

# HumanaDental



Your Humana Dental Benefits  
School District of Osceola County

**Humana**<sup>®</sup>





## 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 **Humana.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 **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 1-800-342-5209.
- 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. 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 [Humana.com](https://www.humana.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**.

# Custom HumanaDental Prepaid HS195 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 at either a participating general dentist or a participating specialist 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. Visit **Humana.com** to find a participating specialist.

## 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) . . . . .	no charge
D9430	Office visit (normal hours) . . . . .	no charge
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 30.00
D9986	Missed appointment . . . . .	\$ 10.00
D9987	Cancelled appointment . . . . .	\$ 10.00
D9999	Emergency visit during regular scheduled hours, by report . . . . .	\$ 20.00

### Diagnostic Member pays

D0120	Periodic oral examination (limited to twice in any 12 calendar months). . . . .	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 (limited to twice in any 12 calendar months) . . . . .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) . . . . .	no charge
D0180	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months) . . . . .	no charge
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	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector . . . . .	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months). . . . .	no charge

D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months). . . . .	no charge
D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months). . . . .	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months) . . . . .	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months). . . . .	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 (limited to three in any 12 calendar months, by primary care dentist) . . . . .	no charge
D1111	Additional—adult prophylaxis, with or without fluoride (maximum of one additional per year).. \$ . . . . .	35.00
D1120	Prophylaxis—child (limited to twice in any 12 calendar months) . . . . .	no charge
D1121	Additional—child prophylaxis, with or without fluoride (maximum of two additional per year).. \$ . . . . .	25.00
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) . . . . .	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months). . . . .	no charge
D1310	Nutrition counseling for the control 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) . . . . .	no charge
D1510*	Space maintainer—fixed, unilateral (through age 14) . . . . .	\$ 25.00
D1516*	Space maintainer – fixed – bilateral, maxillary (through age 14) . . . . .	\$ 25.00
D1517*	Space maintainer – fixed – bilateral, mandibular (through age 14) . . . . .	\$ 25.00
D1520*	Space maintainer—removable, unilateral (through age 14) . . . . .	\$ 35.00
D1526*	Space maintainer - removable - bilateral, maxillary (through age 14) . . . . .	\$ 35.00
D1527*	Space maintainer - removable - bilateral, mandibular (through age 14) . . . . .	\$ 35.00
D1550	Re-cement or re-bond space maintainer . . . . .	\$ 15.00
D1555	Removal of fixed space maintainer . . . . .	\$ 15.00
D1575	Distal shoe space maintainer – fixed – unilateral (through age 14; primary teeth only) . . . . .	\$ 55.00

**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	Protective restoration . . . . .	no charge

**Resin restorative**  
(inlays and onlays limited to one per tooth every five years) **Member pays**

D2330	Resin based composite—one surface, anterior . . . . .	no charge
D2331	Resin based composite—two surfaces, anterior. . . . .	no charge
D2332	Resin based composite—three surfaces, anterior. . . . .	no charge
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior) . . . . .	no charge
D2390	Resin based composite crown, anterior . . . . .	\$ 30.00
D2391	Resin based composite—one surface, posterior . . . . .	\$ 30.00
D2392	Resin based composite—two surfaces, posterior . . . . .	\$ 45.00
D2393	Resin based composite—three surfaces, posterior . . . . .	\$ 65.00
D2394	Resin based composite—four or more surfaces, posterior . . . . .	\$ 65.00
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 . . . . .	\$245.00
D2543*	Onlay—metallic, three surfaces . . . . .	\$260.00
D2544*	Onlay—metallic, four or more surfaces . . . . .	\$270.00
D2610*	Inlay—porcelain/ceramic, one surface. . . . .	\$245.00
D2620*	Inlay—porcelain/ceramic, two surfaces. . . . .	\$245.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces . . . . .	\$245.00
D2642*	Onlay—porcelain/ceramic, two surfaces . . . . .	\$245.00
D2643*	Onlay—porcelain/ceramic, three surfaces. . . . .	\$245.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces. . . . .	\$245.00
D2650*	Inlay—resin based composite, one surface . . . . .	\$245.00
D2651*	Inlay—resin based composite, two surfaces . . . . .	\$245.00
D2652*	Inlay—resin based composite, three or more surfaces . . . . .	\$245.00
D2662*	Onlay—resin based composite, two surfaces. . . . .	\$245.00
D2663*	Onlay—resin based composite, three surfaces . . . . .	\$245.00
D2664*	Onlay—resin based composite, four or more surfaces . . . . .	\$245.00

