Create a customized plan summary

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

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

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

Build your plan

Enter customer name:

Pick your office visit copay: $5

Select your annual maximum: $2,000

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

HumanaDental Advantage Plus 4D Plan

Utah

Use your HumanaDental benefits

The HumanaDental Advantage Plus D 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 D plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus D plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment will be paid at the time of service. Except for emergency care, treatment received out-of-network in not covered.
- You can select any participating dentist in Humana Dental Advantage Plus network. For services not covered under this plan, employees may be eligible to receive a reduced rate when the service is performed by a participating dentist.
- Care received from an out-of-network dentist (except emergency care) is not a covered benefit. 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 Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

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

Questions?

Check out Humana.com

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

HumanaDental Advantage Plus 4D 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. D plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus D plans members may receive a reduced rate by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay

☐ $5

Annual maximum

☐ $2,000

Summary of services

Preventive		Member pays
D0120[a]	Periodic oral examination	no charge
D0140[a]	Limited oral evaluation—problem focused	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge
D0150	Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months)	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge
D0180	Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months)	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0260	X-ray extraoral, each additional radiographic image.	no charge
D0270[a]	Bitewing—single radiographic image	no charge
D0272[a]	Bitewings—two radiographic images	no charge
D0273[a]	Bitewings—three radiographic images	no charge
D0274[a]	Bitewings—four radiographic images	no charge
D0277[a]	Vertical bitewings—7 to 8 radiographic images	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge
D0470	Diagnostic casts.	no charge
D1110[a]	Prophylaxis—adult (inclusive of D4910)	no charge
D1120[a]	Prophylaxis—child (inclusive of D4910)	no charge
D1203[a]	Topical fluoride varnish (for child <16)	no charge
D1206[a]	Topical application of fluoride varnish (for child <16)	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14)	no charge
D1510	Space maintainer—fixed, unilateral (limited to child <14)	no charge
D1515	Space maintainer—fixed, bilateral (limited to child <14)	no charge
D1520	Space maintainer—removable, unilateral (limited to child <14)	no charge
D1525	Space maintainer—removable, bilateral (limited to child <14)	no charge
D1550	Re-cement or re-bond space maintainer	no charge

Preventive		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/more surfaces primary/permanent	no charge
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, involving incisal angle	no charge
D2390	Resin based composite—crown anterior	no charge
D2391	Resin based composite—one surface, posterior	no charge
D2392	Resin based composite—two surfaces, posterior	no charge
D2393	Resin based composite—three surfaces, posterior	no charge
D2394	Resin based composite—four or more surfaces, posterior	no charge
D3220	Therapeutic pulpotomy.	no charge
D3310	Root canal therapy—anterior	no charge
D3320	Root canal therapy—bicuspid.	no charge
D3330	Root canal therapy—molar	no charge
D3346	Previous root canal therapy—anterior	no charge
D3347	Previous root canal therapy—bicuspid	no charge
D3348	Previous root canal therapy—molar.	no charge
D3410	Apicoectomy/periradicular surgery—anterior	no charge
D3421	Apicoectomy/periradicular surgery—bicuspid	no charge
D3425	Apicoectomy/periradicular surgery—molar	no charge
D3426	Apicoectomy/periradicular surgery—each addtl root	no charge
D3430	Retrograde filling—per root	no charge
D4210[c]	Gingivectomy/gingivoplasty—four or more teeth, quad	no charge

D4211[c]	Gingivectomy/gingivoplasty—1 to 3 teeth, quad.	no charge
D4240[c]	Gingival flap proc—four or more teeth, quad .	no charge
D4241[c]	Gingival flap proc—1 to 3 teeth, quad	no charge
D4249	Clinical crown lengthening – hard tissue	no charge
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	no charge
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	no charge
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	no charge
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	no charge
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)	no charge
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	no charge
D7111	Extraction coronal remnants deciduous tooth	no charge
D7140	Extraction erupted tooth or exposed root	no charge
D7210	Surgical removal—erupted tooth	no charge
D7220	Removal of impacted tooth—soft tissue	no charge
D7230	Removal of impacted tooth—partially bony	no charge
D7240	Removal of impacted tooth—completely bony	no charge
D7241	Remove impacted tooth—completely bony w/comp	no charge
D7250	Surgical removal of residual tooth roots	no charge
D7310	Alveoloplasty in conjunction w/extractions—per quad	no charge
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	no charge
D7320	Alveoloplasty not conjunction w/extractions—per quad	no charge
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	no charge
D7510	Incision and drainage of abscess—intraoral	no charge
D7520	Incision and drainage of abscess—extraoral	no charge
D7960	Frenulectomy—separate procedure	no charge
D7970	Excision of hyperplastic tissue—per arch	no charge
D9110	Palliative treatment dental pain—minor procedure	no charge
D9215	Local anesthesia	no charge
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	no charge
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	no charge
D9310	Professional consultation by non-treating dentist	no charge
D9951	Occlusal adjustment—limited	no charge
D9952	Occlusal adjustment—complete	no charge

