





Humana Dental

School Board of Broward County

2022 Summary of benefits

Dental member services

 866-890-4464

 www.our.humana.com/sbbc

Humana®



Dental coverage overview

Under your dental coverage you may select **one of four different options**:

Choice A: Basic DHMO managed care dental plan

The program stresses preventive care and provides for other more extensive services as well. Most preventive and diagnostic services are covered at no charge plus significant savings are available on other dental services.

The copayments listed are the maximum fees that will be charged by the Participating General Dentist for the specified covered services. Should you need a specialist (i.e. Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may refer yourself to any Participating Specialist in the network. Upon identifying yourself as a Humana/CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed.



Choice B: Enhanced DHMO managed care dental plan

This plan provides similar coverage to the basic plan when utilizing the services of your Participating General Dentist. The copayments listed are the maximum fees that will be charged by the Participating General Dentist or Specialist.

With either the basic or enhanced managed care dental plans you receive the following benefits:

- No deductibles
- No waiting periods
- No claim forms
- No pre-existing condition limitations
- No annual maximum benefit

Choice C: Basic PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider.

Choice D: Enhanced PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider. This option offers orthodontic coverage & a higher annual maximum for preventative basic and major services.

Preferred dental network	Out of network
Annual deductible: \$25 per person (Max. 3/fam.) Waived for Class 1	Annual deductible: \$50 per person (Max. 3/fam.) Waived for Class 1
Calendar year benefit: Basic: \$1,250 Enhanced: \$2,000	Calendar year benefit: Basic: \$1,250 Enhanced: \$2,000
Class I 100% of PPO Schedule - (No deductible)	Class I 90% of PPO - (No deductible)
Class II 80% of PPO Schedule - (After deductible)	Class II 70% of PPO Schedule - (After deductible)
Class III 50% of PPO Schedule - (After deductible)	Class III 40% of PPO Schedule - (After deductible)
Class IV Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits	Class IV Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits

Most frequently asked questions

A & B basic DHMO and enhanced DHMO managed care dental plans

Where can I receive Humana/CompBenefits benefits?

Humana/CompBenefits dental benefits are provided by participating general dentists and participating specialists. You may select a participating provider online or by contacting our Member Services.

How do I obtain a dental appointment?

Simply call your selected participating general dentist and make an appointment. Please take a moment and confirm the effective date of your coverage, which is printed on your identification card. If you receive your Certificate of Benefits prior to your effective date, please wait until your effective date to make an appointment.

What should I do if I need to cancel my appointment?

If you need to cancel an appointment, please call your participating general dentist at least 24 hours before your appointment. Dentists work on an appointment be charged for a broken appointment at the rate shown in your Schedule of Benefits.

When I go to my selected Participating General Dentist, what treatment will I receive?

Your participating general dentist will evaluate your total dental needs. Be sure you understand the recommended treatment plan and any proposed charges. You may request a written copy of your treatment plan. If you have any questions about your treatment plan, discuss them with your participating general dentist. If you have questions regarding your Schedule of Benefits, contact Humana/CompBenefits Member Services.

What if I want a second opinion?

You may get a second opinion from one of Humana/CompBenefits' participating general dentists. Your Schedule of Benefits will show you what your cost will be. Simply call a participating general dentist and let the receptionist know that you'd like a second opinion appointment. Be sure to indicate that you are a Humana/CompBenefits member. The dentist will evaluate your situation and discuss it with you. If any services are rendered, you will be responsible for the cost.

What do I do if I need emergency treatment?

Call your participating general dentist and request an emergency appointment for the treatment of accidental, painful or urgent conditions. Your Schedule of Benefits shows the copayment for emergency appointments. This copayment is in addition to any copayment for treatment. If your participating general dentist is not available, contact Humana/CompBenefits Member Services. We will help you locate another participating general dentist who can provide emergency care. Consult your Certificate of Benefits for specific information regarding "out-of-area" emergency care.

Is the care of a specialist covered?