**Crown and bridge**  
(limited to one per tooth every five years) **Member pays**

D2710*	Crown—resin based composite, indirect . . . . .	\$245.00
D2712*	Crown—3/4 resin based composite, indirect . . . . .	\$245.00
D2720*	Crown—resin with high noble metal . . . . .	\$245.00
D2721	Crown—resin with predominantly base metal. . . . .	\$245.00
D2722*	Crown—resin with noble metal . . . . .	\$245.00
D2740*	Crown - porcelain/ceramic . . . . .	\$245.00
D2750*	Crown—porcelain fused to high noble metal. . . . .	\$245.00
D2751	Crown—porcelain fused to predominantly base metal. . . . .	\$245.00
D2752*	Crown—porcelain fused to noble metal. . . . .	\$245.00
D2780*	Crown—3/4 cast high noble metal. . . . .	\$245.00
D2781	Crown—3/4 cast predominantly base metal . . . . .	\$245.00
D2782*	Crown—3/4 cast noble metal. . . . .	\$245.00
D2783*	Crown—3/4 porcelain/ceramic . . . . .	\$245.00
D2790*	Crown—full cast high noble metal. . . . .	\$245.00
D2791	Crown—full cast predominantly base metal . . . . .	\$245.00
D2792*	Crown—full cast noble metal. . . . .	\$245.00
D2794*	Crown—titanium . . . . .	\$245.00
D2799	Provisional crown . . . . .	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration . . . . .	no charge
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core . . . . .	no charge
D2920	Re-cement or re-bond crown . . . . .	no charge
D2929	Crown-Prefabricated porcelain/ceramic crown - primary tooth. . . . .	\$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth. . . . .	\$ 25.00
D2931	Prefabricated stainless steel crown—permanent tooth . . . . .	\$ 25.00
D2932	Prefabricated resin crown. . . . .	\$ 45.00
D2933	Prefabricated stainless steel crown with resin window . . . . .	\$ 45.00
D2950	Core buildup, including any pins . . . . .	\$ 70.00
D2951	Pin retention—per tooth, in addition to restoration. . . . .	\$ 10.00
D2952*	Cast post and core in addition to crown . . . . .	\$ 50.00
D2953*	Each additional cast post—same tooth. . . . .	\$ 50.00
D2954	Prefabricated post and core in addition to crown . . . . .	\$ 30.00
D2955	Post removal (not in conjunction with endodontic therapy) . . . . .	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post . . . . .	\$ 30.00
D2960	Labial veneer (resin laminate)—chairside . . . . .	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory. . . . .	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory . . . . .	\$350.00
D2970	Temporary crown (fractured tooth) . . . . .	no charge
D2971	Additional procedure—new crown existing partial denture. . . . .	\$ 50.00
D2980	Crown repair, necessitated by restorative material failure . . . . .	no charge
D2981	Inlay repair, necessitated by restorative material failure . . . . .	no charge
D2982	Onlay repair, necessitated by restorative material failure . . . . .	no charge
D2983	Veneer repair, necessitated by restorative material failure . . . . .	no charge
D6940	Stress breaker. . . . .	\$110.00
D6950	Precision attachment, separate from prosthesis. . . . .	\$195.00
D6980*	Fixed partial denture repair necessitated by restorative material failure . . . . .	\$ 45.00

**Prosthodontics (fixed)**

(replacement limited to every five years, adjustments once per year)

	Member pays
D6210* Pontic—cast high noble metal	\$245.00
D6211 Pontic—cast predominantly base metal	\$245.00
D6212* Pontic—cast noble metal	\$245.00
D6240* Pontic—porcelain fused to high noble metal	\$245.00
D6241 Pontic—porcelain fused to predominantly base metal	\$245.00
D6242* Pontic—porcelain fused to noble metal	\$245.00
D6750* Retainer crown—porcelain fused to high noble metal	\$245.00
D6751 Retainer crown—porcelain fused to predominantly base metal	\$245.00
D6752* Retainer crown—porcelain fused to noble metal	\$245.00
D6790* Retainer crown—full cast high noble metal	\$245.00
D6791 Retainer crown—full cast predominantly base metal	\$245.00
D6792* Retainer crown—full cast noble metal	\$245.00
D6794* Retainer crown—titanium	\$245.00
D6930 Re-cement or re-bond fixed partial denture (per unit)	no charge

**Prosthodontics**

(replacement limited to every five years)

	Member pays
D5110* Complete denture—maxillary	\$325.00
D5120* Complete denture—mandibular	\$325.00
D5130* Immediate denture—maxillary	\$350.00
D5140* Immediate denture—mandibular	\$350.00
D5211* Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5212* Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$400.00
D5213* Maxillary partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425.00
D5214* Mandibular partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425.00
D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$350.00
D5222 Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$350.00
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226* Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5282* Removable unilateral partial denture - one piece metal (including clasps and teeth), maxillary	\$300.00
D5283* Removable unilateral partial denture - one piece metal (including clasps and teeth), mandibular	\$300.00
D5410 Adjust complete denture—maxillary	\$ 10.00
D5411 Adjust complete denture—mandibular	\$ 10.00
D5421 Adjust partial denture—maxillary	\$ 10.00
D5422 Adjust partial denture—mandibular	\$ 10.00
D5660* Add clasp to existing partial denture—per tooth	\$ 35.00

**Endodontics**

(each procedure limited to once per tooth per life)