Major		**Member pays**
D2510[b]	Inlay—metallic, one surface	$313.00
D2520[b]	Inlay—metallic, two surfaces	$355.00
D2530[b]	Inlay—metallic, three or more surfaces	$410.00
D2542[b]	Onlay—metallic, two surfaces	$402.00
D2543[b]	Onlay—metallic, three surfaces	$420.00
D2544[b]	Onlay—metallic, four or more surfaces	$437.00
D2610[b]	Inlay—porcelain/ceramic, one surface	$368.00
D2620[b]	Inlay—porcelain/ceramic, two surfaces	$389.00
D2630[b]	Inlay—porcelain/ceramic, three or more surfaces	$414.00
D2642[b]	Onlay—porcelain/ceramic, two surfaces	$403.00
D2643[b]	Onlay—porcelain/ceramic, three surfaces	$434.00
D2644[b]	Onlay—porcelain/ceramic, four or more surfaces	$461.00
D2650[b]	Inlay—resin based composite, one surface	$242.00
D2651[b]	Inlay—resin based composite, two surfaces	$288.00
D2652[b]	Inlay—resin based composite, three or more surfaces	$303.00
D2662[b]	Onlay—resin based composite, two surfaces	$263.00
D2663[b]	Onlay—resin based composite, three surfaces	$310.00
D2664[b]	Onlay—resin based ccomposite, four or more surfaces	$332.00
D2710[b]	Crown—resin based composite, indirect	$187.00
D2720[b]	Crown—resin with high noble metal	$461.00
D2721[b]	Crown—resin with predominantly base metal	$432.00
D2722[b]	Crown—resin with noble metal	$441.00
D2740[b]	Crown—porcelain/ceramic substrate	$473.00
D2750[b]	Crown—porcelain fused to high noble metal	$466.00
D2751[b]	Crown—porcelain fused predominantly base metal	$434.00
D2752[b]	Crown—porcelain fused to noble metal	$445.00
D2790[b]	Crown—full cast high noble metal	$450.00
D2791[b]	Crown—full cast predominantly base metal	$426.00
D2792[b]	Crown—full cast noble metal	$434.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$ 41.00
D2920	Re-cement or re-bond crown	$ 42.00
D2930	Crown—prefabricated stainless steel, primary tooth	$115.00
D2931	Crown—prefabricated stainless steel, permanent tooth	$131.00
D2932	Crown—prefabricated resin	$142.00
D2940	Protective restoration	$ 44.00
D2950	Core buildup including any pins	$110.00
D2951	Pin retention—per tooth addition restoration	$ 23.00
D2952	Cast post and core in addition to crown	$168.00
D2954	Prefabricated post and core in addition to crown	$139.00
D5110[d]	Complete denture—maxillary	$642.00
D5120[d]	Complete denture—mandibular	$642.00
D5130[d]	Immediate denture—maxillary	$700.00
D5140[d]	Immediate denture—mandibular	$700.00
D5211[d]	Maxillary partial denture—resin base	$542.00
D5212[d]	Mandibular partial denture—resin base	$629.00
D5213[d]	Maxillary partial denture—cast metal—resin base	$709.00
D5214[d]	Mandibular partial denture—cast metal—resin base	$709.00
D5410[c]	Adjust complete denture—maxillary	$ 35.00
D5411[c]	Adjust complete denture—mandibular	$ 35.00
D5421[c]	Adjust partial denture—maxillary	$ 35.00
D5422[c]	Adjust partial denture—mandibular	$ 35.00
D5510	Repair broken complete denture base	$ 70.00
D5520	Replace missing/broken teeth—complete denture	$ 59.00
D5610	Repair resin denture base	$ 76.00
D5620	Repair cast framework	$ 82.00
D5630	Repair or replace broken clasp—per tooth	$100.00
D5640	Replace broken teeth—per tooth	$ 64.00
D5650	Add tooth to existing partial denture	$ 88.00
D5660	Add clasp to existing partial denture—per tooth	$105.00
D5710[e]	Rebase complete maxillary denture	$261.00
D5711[e]	Rebase complete mandibular denture	$249.00