Specialty care is covered. Under the basic plan you may see any participating specialist and receive a 25% reduction in that specialist's normal fee. Your Schedule of Benefits will apply to your specialists visit under the enhanced plan.

Must everyone on my policy use the same General Dentist?

No, you and each of your covered family members may select a different participating general dentist.

What are my charges if a procedure is not on my Schedule of Benefits?

A few services are specifically listed as exclusions on your Schedule of Benefits. You do not have any benefits for those services. Any service that is not specifically excluded, but which is not listed with a specific copayment, is available at the participating general dentist's usual and customary fees less than 25% unless otherwise noted on your Schedule of Benefits. Usual and customary fees are fees that are customarily charged for dental services by a participating general dentist. These charges are not determined by Humana/CompBenefits.

May I change from one participating general dentist to another?

Yes, you may change your participating general dentist by simply calling Humana/CompBenefits Member Services. If you request a change by the 15th of the month, it will become effective on the first of the following month (if you do not have a balance due with your current participating general dentist).

C. & D. Basic PPO and enhanced PPO dental plan

What is my deductible?

Your deductible will vary depending on whether or not you choose to use a participating PPO Provider. When using the in-network PPO dentist you will have a \$25 calendar year deductible (maximum \$75 per family). When using an out-of-network dentist you will have a \$50 calendar year deductible (maximum \$150 per family).

What is my maximum benefit?

The maximum benefit payable is \$1,250 per covered member per calendar year on the Basic PPO Plan and \$2,000 on the Enhanced PPO Plan.

Who submits my claim—me or my dentist?

It is your responsibility to ensure that claims are filed. However, some dental offices will be happy to assist you with filing a claim.

Who gets paid—me or my dentist?

You will want to discuss this with your dentist before he or she provides services. Reimbursement will be determined by “assigning” benefits at the time your claim form is completed. Your dentist may want you to pay him or her directly, and then you would be reimbursed, or your dentist may prefer the insurance company pay your claim directly to the dentist.

How are benefits coordinated if I am covered under more than one policy?

If you have coverage with two insurance companies, you may want to file a claim with both companies. One company will be considered “primary” and thus will pay benefits first. The other company will be considered “secondary” and will pay its benefits only after the “primary” company has done so. The total of the benefits paid by the two companies will not exceed your actual costs.

How do I obtain a claim form?

Some dental offices may have claim forms, some may not. If neither your dental office nor your Insurance Benefits office has claim forms, Humana/CompBenefits will be happy to supply you with one. Please call **866-890-4464** or **954-527-4088**.

How long do I have to file a claim?

All claims are to be filed within one (1) year of the date of service.

Can I go to any dentist?

Your policy allows you to visit the dentist of your choice. Remember, you will receive enhanced benefits when utilizing a PPO Participating Provider. Please refer to your Schedule of Benefits for more details.

Is there orthodontic coverage on my plan?

Orthodontia for adults and children will be covered based on the maximum reimbursements on the enhanced plan only.

How do I know how much I will be reimbursed?

Humana/CompBenefits recommends that a predetermination of benefits be submitted for any work over \$200.00 in order to accurately predict your out of pocket expenses.

If you have questions about any of the four plans,
please call Humana/CompBenefits Member Service Hotline
at **866-890-4464** or **954-527-4088**.