	Member pays
D3110 Pulp cap—direct (excluding final restoration)	\$ 5.00
D3120 Pulp cap—indirect (excluding final restoration)	\$ 5.00
D3220 Therapeutic pulpotomy (excluding final restoration)	\$ 30.00
D3221 Pulpal debridement, primary and permanent teeth (Not to be used when root canal is done on the same day)	\$ 55.00
D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 40.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$ 40.00
D3310 Root canal therapy—anterior tooth (excluding final restoration)	\$100.00
D3320 Endodontic therapy, premolar tooth (excluding final restorations)	\$152.00
D3330 Endodontic therapy, molar tooth (excluding final restorations)	\$210.00
D3331 Treatment of root canal obstruction—non-surgical access	\$ 85.00
D3332 Incomplete endodontic therapy—inoperable or fractured tooth	\$ 96.00
D3333 Internal root repair of perforation defects	\$ 85.00
D3346 Retreatment of previous root canal therapy—anterior	\$180.00
D3347 Retreatment of previous root canal therapy—bicuspid	\$280.00
D3348 Retreatment of previous root canal therapy—molar	\$325.00
D3351 Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$ 70.00
D3352 Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	\$ 70.00
D3353 Apexification/recalcification—final visit (includes any necessary radiographs)	\$ 70.00
D3410 Apicoectomy—anterior	\$ 95.00
D3421 Apicoectomy—premolar (first root)	\$ 95.00
D3425 Apicoectomy—molar (first root)	\$ 95.00
D3426 Apicoectomy—(each additional root)	\$ 60.00
D3430 Retrograde filling—per root	\$ 60.00
D3450 Root amputation—per root (not covered in conjunction with procedure D3920)	\$ 95.00
D3910 Surgical procedure to isolate tooth with rubber dam	\$ 19.00
D3920 Hemisection not included in root canal therapy	\$ 90.00
D3950 Canal preparation and fitting of preformed dowel or post	\$ 15.00

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

D4210 Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	\$110.00
D4211 Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	\$ 83.00
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	\$113.00
D4245 Apically positioned flap	\$165.00
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	.....	\$ 300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	.....	\$ 225.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant	.....	\$ 180.00
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	.....	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	.....	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	.....	\$ 215.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	..	\$ 255.00
D4270	Pedicle soft tissue graft procedure	.....	\$ 245.00
D4271	Free soft tissue graft procedure (including donor site surgery)	.....	\$ 245.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	.....	\$ 75.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	.....	\$ 100.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	.....	\$ 380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	.....	\$ 245.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft site	.....	\$ 120.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	....	\$ 75.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	.....	\$ 380.00
D4320	Provisional splinting—intracoronal	.....	\$ 95.00
D4321	Provisional splinting—extracoronal	.....	\$ 85.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	.....	\$ 50.00
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)	.....	\$ 38.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	.....	\$ 50.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five 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)	....	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	.	\$ 00.00
D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	.....	\$ 55.00

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

D7111	Extraction, coronal remnants – primary tooth	...	\$ 5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	.....	\$ 5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	....	\$ 30.00
D7220	Removal of impacted tooth—soft tissue	.....	\$ 50.00
D7230	Removal of impacted tooth—partially bony	....	\$ 65.00
D7240	Removal of impacted tooth—completely bony	..	\$ 80.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	.....	\$ 100.00
D7250	Surgical removal of residual tooth roots	.....	\$ 40.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	.....	\$ 50.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	.....	\$ 100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	.....	\$ 90.00
D7283	Placement of device to facilitate eruption of impacted tooth	.....	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	.	\$ 150.00
D7286	Incisional biopsy of oral tissue-soft (all others)	..	\$ 60.00
D7287	Exfoliative cytological sample collection	.....	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection	..	\$ 50.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	.....	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	.	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	.....	\$ 60.00
D7321	Alveoplasty not in conjunction with extractions —one to three teeth or tooth spaces, per quadrant	\$	25.00
D7471	Removal of lateral exostosis (maxilla or mandible)	.....	\$ 80.00
D7472	Removal of torus palatinus	.....	\$ 60.00
D7473	Removal of torus mandibularis	.....	\$ 60.00
D7485	Reduction of osseous tuberosity	.....	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue	.....	\$ 35.00
D7511	Incision and drainage of abscess— intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	.....	\$ 35.00
D7520	Incision and drainage of abscess—extraoral soft tissue	.....	\$ 35.00
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	.....	\$ 35.00
D7910	Suture of recent small wounds up to 5 cm	.....	\$ 25.00
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure	.....	\$ 50.00
D7963	Frenuloplasty	.....	\$ 50.00
D7970	Excision hyperplastic tissue—per arch	.....	\$ 55.00
D7971	Excision of pericoronal gingiva	.....	\$ 40.00

