

HumanaDental Advantage Plus 2S Plan

Pinellas County Schools

Use your HumanaDental benefits

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

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

Know what your plan covers

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

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

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out **HumanaDental.com**

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

HumanaDental Advantage Plus 2S Plan

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

Office visit copay

\$0/\$0

Annual maximum

No annual maximum

Summary of services

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

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|--------------------|-------------------------------------------------------------------------------------|----------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| D2542 ^b | Onlay—metallic, two surfaces | \$402.00 | D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$680.00 |
| D2543 ^b | Onlay—metallic, three surfaces. | \$420.00 | D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$354.00 |
| D2544 ^b | Onlay—metallic, four or more surfaces. | \$437.00 | D5110 ^d | Complete denture—maxillary | \$498.00 |
| D2610 ^b | Inlay—porcelain/ceramic, one surface | \$368.00 | D5120 ^d | Complete denture—mandibular | \$642.00 |
| D2620 ^b | Inlay—porcelain/ceramic, two surfaces | \$389.00 | D5130 ^d | Immediate denture—maxillary. | \$700.00 |
| D2630 ^b | Inlay—porcelain/ceramic, three or more surfaces | \$414.00 | D5140 ^d | Immediate denture—mandibular | \$700.00 |
| D2642 ^b | Onlay—porcelain/ceramic, two surfaces | \$403.00 | D5211 ^d | Maxillary partial denture—resin base | \$542.00 |
| D2643 ^b | Onlay—porcelain/ceramic, three surfaces. | \$434.00 | D5212 ^d | Mandibular partial denture—resin base | \$629.00 |
| D2644 ^b | Onlay—porcelain/ceramic, four or more surfaces. | \$461.00 | D5213 ^d | Maxillary partial denture—cast metal—resin base | \$709.00 |
| D2650 ^b | Inlay—resin based composite, one surface. | \$242.00 | D5214 ^d | Mandibular partial denture—cast metal—resin base | \$709.00 |
| D2651 ^b | Inlay—resin based composite, two surfaces | \$288.00 | D5221 | Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | \$700.00 |
| D2652 ^b | Inlay—resin based composite, three or more surfaces | \$303.00 | D5222 | Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) | \$700.00 |
| D2662 ^b | Onlay—resin based composite, two surfaces. | \$263.00 | D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$700.00 |
| D2663 ^b | Onlay—resin based composite, three surfaces | \$310.00 | D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$700.00 |
| D2664 ^b | Onlay—resin based ccomposite, four or more surfaces | \$332.00 | D5410 ^c | Adjust complete denture—maxillary. | \$ 35.00 |
| D2710 ^b | Crown—resin based composite, indirect | \$187.00 | D5411 ^c | Adjust complete denture—mandibular | \$ 35.00 |
| D2720 ^b | Crown—resin with high noble metal | \$461.00 | D5421 ^c | Adjust partial denture—maxillary. | \$ 35.00 |
| D2721 ^b | Crown—resin with predominantly base metal. | \$432.00 | D5422 ^c | Adjust partial denture—mandibular | \$ 35.00 |
| D2722 ^b | Crown—resin with noble metal | \$441.00 | D5510 | Repair broken complete denture base | \$ 70.00 |
| D2740 ^b | Crown—porcelain/ceramic substrate | \$411.00 | D5520 | Replace missing/broken teeth—complete denture | \$ 59.00 |
| D2750 | Crown—porcelain fused to high noble metal | \$405.00 | D5610 | Repair resin denture base. | \$ 76.00 |
| D2751 ^b | Crown—porcelain fused predom base metal | \$434.00 | D5620 | Repair cast framework. | \$ 82.00 |
| D2752 ^b | Crown—porcelain fused to noble metal | \$445.00 | D5630 | Repair or replace broken clasp—per tooth. | \$100.00 |
| D2790 ^b | Crown—full cast high noble metal | \$450.00 | D5640 | Replace broken teeth—per tooth | \$ 64.00 |
| D2791 ^b | Crown—full cast predom base metal. | \$426.00 | D5650 | Add tooth to existing partial denture. | \$ 88.00 |
| D2792 ^b | Crown—full cast noble metal | \$434.00 | D5660 | Add clasp to existing partial denture—per tooth | \$105.00 |
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | \$ 41.00 | D5710 ^e | Rebase complete maxillary denture. | \$261.00 |
| D2920 | Re-cement or re-bond crown | \$ 36.00 | D5711 ^e | Rebase complete mandibular denture | \$249.00 |
| D2929 | Crown—prefabricated porcelain/ceramic crown - primary tooth | \$115.00 | D5720 ^e | Rebase maxillary partial denture. | \$246.00 |
| D2930 | Crown—prefabricated stainless steel, primary tooth | \$115.00 | D5721 ^e | Rebase mandibular partial denture | \$246.00 |
| D2931 | Crown—prefabricated stainless steel, permanent tooth | \$131.00 | D5730 ^e | Reline complete maxillary denture. | \$147.00 |
| D2932 | Crown—prefabricated resin. | \$142.00 | D5731 ^e | Reline complete mandibular denture | \$147.00 |
| D2940 | Sedative filling | \$ 44.00 | D5740 ^e | Reline maxillary partial denture. | \$135.00 |
| D2950 | Core buildup including any pins | \$ 94.00 | D5741 ^e | Reline mandibular partial denture | \$135.00 |
| D2951 | Pin retention—per tooth addition restoration. | \$ 23.00 | D5750 ^e | Reline complete maxillary denture. | \$196.00 |
| D2952 | Cast post and core in addition to crown | \$168.00 | D5751 ^e | Reline complete mandibular denture | \$196.00 |
| D2954 | Prefabricated post and core in addition to crown | \$139.00 | D5760 ^e | Reline maxillary partial denture. | \$193.00 |
| D3220 | Therapeutic pulpotomy. | \$ 75.00 | D5761 ^e | Reline mandibular partial denture | \$193.00 |
| D3310 | Root canal therapy—anterior. | \$315.00 | D5850 | Tissue conditioning maxillary. | \$ 61.00 |
| D3320 | Root canal therapy—bicuspid. | \$385.00 | D5851 | Tissue conditioning mandibular. | \$ 61.00 |
| D3330 | Root canal therapy—molar | \$428.00 | D6092 | Recement implant/abutment supported crown | \$ 42.00 |
| D3346 | Previous root canal therapy—anterior. | \$424.00 | D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture | \$ 57.00 |
| D3347 | Previous root canal therapy—bicuspid | \$500.00 | D6210 | Pontic—cast high noble metal | \$378.00 |
| D3348 | Previous root canal therapy—molar. | \$601.00 | D6211 ^f | Pontic—cast predominantly base metal | \$404.00 |
| D3410 | Apicoectomy/periradicular surgery—anterior | \$361.00 | D6212 ^f | Pontic—cast noble metal. | \$420.00 |
| D3421 | Apicoectomy/periradicular surgery—bicuspid. | \$394.00 | D6240 ^f | Pontic—porcelain fused to high noble metal | \$426.00 |
| D3425 | Apicoectomy/periradicular surgery—molar | \$445.00 | | | |
| D3426 | Apicoectomy/periradicular surgery—each addtl root | \$148.00 | | | |
| D3430 | Retrograde filling—per root | \$109.00 | | | |
| D4210 ^c | Gingivectomy/gingivoplasty—four or more teeth, quad | \$278.00 | | | |
| D4211 ^c | Gingivectomy/gingivoplasty—1 to 3 teeth, quad | \$153.00 | | | |
| D4240 ^c | Gingival flap proc—four or more teeth,quad. | \$421.00 | | | |
| D4241 ^c | Gingival flap proc—1 to 3 teeth,quad | \$217.00 | | | |
| D4249 | Clinical crown lengthening – hard tissue. | \$481.00 | | | |

