your dentist regularly. With your CompBenefits' Advantage Plan, you are not limited to a specific number of visits per year.

**Q. *How do I make appointments?***

- A.** Making an appointment is easy. Simply call a participating dental office on or after the date you receive your certificate of coverage, and you may schedule an appointment. You do not have to notify us when you have selected your Advantage dentist.

**Q. *Do I need to select a participating dentist?***

- A.** Yes, you will choose an Advantage network dentist, but you are welcome to change to another participating dentist at any time without notifying us.

**Q. *Is there any maximum coverage limitation?***

- A.** No, there are no maximum coverage limitations.

**Q. *How do I pay for services?***

- A.** You will be responsible for a co-payment, based on your schedule of benefits.

**Q. *What if I need a specialty dentist?***

- A.** When treatment by a participating specialty dentist is required, you will pay a co-payment for procedures listed on your schedule of benefits. For any other treatment, participating specialty dentists will give you a 20 percent discount off their usual fees.

**Q. *Can I go online to find out more about my plan or get assistance?***

- A.** Yes. After you enroll, you can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to learn about your plan, to check your benefits, to use our Provider Locator, to send us an e-mail and more.





# elite preferred

## *What to expect from your dental plan:*

When you're experiencing tooth pain, you can rest assured that your CompBenefits PPO dental insurance will give you the peace of mind that it will be there for you, helping with the expense of that trip to the dentist.

CompBenefits' fully insured PPO emphasizes preventive care – routine oral examinations, cleanings and x-rays – the simplest way to keep those nasty toothaches away.

And you'll get these benefits at an affordable price whether you choose a dentist from one of CompBenefits' participating dental office locations or if you choose a dentist who is not in our network.

If you need to file a claim, CompBenefits will reimburse you from our state-of-the-art claims system that pays claims quickly and correctly.

*Get more out of your dental plan  
@ [www.mycompbenefits.com](http://www.mycompbenefits.com)*

Want to know the status of a claim? Need to find a dentist closer to you? You can do all of this and more at [www.mycompbenefits.com](http://www.mycompbenefits.com). Registering for this service is simple and will give you access to your plan benefits, including your benefit information, claims status, a list of providers and the option to change your account information. Just a few clicks of the mouse, and you'll be checking out your benefits in no time.



*Dental Plan  
of Choice*

Because we specialize in dental, we can bring you benefits and service that other companies can't match!

➤ QUICK CLAIMS TURNAROUND

CompBenefits' state of the art claims center provides fast reimbursement of your claims.

➤ ACCESS TO INFORMATION

Our toll-free Customer Care number at 1-(800)-342-5209 has Customer Care Representatives who can provide the answers you need quickly and thoroughly.

➤ TOTAL FREEDOM OF CHOICE

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

Any way you add it up, CompBenefits really is the benefits company of choice!

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

\*Coverage based on usual, customary and reasonable fees.

\*\*\*Maximum of 3 per family.

SUMMARY OF BENEFITS

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network* Reimbursements
-------------------------------------	---------------------------	--------------------------------

Type I Diagnostic & Preventive...	100%.....	90%
Oral Examination (once per six months)		
Prophylaxis (cleaning, once per six months)		
Topical Fluoride (children under 16,once per 12 months)		
X-Rays (limitations may apply)		
Sealants (once per 3 years for children under age 16, for non carious molars only)		
Space Maintainers (for children under age 16)		
Type II Basic Services.....	80%.....	70%
Simple Restorative (amalgam, synthetic, or composite fillings)		
Emergency Palliative Treatment		
Tooth Extraction		
Endodontics (root canals)		
Periodontics (includes treatment of diseases of the gums)		
Type III Major Services.....	50%.....	40%
Major Restorative (crowns/inlays/onlays)		
Bridge, Denture Repair		
Prosthetics (bridges and dentures)		
Type IV Orthodontics .....	50%.....	50%
Dependent children 18 years of age or younger		

MAXIMUM BENEFITS

	Insured Individual and Dependents	
Lifetime		
Type I, II, III.....	Unlimited.....	Unlimited
Type IV.....	\$1,500.....	\$1,500
Calendar Year		
Type I, II, III.....	\$1,500.....	\$1,500
Type IV.....	\$750.....	\$750
Deductible***		
Type I.....	None.....	None
Type II, III, IV.....	\$50.....	\$50

**MAJOR RESTORATIVE LIMITATIONS**

The charges for Major Restorative services will be Covered Dental Expenses subject to the following:

1. a denture, partial denture, or fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy, however, this provision will not apply if the Policy replaces a prior policy You had with another insurer and You are covered by this Policy on its Effective Date without a break in coverage provided: a) the prosthetic replaces teeth that were extracted while insured under the prior policy; and b) the prosthetic work is completed within 12 months of the extraction;
2. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury;
3. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
4. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and
5. the replacement of teeth up to the normal complement of 32.

**Exclusions**

Benefits will not be paid for:

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits;
3. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
4. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
5. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;
6. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
7. charges for travel time; transportation costs; or professional advice given on the phone;
8. procedures performed by a Dentist who is a member of Your immediate family;
9. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
10. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
11. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
12. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
13. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
14. treatment for cosmetic purposes - facings on crowns or bridge units on molar teeth will always be considered cosmetic;
15. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
16. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
17. an injury that arises out of or in the course of a job or employment for pay or profit for which benefits are received under any workers' compensation act or similar law; or
18. charges to the extent that they are more than the Reimbursement Rate. If the amount of the Reimbursement Rate for a service cannot be determined due to the unusual nature of the service, CompBenefits will determine the amount. CompBenefits will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors;
19. orthodontic plan benefits for persons 19 years of age or older.