<b>Repairs to prosthetics</b>	<b>Member pays</b>
D5511* Repair broken complete denture base, mandibular	\$ 35.00
D5512* Repair broken complete denture base, maxillary	\$ 35.00
D5520* Replace missing or broken teeth—complete denture (each tooth)	\$ 35.00
D5611* Repair resin partial denture base, mandibular	\$ 35.00
D5612* Repair resin partial denture base, maxillary	\$ 35.00
D5621* Repair cast partial framework, mandibular	\$ 35.00
D5622* Repair cast partial framework, maxillary	\$ 35.00
D5630* Repair or replace broken retentive clasping materials—per tooth	\$ 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 on cast metal framework—maxillary	\$165.00
D5671* Replace all teeth and acrylic on cast metal framework—mandibular	\$165.00
D5710* Rebase complete maxillary denture	\$ 75.00
D5711* Rebase complete mandibular denture	\$ 75.00
D5720* Rebase maxillary partial denture	\$ 75.00
D5721* Rebase mandibular partial denture	\$ 75.00
D5730 Reline complete maxillary denture (chairside)	\$ 65.00
D5731 Reline complete mandibular denture (chairside)	\$ 65.00
D5740 Reline maxillary partial denture (chairside)	\$ 65.00
D5741 Reline mandibular partial denture (chairside)	\$ 65.00
D5750* Reline complete maxillary denture (laboratory)	\$ 85.00
D5751* Reline complete mandibular denture (laboratory)	\$ 85.00
D5760* Reline maxillary partial denture (laboratory)	\$ 85.00
D5761* Reline mandibular partial denture (laboratory)	\$ 85.00
D5810* Interim complete denture (maxillary)	\$230.00
D5811* Interim complete denture (mandibular)	\$230.00
D5820* Interim partial denture (maxillary)	\$160.00
D5821* Interim partial denture (mandibular)	\$170.00
D5850 Tissue conditioning, maxillary	\$ 20.00
D5851 Tissue conditioning, mandibular	\$ 20.00
D5862* Precision attachment, by report	\$160.00
D6214* Pontic titanium	\$245.00
D6245* Pontic—porcelain/ceramic	\$245.00
D6250* Pontic—resin with high noble metal	\$245.00
D6251 Pontic—resin with predominantly base metal	\$245.00
D6252* Pontic—resin with noble metal	\$245.00
D6253* Provisional pontic	no charge
D6545* Retainer—cast metal, resin bonded fixed prosthesis	\$150.00
D6549 Resin retainer – for resin bonded fixed prosthesis	\$150.00
D6600* Retainer inlay—porcelain/ceramic, two surfaces	\$245.00
D6601* Retainer inlay—porcelain/ceramic, three or more surfaces	\$245.00
D6602* Retainer inlay—cast high noble metal, two surfaces	\$245.00
D6603* Retainer inlay—cast high noble metal, three or more surfaces	\$245.00
D6604 Retainer inlay—cast predominantly base metal, two surfaces	\$245.00
D6605 Retainer inlay—cast predominantly base metal, three or more surfaces	\$245.00
D6606* Retainer inlay—cast noble metal, two surfaces	\$245.00
D6607* Retainer inlay—cast noble metal, three or more surfaces	\$245.00
D6608* Retainer onlay—porcelain/ceramic, two surfaces	\$245.00

D6609* Retainer onlay—porcelain/ceramic, three or more surfaces	\$245.00
D6610* Retainer onlay—cast high noble metal, two surfaces	\$245.00
D6611* Retainer onlay—cast high noble metal, three or more surfaces	\$245.00
D6612 Retainer onlay—cast predominantly base metal, two surfaces	\$245.00
D6613 Retainer onlay—cast predominantly base metal, three or more surfaces	\$245.00
D6614* Retainer onlay—cast noble metal, two surfaces	\$245.00
D6615* Retainer onlay—cast noble metal, three or more surfaces	\$245.00
D6710* Retainer crown—indirect resin based composition	\$245.00
D6720* Retainer crown—resin with high noble metal	\$245.00
D6721 Retainer crown—resin with predominantly base metal	\$245.00
D6722* Retainer crown—resin with noble metal	\$245.00
D6740* Retainer crown—porcelain/ceramic	\$245.00
D6780* Retainer crown—3/4 cast high noble metal	\$245.00
D6781 Retainer crown—3/4 cast predominantly base metal	\$245.00
D6782* Retainer crown—3/4 cast noble metal	\$245.00
D6783* Retainer crown—3/4 porcelain/ceramic, denture	\$245.00

<b>Adjunctive general service</b>	<b>Member pays</b>
D9110 Palliative (emergency) treatment of dental pain—minor procedure	\$ 10.00
D9120 Fixed partial denture sectioning	no charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures	no charge
D9211 Regional block anesthesia	no charge
D9212 Trigeminal division block anesthesia	no charge
D9215 Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222 Deep sedation/general anesthesia – first 15 minutes	\$ 75.00
D9223 Deep sedation/general anesthesia – each subsequent 15 minute increment	\$ 64.00
D9230 Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 15.00
D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$ 75.00
D9243 Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$ 64.00
D9248 Non-intravenous conscious sedation	\$ 15.00
D9450 Case presentation, detailed and extensive treatment planning	no charge
D9610 Non-intravenous conscious sedation	\$ 15.00
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	\$ 25.00
D9630 Other drugs and/or medicaments, by report	\$ 15.00
D9910 Application of desensitizing medicament	\$ 15.00
D9940 Occlusal guard, by report	\$ 85.00
D9942 Repair and/or reline of occlusal guard	\$ 40.00
D9951 Occlusal adjustment—limited	\$ 30.00
D9952 Occlusal adjustment—complete	\$100.00

<b>Bleaching</b>	<b>Member pays</b>
D9972 External bleaching in office—per arch	\$125.00
D9975 External bleaching in home—per arch	\$125.00



**Orthodontics****Member pays**

D8070	Comprehensive orthodontic treatment of the transitional dentition.....	\$ 1,850.00
	Consultation.....	no charge
	Evaluation.....	\$ 35.00
	Records/treatment planning.....	\$ 250.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition.....	\$ 1,850.00
	Consultation.....	no charge
	Evaluation.....	\$ 35.00
	Records/treatment planning.....	\$ 250.00
D8090	Comprehensive orthodontic treatment of the adult dentition.....	\$ 1,850.00
D8680	Orthodontic retention.....	\$ 300.00
D8693	Re-cement or re-bond fixed retainer.....	no charge

**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.
- 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).

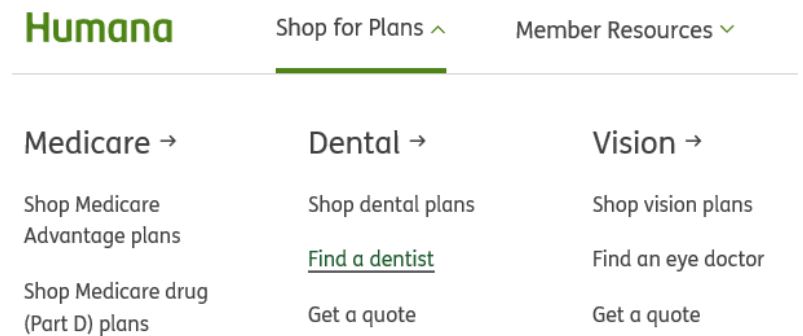
*Current Dental Terminology © 2018 American Dental Association. All rights reserved.*

Offered by CompBenefits Company.