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| D6241 ^f | Pontic—porceln fused predom base metal ... | \$393.00 |
| D6242 ^f | Pontic—porcelain fused to noble metal | \$415.00 |
| D6250 ^f | Pontic—resin with high noble metal | \$420.00 |
| D6251 ^f | Pontic—resin with predominantly base metal .. | \$388.00 |
| D6252 ^f | Pontic—resin with noble metal | \$400.00 |
| D6600 ^f | Retainer inlay—porcelain/ceramic, two surfaces | \$355.00 |
| D6601 ^f | Retainer inlay—porcelain/ceramic, three or more surfaces..... | \$373.00 |
| D6602 ^f | Retainer inlay—cast high noble metal, two surfaces | \$380.00 |
| D6603 ^f | Retainer inlay—cast high noble metal, three or more surfaces | \$418.00 |
| D6604 ^f | Retainer inlay—cast predom base metal, two surfaces..... | \$372.00 |
| D6605 ^f | Retainer inlay—cast predom base metal, three or more surfaces | \$394.00 |
| D6606 ^f | Retainer inlay—cast noble metal, two surfaces | \$366.00 |
| D6607 ^f | Retainer inlay—cast noble metal, three or more surfaces..... | \$406.00 |
| D6608 ^f | Retainer onlay—porcelain/ceramic, two surfaces | \$386.00 |
| D6609 ^f | Retainer onlay—porcelain/ceramic, three or more surfaces..... | \$403.00 |
| D6610 ^f | Retainer onlay—cast high noble metal, two surfaces | \$409.00 |
| D6611 ^f | Retainer onlay—cast high noble metal, three or more surfaces | \$448.00 |
| D6612 ^f | Retainer onlay—cast predom base metal, two surfaces | \$407.00 |
| D6613 ^f | Retainer onlay—cast predom base metal, three or more surfaces | \$426.00 |
| D6614 ^f | Retainer onlay—cast noble metal, two surfaces | \$399.00 |
| D6615 ^f | Retainer onlay—cast noble metal, three or more surfaces..... | \$414.00 |
| D6720 ^f | Retainer crown—resin with high noble metal. | \$474.00 |
| D6721 ^f | Retainer crown—resin with predom base metal..... | \$450.00 |
| D6722 ^f | Retainer crown—resin with noble metal..... | \$458.00 |
| D6740 ^f | Retainer crown—porcelain/ceramic..... | \$499.00 |
| D6750 ^f | Retainer crown—porcelain fused to high noble metal..... | \$426.00 |
| D6751 ^f | Retainer crown—porcelain fused to predom base metal | \$453.00 |
| D6752 ^f | Retainer crown—porcelain fused to noble metal..... | \$464.00 |
| D6780 ^f | Retainer crown—3/4 cast high noble metal .. | \$458.00 |
| D6790 ^f | Retainer crown—full cast high noble metal .. | \$469.00 |
| D6791 ^f | Retainer crown—full cast predom base metal | \$445.00 |
| D6792 ^f | Retainer crown—full cast noble metal | \$461.00 |
| D6930 ^f | Re-cement or re-bond fixed partial denture .. | \$ 57.00 |
| D7210 | Surgical removal—erupted tooth | \$ 91.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$135.00 |