**PREDETERMINATION**

If Covered Dental Expenses for a procedure are expected to be more than \$200 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

**PPO True Group+ High**

Elite Choice 510-1

005CI510

# frequently asked questions

## **Q. *How does an Elite Preferred dental plan work?***

- A.** Under our PPO plans, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your group's schedule of benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual limit for benefits.

## **Q. *How do I select an in-network dentist?***

- A.** You may choose a participating PPO general dentist from our preferred provider directory available online at [www.mycompbenefits.com](http://www.mycompbenefits.com). Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist's credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

## **Q. *How do I select an out-of-network dentist?***

- A.** By choosing a general dentist not included in the preferred provider list at [www.mycompbenefits.com](http://www.mycompbenefits.com), you have selected an out-of-network provider. You will be charged the dentist's usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be typically greater than using an in-network dentist.

## **Q. *When is predetermination required?***

- A.** If planned treatment is going to cost more than \$200, you should ask your dentist to file for predetermination of benefits prior to treatment. Predetermination is not necessary for emergency treatment.

## **Q. *How does my bill get paid?***

- A.** Each dentist bills separately. Your dentist may agree to file your insurance claim for you. If he or she does not, however, you may be required to pay the entire bill at time of service and will need to submit a claim to CompBenefits for your reimbursement. Your reimbursement will be based on whether you have met any applicable deductible or coinsurance amounts or not. All financial arrangements concerning payment are strictly between you and your dentist and should be determined prior to treatment.

## **Q. *Where do I send my claims?***

- A.** You can get a claim form from your Group Benefits Administrator, from CompBenefits' Customer Care department or from our Web site, [www.mycompbenefits.com](http://www.mycompbenefits.com). Mail your claim to:
- Humana Specialty Benefits  
P.O. Box 14283  
Lexington, KY 40512-4283

## **Q. *Can I go online to find out more about my plan or get assistance?***

- A.** Yes. After you enroll, you can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

# HumanaVision

## Vision Care Plan

Nassau County  
School Board

	See a participating provider	See a nonparticipating provider
<b>Exam with dilation</b> as necessary	100% after \$10 copay	\$45 allowance
<b>Lenses</b>		
• Single	100% after \$25 copay	\$20 allowance
• Bifocal	100% after \$25 copay	\$40 allowance
• Trifocal	100% after \$25 copay	\$60 allowance
<b>Frames</b>	\$50 wholesale allowance	\$45 retail allowance
<b>Contact lenses</b> <sup>1</sup>		
• Elective (conventional and disposable) <sup>2</sup>	\$150 allowance	\$150 allowance
• Medically necessary (limit one pair) <sup>3</sup>	100%	\$150 allowance
<b>Frequency</b> (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
<b>Additional plan discounts through participating providers</b>		
<ul style="list-style-type: none"> <li>Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.</li> <li>Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the participating provider who sold the initial pair of eyeglasses.</li> <li>After copay, standard polycarbonate available at no charge for dependents less than 19 years old.</li> </ul>		
<p><sup>1</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames).</p> <p><sup>2</sup> The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on participating provider professional services. The discount for professional services is available for 12 months after the covered eye exam.</p> <p><sup>3</sup> Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.</p>		

### Monthly member rates:

Employee only	\$6.84
Employee and spouse	\$13.66
Employee and children	\$17.08
Employee and Family	\$23.90

## HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by participating providers. The provider locations listed below offer the following prices (per eye):

Conventional / Traditional			Custom	
<b>TLC</b> 888-358-3937 (designated locations only)	<b>\$895</b>		<b>\$1,295</b>	<b>\$1,895*</b>
<b>LasikPlus</b> 866-757-8082	<b>\$695*</b> LasikPlus free enhancements for 1 year	<b>\$1,395*</b> LasikPlus free enhancements for life	<b>\$1,895*</b> LasikPlus free enhancements for life	
<b>QualSight LASIK</b> 855-456-2020	<b>\$895</b> QualSight free enhancements for 1 year	<b>\$1,295</b> with QualSight Lifetime Assurance Plan	<b>\$1,320</b>	<b>\$1,995*</b> with QualSight Lifetime Assurance Plan

\*with IntraLase™

You can also use independent Lasik provider network doctors to receive a 10% discount from usual and customary prices and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

## How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$100-\$150	\$50	\$50	\$0	\$100-\$150
\$120-\$180	\$60	\$50	\$20 (\$60-\$50=\$10x2=\$20)	\$100-\$160

\* Retail costs may differ and are based on two to three times the wholesale cost. Actual savings may vary.

## Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at **www.HumanaVisionCare.com**

## How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a participating provider through the Customer Care Center, automated information line, or **www.HumanaVisionCare.com**
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears Optical

OPTICAL



## Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on **[www.HumanaVisionCare.com](http://www.HumanaVisionCare.com)** or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays participating providers directly, you also have the freedom to use nonparticipating providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional (participating provider) directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting **[www.HumanaVisionCare.com](http://www.HumanaVisionCare.com)**, if you prefer, call us at 1-866-537-0229

## Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly-scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.<sup>1</sup>



<sup>1</sup> Thompson Media Inc.

This is not a complete disclosure of plan qualifications and limitations.

Insured by Humana Insurance Company or CompBenefits Insurance Company or CompBenefits Company

# Humana<sup>®</sup>