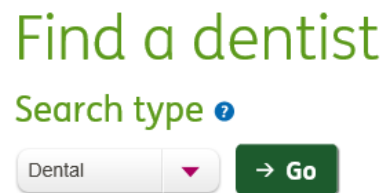
# Humana Dental DHMO Network Provider Search Without Signing into MyHumana

- Step 1: \*Go to [www.Humana.com](http://www.Humana.com)  
\*Hover over Shop for Plans  
\*Click Find a Dentist



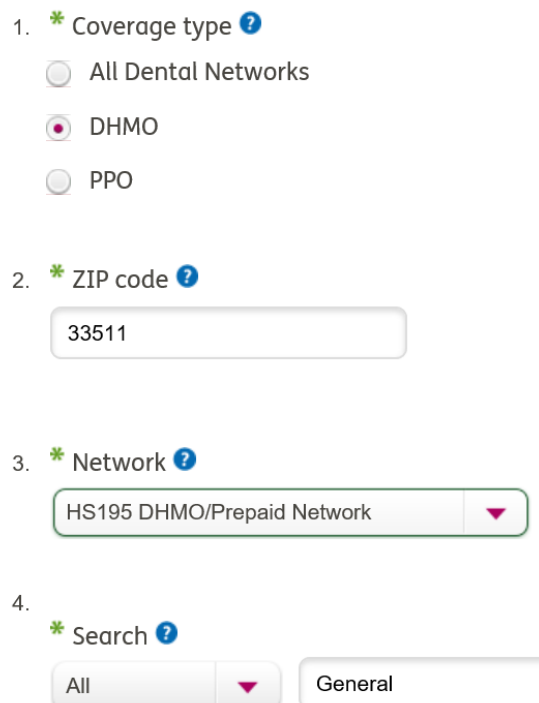
The image shows the Humana website navigation menu. At the top left is the Humana logo. To its right are two links: "Shop for Plans" with an upward arrow and "Member Resources" with a downward arrow. Below these are three columns of links: "Medicare" with a right arrow, "Dental" with a right arrow, and "Vision" with a right arrow. Under "Medicare" are links for "Shop Medicare Advantage plans" and "Shop Medicare drug (Part D) plans". Under "Dental" are links for "Shop dental plans", "Find a dentist" (underlined), and "Get a quote". Under "Vision" are links for "Shop vision plans", "Find an eye doctor", and "Get a quote".

- Step 2: \*Click Find a Dentist  
\*Drop Down Box: Dental  
\*Click Go



The image shows the "Find a dentist" search interface. It features the heading "Find a dentist" in green. Below it is the label "Search type" with a question mark icon. There is a dropdown menu currently showing "Dental" with a downward arrow, and a green "Go" button with a right arrow.

- Step 3: \*Click DHMO for Coverage Type  
\*Type in the desired Zip Code  
\*Change Drop Down to HS195  
\*Search by Name, Specialty or All Click Search (To find all General Dentists in the area, Type General in 'All' Search)



The image shows the search filters for the dentist search. It consists of four numbered steps:

- Coverage type** with a question mark icon. It has three radio button options: "All Dental Networks", "DHMO" (which is selected), and "PPO".
- ZIP code** with a question mark icon. It has a text input field containing "33511".
- Network** with a question mark icon. It has a dropdown menu showing "HS195 DHMO/Prepaid Network" with a downward arrow.
- Search** with a question mark icon. It has a dropdown menu showing "All" with a downward arrow, and a text input field containing "General".

### School District of Osceola County

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$2,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 18)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> </ul>	50% after deductible		50% after deductible	

## Custom Humana Dental Traditional Preferred

	If you use an <b>IN-NETWORK</b> dentist	If you use an <b>OUT-OF-NETWORK</b> dentist
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

### Osceola County School District

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$2,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (3 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (3 per year)</li> <li>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 18)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	80% no deductible, does not apply against annual maximum		80% no deductible, does not apply against annual maximum	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	60% after deductible		60% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>• Crowns (1 per tooth every 5 years)</li> <li>• Inlays/onlays (1 per tooth every 5 years)</li> <li>• Bridges (1 per tooth every 5 years)</li> <li>• Dentures (1 per tooth every 5 years)</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> </ul>	50% after deductible		50% after deductible	

## Custom Humana Dental Traditional Preferred

	If you use an <b>IN-NETWORK</b> dentist	If you use an <b>OUT-OF-NETWORK</b> dentist
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	
Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.		

## Humana Dental Traditional Preferred

### Feel good about choosing a HumanaDental plan

#### Make regular dental visits a priority

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

\* [www.perio.org](http://www.perio.org)

#### Go to MyDentalIQ.com

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

#### Tips to ensure a healthy mouth

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

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

\* American Academy of Cosmetic Dentistry

## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

### Use your HumanaDental benefits

#### Find a dentist

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

#### Know what your plan covers

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

#### See your dentist

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

#### Learn what your plan paid

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

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

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

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



Policy Number: FL-70090-HC L 1/14, FL-70090-HC SB 1/14

Plan summary created on: 8/14/19 16:44

# Extended annual maximum

## Unique solution for extended coverage

With Humana's **Extended annual maximum**, employees won't have to put off important dental care procedures for themselves or their covered dependents.