Choice A: Basic DHMO dental plan

Schedule of benefits and subscriber copayments SBBC 97

ADA Code	Procedure	
Appointments		Member cost
9430	Office visit - during regularly scheduled hours	no charge
9440	Emergency visit - after hours	\$35
9110	Palliative (emergency treatment) of dental pain - minor procedure	\$15
0999	Diagnosis and treatment plan presentation	no charge
9999	Broken appointments (without 24 hour notice) - per 30 min to maximum of \$40	\$10
Diagnostic		Member cost
0120	Periodic oral evaluation	no charge
0140	Limited oral evaluation – problem focused	no charge
0150	Comprehensive oral eval. new or established patient	no charge
0240	Intraoral - occlusal film	no charge
0470	Diagnostic casts	no charge
0999	Diagnosis and treatment plan presentation	no charge
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
Preventive		Member cost
1110	Propylaxis - adult (maximum four per year)	no charge
1120	Propylaxis - child (maximum four per year)	no charge
1208	Topical application of fluoride (including prophylaxis) - child	no charge
1208	Topical application of fluoride (prophylaxis not included) - child	no charge
1330	Oral hygiene instruction	no charge
1351	Sealant-per tooth	no charge
Radiographs		Member cost
0210	Intraoral - complete series (including bitewings)	no charge
0220	Intraoral - periapical first film	no charge
0230	Intraoral - periapical-each additional film	no charge
0270	Bitewings - single film	no charge
0272	Bitewings - two films	no charge
0274	Bitewings - four films	no charge
0330	Panoramic film	no charge
Space maintainers		Member cost
1510	Space maintainer - fixed - unilateral	\$35
1516	Space maintainer - fixed- bilateral, maxillary	\$35
1517	Space maintainer - fixed- bilateral, mandibular	\$35
1520	Space maintainer - removable - uniilateral	\$75
1526	Space maintainer - removable - bilateral maxillary	\$75
1527	Space maintainer - removable - bilateral mandibular	\$75
Restorative		Member cost
2940	Sedative filling	no charge
2140	Amalgam - one surface, primary or permanent	no charge
2150	Amalgam - two surfaces, primary or permanent	no charge
2160	Amalgam - three surfaces, primary or permanent	no charge

Choice A: Basic DHMO dental plan

Schedule of benefits and subscriber copayments SBBC 97 - cont.

Restorative (continued)		Member cost
2161	Amalgam - four or more surfaces, primary or permanent	no charge
2330	Resin-based composite - one surface, anterior	no charge
2331	Resin-based composite - two surfaces, anterior	no charge
2332	Resin-based composite - three surfaces, anterior	no charge
2335	Resin-based composite - four or more surfaces, or incisal angle (anterior)	no charge
2510	Inlay - metallic - one surface	\$85
2520	Inlay - metallic - two surfaces	\$95
2530	Inlay - metallic - three or more surfaces	\$120
2543	Onlay - metallic - three surfaces (in addition to inlay)	\$150
2544	Onlay - metallic - four or more surfaces (in addition to inlay)	\$150
2781	Crown - 3/4 cast predominantly base metal	\$175
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
2940	Sedative filling	no charge
2951	Pin retention - per tooth, in addition to restoration	no charge
2999	Acid etching - resin-based composit restorations (per tooth)	\$10
*Crown and bridge		Member cost
2930	Prefabricated stainless steel - primary tooth	\$35
2750	Crown - porcelain fused to high noble metal	\$200
2751	Crown - porcelain fused to predominantly base metal	\$200
2752	Crown - porcelain fused to mobile metal	\$200
6750	Crown - porcelain fused to high noble metal	\$200
6751	Crown - porcelain fused to predominantly base metal	\$200
6752	Crown - porcelain fused to noble metal	\$200
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
6790	Crown - full cast high noble metal	\$185
6791	Crown - full cast predominantly base metal	\$185
6792	Crown - full cast noble metal	\$185
2910	Recement inlay, onlay, or partial coverage restoration	\$10
2920	Recement crown	no charge
6930	Recement fixed partial denture	\$10
2952	Cast post and core in addition to crown	\$60
6210	Pontic - cast high noble metal	\$185
6211	Pontic - cast predominantly base metal	\$185
6212	Pontic - cast noble metal	\$185
6240	Pontic - porcelain fused to high noble metal	\$200
6241	Pontic - porcelain to predominantly base metal	\$200
6242	Pontic - porcelain fused to noble metal	\$200

Choice A: Basic DHMO dental plan

Schedule of benefits and subscriber copayments SBBC 97 - cont.