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|-------|-------------------------------------------------------------|-----------|
| D7230 | Removal of impacted tooth—partially bony .. | \$179.00 |
| D7240 | Removal of impacted tooth—completely bony. | \$211.00 |
| D7241 | Remove impacted tooth—completely bony w/comp | \$265.00 |
| D7250 | Surgical removal of residual tooth roots | \$114.00 |
| D7310 | Alveoloplasty in conjunction w/extractions—per quad | \$125.00 |
| D7311 | Alveoloplasty in conjunction w/extractions—1-3 teeth..... | \$ 97.00 |
| D7320 | Alveoloplasty not conjunction w/extractions—per quad..... | \$181.00 |
| D7321 | Alveoloplasty not conjunction w/extractions—1-3 teeth | \$153.00 |
| D7510 | Incision and drainage of abscess—intraoral.. | \$120.00 |
| D7520 | Incision and drainage of abscess—extraoral .. | \$570.00 |
| D7960 | Frenulectomy—separate procedure..... | \$111.00 |
| D7970 | Excision of hyperplastic tissue—per arch | \$272.00 |
| D9110 | Palliative treatment dental pain—minor procedure | \$ 45.00 |
| D9215 | Local anesthesia | no charge |
| D9310 | Professional consultation by non-treating dentist | no charge |
| D9951 | Occlusal adjustment—limited | \$ 58.00 |
| D9952 | Occlusal adjustment—complete | \$326.00 |

Orthodontics

Member pays

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

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

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible to receive up to a 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit HumanaDental.com to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

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