**Extended annual maximum** is available immediately after the annual maximum for a plan is reached, and there's no cap on the dollars paid in a year. That's an attractive advantage over traditional rollover options.

**Extended annual maximum** helps employees save money by ensuring they have access to network discounts and 30 percent coinsurance, even after they have reached their annual maximum. Employees can achieve and maintain their best health by getting dental care when it's needed, before oral health issues may affect their overall health and well-being.

Plus, the **Extended annual maximum** is a great way for groups and employees to buy down their annual maximum or coinsurance, or adjust plan deductibles and their out-of-network reimbursements.

### 30% coinsurance coverage after network discount and maximum benefit is reached

**CALL YOUR HUMANA REPRESENTATIVE TO FIND OUT MORE ABOUT THIS BENEFIT OPTION**



### Uniquely different from traditional rollover plans:

- No need to delay care
- No paid claims thresholds
- No dollars to roll over
- No provider restrictions
- No mandatory claims submissions
- No need to track annual usage

### Extended annual maximum advantages:

- **Simple** - all employees and their dependents have the same benefits
- **Easy** - the plan is easy to describe and administer
- **Immediate** - employees can use the benefit beginning day one
- **Available** - included in all Traditional Preferred (Plus) and PPO plan groups of two or more

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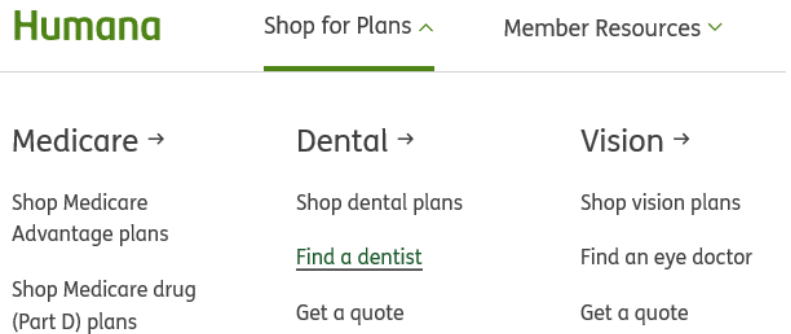




# Humana Dental PPO Network Provider Search

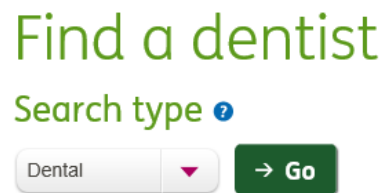
## Without signing into MyHumana

- Step 1: \*Go to [www.Humana.com](http://www.Humana.com)  
\*Hover over Shop for Plans  
\*Click Find a Dentist



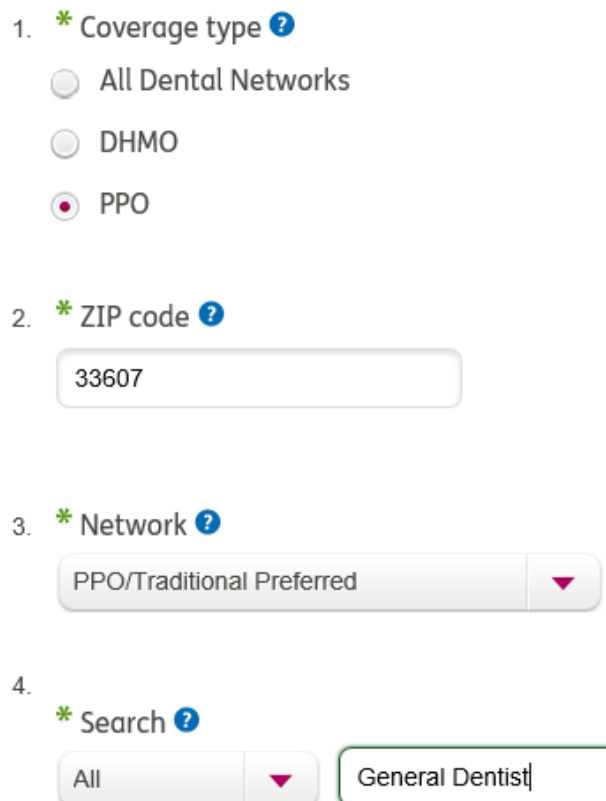
The image shows the Humana website navigation menu. At the top left is the Humana logo. To its right are two dropdown menus: "Shop for Plans" and "Member Resources". Below these are three main categories: "Medicare", "Dental", and "Vision". Under "Medicare" are links for "Shop Medicare Advantage plans" and "Shop Medicare drug (Part D) plans". Under "Dental" are links for "Shop dental plans", "Find a dentist" (underlined), and "Get a quote". Under "Vision" are links for "Shop vision plans", "Find an eye doctor", and "Get a quote".

- Step 2: \*Click Find a Dentist  
\*Drop Down Box: Dental  
\*Click Go



The image shows the "Find a dentist" search interface. It features the heading "Find a dentist" in green. Below it is a "Search type" dropdown menu with a question mark icon, currently set to "Dental". To the right of the dropdown is a green "Go" button with a white arrow.