Endodontics		Member cost
3220	Therapeutic pulpotomy (excluding final restoration)	\$20
3310	Anterior (excluding final restoration)	\$80
3320	Bicuspid (excluding final restoration)	\$135
3330	Molar (excluding final restoration)	\$175
3410	Apicoectomy/periradicular surgery - anterior)	\$65
Adjunctive services - per quadrant		Member cost
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$65
Periodontics		Member cost
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
4342	Periodontal scaling and root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$37.50
*Prosthodontics		Member cost
Standard complete dentures (includes adjustments within 60 days):		
5110	Complete denture - maxillary (includes adjustments within the first sixty days)	\$200
5120	Complete denture - mandibular (includes adjustments within the first sixty days)	\$200
5130	Immediate denture - maxillary (includes adjustments within the first sixty days)	\$230
5140	Immediate denture - mandibular (includes adjustments within the first sixty days)	\$230
5999	Duplicate complete denture - each unit	\$100
*Partial dentures:		
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280
5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)	\$280
5999	Duplicate complete denture - each unit	\$100
*Repairs to prosthetics (partial or complete)		Member cost
5410	Adjust complete denture - maxillary (after first sixty days)	\$50
5411	Adjust complete denture - mandibular (after first sixty days)	\$50
5421	Adjust partial denture - maxillary (after first sixty days)	\$50
5422	Adjust partial denture - mandibular (after first sixty days)	\$50
5511	Repair broken complete denture base	\$65
5512	Repair broken complete denture base	\$65
5520	Replace missing or broken teeth - complete denture (each tooth)	\$85
5630	Repair or replace broken clasp	\$10
5730	Reline complete maxillary denture (chairside)	\$25
5741	Reline mandibular partial denture (chairside)	\$25

Choice A: Basic DHMO dental plan

Schedule of benefits and subscriber copayments SBBC 97 - cont.

*Repairs to prosthetics (partial or complete)		Member cost
5750	Reline complete maxillary denture (laboratory)	\$45
5761	Reline mandibular partial denture (laboratory)	\$45
5850	Tissue conditioning, maxillary	\$30
5999	Duplicate complete denture - each unit	\$100
Extractions/oral surgery		Member cost
7111	Extraction coronal remnants - primary tooth	no charge
Extractions/oral surgery (continued)		Member cost
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
7310	Alveoloplasty in conjunction with extractions -per quadrant	\$37.50
7311	Alveoloplasty in conjunction with extractions -one to three teeth or tooth spaces, per quadrant	\$37.50
7320	Alveoloplasty not in conjunction with extractions -per quadrant	\$37.50
7321	Alveoloplasty not in conjunction with extractions -one to three teeth or tooth spaces, per quadrant	\$37.50
Surgical extractions:		
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20
7220	Removal of impacted tooth - soft tissue	\$25
7230	Removal of impacted tooth - partially bony	\$50
7240	Removal of impacted tooth - completely bony	\$75
7250	Surgical removal of residual tooth roots (cutting procedure)	\$20
7450	Removal of benign odontogenic cyst or tumor - lesion diameter less than 1.25 cm	\$25
7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$40
7961	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7962	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7970	Excision of hyperplastic tissue - per arch	\$35
Orthodontics (braces)		Member cost
8999	Initial orthodontic consult - Company benefit covers 25% of the fee. Cases under treatment are eligible for benefits only at the discretion of the participating orthodontists	no charge
Anesthesia		Member cost
9215	Local anesthesia	no charge
9230	Analgesia, anxiolysis, inhalation of nitrous oxide -each 30 minutes	\$10
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
Adjunctive general services		Member cost
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$65

*The above prices are exclusive of gold and lab fees which may be additional.

Choice A: Basic DHMO dental plan

Schedule of benefits and subscriber copayments SBBC 97 - cont.

Specialists

All dental services and procedures performed by Participating Specialists are at usual fees less 25% where applicable. Specialist benefits are available only in areas where Company has a Participating Specialist. Copayments apply only when treatment is performed at a Participating General Dentist office. If the services of a specialist are required, these copayments do not apply.