D5720[e]	Rebase maxillary partial denture	$246.00
D5721[e]	Rebase mandibular partial denture	$246.00
D5730[e]	Reline complete maxillary denture	$147.00
D5731[e]	Reline complete mandibular denture	$147.00
D5740[e]	Reline maxillary partial denture	$135.00
D5741[e]	Reline mandibular partial denture	$135.00
D5750[e]	Reline complete maxillary denture	$196.00
D5751[e]	Reline complete mandibular denture	$196.00
D5760[e]	Reline maxillary partial denture	$193.00
D5761[e]	Reline mandibular partial denture	$193.00
D5850	Tissue conditioning maxillary	$ 61.00
D5851	Tissue conditioning mandibular	$ 61.00
D6092	Recement implant/abutment supported crown	$ 42.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	$ 57.00
D6210[f]	Pontic—cast high noble metal	$431.00
D6211[f]	Pontic—cast predominantly base metal	$404.00
D6212[f]	Pontic—cast noble metal	$420.00
D6240[f]	Pontic—porcelain fused to high noble metal	$426.00
D6241[f]	Pontic—porcelain fused predominantly base metal	$393.00
D6242[f]	Pontic—porcelain fused to noble metal	$415.00
D6245	Pontic, Porcelain/Ceramic	$439.00
D6250[f]	Pontic—resin with high noble metal	$420.00
D6251[f]	Pontic—resin with predominantly base metal	$388.00
D6252[f]	Pontic—resin with noble metal	$400.00
D6600[f]	Retainer inlay—porcelain/ceramic, two surfaces	$355.00
D6601[f]	Retainer inlay—porcelain/ceramic, three or more surfaces	$373.00
D6602[f]	Retainer inlay—cast high noble metal, two surfaces	$380.00
D6603[f]	Retainer inlay—cast high noble metal, three or more surfaces	$418.00
D6604[f]	Retainer inlay—cast predominantly base metal, two surfaces	$372.00
D6605[f]	Retainer inlay—cast predominantly base metal, three or more surfaces	$394.00
D6606[f]	Retainer inlay—cast noble metal, two surfaces	$366.00
D6607[f]	Retainer inlay—cast noble metal, three or more surfaces	$406.00
D6608[f]	Retainer onlay—porcelain/ceramic, two surfaces	$386.00
D6609[f]	Retainer onlay—porcelain/ceramic, three or more surfaces	$403.00
D6610[f]	Retainer onlay—cast high noble metal, two surfaces	$409.00
D6611[f]	Retainer onlay—cast high noble metal, three or more surfaces	$448.00
D6612[f]	Retainer onlay—cast predominantly base metal, two surfaces	$407.00
D6613[f]	Retainer onlay—cast predominantly base metal, three or more surfaces	$426.00
D6614[f]	Retainer onlay—cast noble metal, two surfaces	$399.00
D6615[f]	Retainer onlay—cast noble metal, three or more surfaces	$414.00
D6720[f]	Retainer crown—resin with high noble metal	$474.00
D6721[f]	Retainer crown—resin with predominantly base metal	$450.00
D6722[f]	Retainer crown—resin with noble metal	$458.00
D6740[f]	Retainer crown—porcelain/ceramic	$499.00
D6750[f]	Retainer crown—porcelain fused to high noble metal	$486.00
D6751[f]	Retainer crown—porcelain fused to predominantly base metal	$453.00
D6752[f]	Retainer crown—porcelain fused to noble metal	$464.00
D6780[f]	Retainer crown—3/4 cast high noble metal	$458.00
D6790[f]	Retainer crown—full cast high noble metal	$469.00
D6791[f]	Retainer crown—full cast predominantly base metal	$445.00
D6792[f]	Retainer crown—full cast noble metal	$461.00
D6930[f]	Re-cement or re-bond fixed partial denture	$ 57.00

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.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Offered by Humana Medical Plan of Utah, Inc.

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