- Step 3: \*Click PPO for Coverage Type  
\*Type in the desired Zip Code  
\*Change Drop Down to PPO  
\*Search by Name, Specialty or All Click Search (To find all General Dentists in the area, Type General in 'All' Search)



The image shows the search filters and search bar. It consists of four numbered steps:

- \* Coverage type** (with a question mark icon): Three radio button options are shown: "All Dental Networks", "DHMO", and "PPO". The "PPO" option is selected.
- \* ZIP code** (with a question mark icon): A text input field contains the number "33607".
- \* Network** (with a question mark icon): A dropdown menu shows "PPO/Traditional Preferred" with a downward arrow.
- \* Search** (with a question mark icon): A dropdown menu shows "All" with a downward arrow. To its right is a search input field containing the text "General Dentist".

## Pre-Determination of Your HumanaDental Benefits

- If you expect to pay more than \$300 for dental care, your dentist may submit a proposed dental treatment plan that Humana will use to determine if your dental benefits cover the treatment.
- This is known as a “predetermination of benefits” (also called “prior authorization”)
- The dental treatment plan may include:
  - A list of services to be performed, including any supporting documentation
  - A written description from the dentist of the treatment
  - An itemized list of costs
- **Please note:** With limited exceptions, predetermination of benefits must be granted before the service is provided. It will remain valid for up to 90 days after the review, and is not a guarantee of what we will pay toward the treatment.

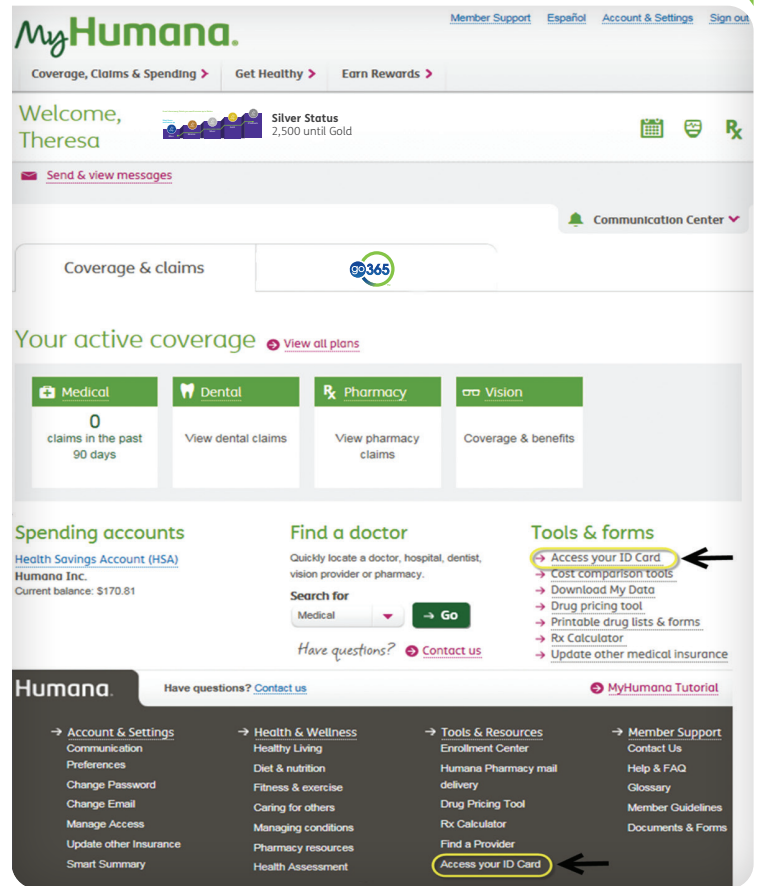


# How to view a copy of your dental identification (ID) cards

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

## Here's how

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



Call Customer Care at **1-800-979-4760** for assistance or more information

## Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。

**Humana**

Humana.com

# MyHumana Mobile app

## “Now we go where you go”

### Access your dental information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

### Use the MyHumana Mobile app and website to:

- View dental claims
- View your plans and coverage details
- Locate providers in your network



### Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.



### From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign-in.

### Text message alerts\*

#### On the MyHumana Mobile app:

1. Register or Sign in
2. Click on the Menu icon
3. Select Text Alerts
4. Register and verify your Mobile #
5. Select the alerts you want to receive

#### On Humana.com:

1. Register or Sign in
2. Click on Account settings & preferences
3. Select Edit your preferences
4. Select Mobile from the tab
5. Register and verify your Mobile #
6. Select the alerts you want to receive

**Humana**®

[Humana.com](https://www.humana.com)

# MyHumana

Register now at [Humana.com](https://www.humana.com)



## Find your personalized dental benefits information in one place – MyHumana

As a Humana member, you have a secure website on [Humana.com](https://www.humana.com) called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools and wellness resources.



### Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- ID cards – View, print and email up-to-date dental Humana member ID cards
- Coverage details – Review deductibles, coverage levels and limits
- Provider search – Use “Find a doctor” to find in-network providers near you
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or email

### Registering is easy

- Have your Humana member ID or Social Security number available
- Go to [Humana.com](https://www.humana.com)
- Select “Register” at the top of the page
- Choose “Member all other plan types”
- Fill in some basic information – like your Humana member ID number or Social Security number, date of birth, ZIP code, and email and click “next”
- Create a username, password and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!

You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana. Please note, all features may not be available to all members.