Note:

1. The above copayments apply only when treatment is performed at a Participating General Dentist office. If you should need the services of a Participating Specialist, these copayments do not apply.
2. If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist. Upon identification of yourself as a Humana/CompBenefits member, you will receive a 25% reduction from the Participating Specialist's usual fee for services performed. Specialist services are available in areas where the dental plan has a Participating Specialist.
3. The above copayments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
4. Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
5. Unlisted procedures are available at the Participating Dentist's usual fee less 25%.
6. Implant coverage – usual fee less 25% for implant services.

Choice B: Enhanced DHMO dental plan

Schedule of benefits and subscriber copayments FGC+B

ADA Code	Procedure	
Appointments		Member cost
9430	Office visit - during regularly scheduled hours	no charge
9440	Emergency visit - after hours	\$35
0999	Diagnosis and treatment plan presentation	no charge
Diagnostic		Member cost
0110	Initial oral examination	no charge
0120	Periodic oral evaluation	no charge
0150	Comprehensive oral eval. new or established patient	no charge
0460	Pulp vitality test	no charge
0470	Diagnostic casts	no charge
0999	Diagnosis and treatment plan presentation	no charge
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$8
Radiographs (x-rays)		Member cost
0210	Intraoral - complete series (including bitewings)	no charge
0220	Intraoral - periapical first film	no charge
0230	Intraoral - periapical-each additional film	no charge
0270	Bitewings - single film	no charge
0272	Bitewings - two films	no charge
0274	Bitewings - four films	no charge
0330	Panoramic film	no charge
Preventive		Member cost
1110	Propylaxis - adult (maximum four per year)	no charge
1120	Propylaxis - child (maximum four per year)	no charge
1208	Topical application of fluoride (including prophylaxis) - child up to age 16	no charge
1208	Topical application of fluoride (prophylaxis not included) - child up to age 16	no charge
1208	Topical application of fluoride (prophylaxis not included) - child up to age 16	no charge
1208	Topical application of fluoride (including prophylaxis) - adult	no charge
1330	Oral hygiene instruction	no charge
1351	Sealant-per tooth	no charge
Space maintainers		Member cost
1510	Space maintainer - fixed - unilateral	\$35
1516	Space maintainer - fixed - bilateral	\$35
1517	Space maintainer - fixed - bilateral, mandibular	\$35
1520	Space maintainer - removable - unilateral	\$75
1526	Space maintainer - removable - bilateral, maxillary and mandibular	\$75
1527	Space maintainer - removable - bilateral, maxillary and mandibular	\$75
Restorative (fillings)		Member cost
Amalgam (silver)		
2140	Amalgam - one surface, primary or permanent	no charge
2150	Amalgam - two surfaces, primary or permanent	no charge
2160	Amalgam - three surfaces, primary or permanent	no charge
2161	Amalgam - four or more surfaces, primary or permanent	no charge

Choice B: Enhanced DHMO dental plan
Schedule of benefits and subscriber copayments FGC+B - cont.

Restorative (fillings) (continued)		Member cost
Resin restoration (including acid etch, glass ionomer liner)		
2330	Resin-based composite - one surface, anterior	\$12
2331	Resin-based composite - two surfaces, anterior	\$20
2332	Resin-based composite - three surfaces, anterior	\$25
2510	Inlay - metallic, one surface	\$85
2520	Inlay - metallic, two surfaces	\$95
2530	Inlay - metallic, three or more surfaces	\$120
2542	Onlay - metallic - two surfaces (in addition to inlay)	\$150
2543	Onlay - metallic, three surfaces (in addition to inlay)	\$150
2544	Onlay - metallic, four or more surfaces (in addition to inlay)	\$150
2781	Crown - 3/4 cast predominantly base metal	\$175
2940	Sedative filling	no charge
2951	Pin retention - per tooth, in addition to restoration	\$12
*Crown and bridge		Member cost
2930	Prefabricated stainless steel crown - primary tooth	\$35
2932	Prefabricated resin crown	\$45
2790	Crown - full cast high noble metal	\$185
2791	Crown - full cast predominantly base metal	\$185
2792	Crown - full cast noble metal	\$185
6790	Crown - full cast high noble metal	\$185
6791	Crown - full cast predominantly base metal	\$185
6792	Crown - full cast noble metal	\$185
2750	Crown - porcelain fused to high noble metal	\$200
2751	Crown - porcelain fused to predominantly base metal	\$200
2752	Crown - porcelain fused to noble metal	\$200
6750	Crown - porcelain fused to high noble metal	\$200
6751	Crown - porcelain fused to predominantly base metal	\$200
6752	Crown - porcelain fused to noble metal	\$200
*Pontics		
6210	Pontic - cast high noble metal	\$185
6211	Pontic - cast predominantly base metal	\$185
6212	Pontic - cast noble metal	\$185
6240	Pontic - porcelain fused to high noble metal	\$200
6241	Pontic - porcelain to predominantly base metal	\$200
6242	Pontic - porcelain fused to noble metal	\$200
2952	Cast post and core in addition to crown	\$90
2954	Prefabricated post and core in addition to crown	\$60
2910	Recement inlay, onlay or partial coverage restoration	\$10
2920	Recement crown	\$10
6930	Recement fixed partial denture	\$10