# Humana®

[Humana.com](https://www.humana.com)



# Humana Lifestyle Discount Program

Helping you achieve lifelong well-being through a balanced sense of purpose, belonging, health, and security.



## Your wellness is Humana's business

To make it easier and more affordable to take better care of yourself, Humana offers the Lifestyle Discount Program. This isn't an insurance plan. It's a discount program to strengthen your personal well-being and enrich your life. As a Humana member, you have access to this valuable program.

**Humana**®



Humana's Lifestyle Discount Program can help you look and feel your very best by giving you more choices and savings for health and wellness procedures.

All discounts are available to Humana members\* at the time of service – with unlimited usage. Just log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts)



### Acupuncture and massage therapy

Immediate savings. That's what this discount can mean to you. These holistic approaches provide you a natural option for pain relief. You'll get on-the-spot discounts of up to 30 percent when you receive services from Healthways WholeHealth Network providers. Choose from:

- Massage therapy
- Acupuncture

It's easy to get your savings from more than 37,000 Healthways WholeHealth Network providers.

To get started, log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts) and select the link to Healthways. If you prefer, call Healthways at [1-800-274-7526](tel:1-800-274-7526).







## Weight loss

A healthy you starts with what you eat. Receive a 12 percent discount on a 28-day meal plan from Nutrisystem® so you can eat right without worry. The Nutrisystem programs are based on 40 years of nutrition research and the science of the low glycemic index. They offer a variety of great tasting, satisfying, good carbohydrate meals designed to be heart healthy.

To get started, log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts) and select the link to Nutrisystem. If you prefer, call Nutrisystem at [1-888-870-2356](tel:1-888-870-2356).

## LASIK

Experience the benefits of LASIK and see significant savings! With nearly 600 locations nationwide, members may choose any in-network provider and receive these discounts: 15 percent off standard prices or 5 percent off promotional prices.

Extra member value – Having performed over 1 million procedures nationwide, LasikPlus is the “Featured” network provider and offers members:

- Special “set prices”
- Free LASIK exam (save more than \$100)
- Affordable financing options
- Multiple technologies (100 percent bladeless procedures)
- Free enhancements for life on most procedures

To get started, log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts) and select the link to LASIK. If you prefer, call [1-855-645-2020](tel:1-855-645-2020).

## Teeth whitening

Smile big and proud with a fresh set of pearly whites. Humana teamed up with ProSmileUSA™ to offer up to 70 percent off teeth whitening. Just go online and order the ProSmileUSA state-of-the-art whitening system. You’ll be on your way to glimmering teeth. ProSmileUSA, a division of United Networks of America, is a national dental lab that specializes in Hi-Intensity™, competitive strength, professional teeth bleaching.

To order a teeth whitening kit, log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts) and select the link to ProSmileUSA. If you prefer, call ProSmileUSA at [1-866-944-8330](tel:1-866-944-8330).

## Identity monitoring and protection services

Protect yourself and your loved ones with identity monitoring and protection services provided by Identity Theft 911. At every stage of life, this benefit provides expert support to help detect fraud, monitor credit activity, and resolve any identity-related issues. There are three packages available to Humana members. You can choose the package that fits your budget, all options include:

- Medical identity theft monitoring
- Internet monitoring
- Credit bureau monitoring, including credit score
- Unlimited access to expert fraud specialists for proactive and identity resolution assistance

To get started or to review a complete list of services and savings, log on to [Humana.com/LifestyleDiscounts](https://www.humana.com/LifestyleDiscounts) and select the link to Identity Theft 911.

If you prefer, call [1-866-4-ASSIST \(1-866-427-7478\)](tel:1-866-4-ASSIST) to find out more. You don’t need a referral. However, some Humana medical plans offer coverage for some alternative services. If you have a Humana medical plan, please review your Certificate of Coverage/Summary Plan Description for specific benefit. The discounts offered are not insurance and are not intended as a substitute for insurance.

\*The discounts offered through the Lifestyle Discount Program (the Program) are not insurance or insured benefits. The Program is subject to change or may be discontinued, without notice and at any time. The Program is only available to Humana commercial group medical, dental and vision members. The Program is not available to Medicare or Medicaid members. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid social security number, Internet and e-mail access. The Program only provides for discounts on select products or services from participating discount vendors. The relationship between these vendors and Humana is that of independent contractors. The discount vendors are not providers, partners, employees or agents of Humana. Humana has not reviewed or endorsed and makes no representations, express or implied, about these discount vendors or the products or services available from such vendors. The vendors are solely responsible to you for the provision of these products and services. You should independently review the products and services and the discount vendors before purchasing. Humana expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

Acupuncture and Massage Therapy Services provided by Healthways WholeHealth Networks also may be covered by your health plan. We strongly encourage you to use your health plan benefits whenever possible. This program is not considered insurance. You are responsible for paying the Healthways WholeHealth providers at the reduced rate for services you receive from them through this program. Humana does not credential providers who participate in the discount program. This program is subject to change at any time and not available where prohibited by law. Your agreed upon discount applies to all services not covered by insurance or federal programs, and doesn't include nutraceuticals, supplies or supplements.



## **Discrimination is Against the Law**

**Humana Inc. and its subsidiaries** comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Humana Inc. and its subsidiaries** provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances  
P.O. Box 14618  
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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

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

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS: 711).

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

## العربية (Arabic):

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

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711) まで、お電話にてご連絡ください。

## فارسی (Farsi):

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

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