Choice B: Enhanced DHMO dental plan
Schedule of benefits and subscriber copayments FGC+B - cont.

Endodontics		Member cost
3220	Therapeutic pulpotomy (excluding final restoration)	\$20
Root canals		
3310	Anterior (excluding final restoration)	\$95
3320	Bicuspid (excluding final restoration)	\$135
Endodontics (continued)		Member cost
3330	Molar (excluding final restoration)	\$175
3410	Apicoectomy/periradicular surgery - anterior	\$65
Periodontics		Member cost
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$105
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$105
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$300
4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$300
4271	Free soft tissue graft procedure (including donor site surgery)	\$215
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$37.50
4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$37.50
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$35
4910	Periodontal maintenance	\$35
Prosthodontics		Member cost
Standard complete dentures (includes adjustments within 30 days)		
5110	Complete denture - maxillary (includes adjustments within the first 30 days)	\$200
5120	Complete denture - mandibular (includes adjustments within the first 30 days)	\$200
5130	Immediate denture - maxillary (includes adjustments within the first 30 days)	\$230
5140	Immediate denture - mandibular (includes adjustments within the first 30 days)	\$230
Partial dentures (includes adjustments within 30 days)		
5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$205
5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280
5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$280
5410	Adjustment, complete denture - maxillary	\$10
5411	Adjustment, complete denture - mandibular	\$10
5421	Adjust partial denture - maxillary	\$10
5422	Adjust partial denture - mandibular	\$10

Choice B: Enhanced DHMO dental plan

Schedule of benefits and subscriber copayments FGC+B - cont.

*Repairs to prosthetics		Member cost
5511	Repair broken complete denture base	\$15 plus lab
5512	Repair broken complete denture base	\$15 plus lab
5520	Replace missing or broken teeth – complete denture (each tooth)	\$7 plus lab
5630	Repair or replace broken clasp	\$15 plus lab
5640	Replace broken teeth – per tooth	\$7 plus lab
5650	Add tooth to existing partial denture	\$30
5850	Tissue conditioning, maxillary	\$25
*Repairs to prosthetics (continued)		Member cost
5851	Tissue conditioning, mandibular	\$25
5730	Reline complete maxillary denture (chairside)	\$45
5731	Reline complete mandibular denture (chairside)	\$45
5740	Reline maxillary partial denture (chairside)	\$45
5741	Reline mandibular partial denture (chairside)	\$45
5750	Reline complete maxillary denture (laboratory)	\$35 plus lab
5751	Reline complete mandibular denture (laboratory)	\$35 plus lab
5760	Reline maxillary partial denture (laboratory)	\$35 plus lab
5761	Reline mandibular partial denture (laboratory)	\$35 plus lab
Extractions/oral surgery		Member cost
7111	Extraction, coronal remnants - primary tooth	no charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$20
7220	Removal of impacted tooth - soft tissue	\$25
7230	Removal of impacted tooth - partially bony	\$50
7240	Removal of impacted tooth - completely bony	\$75
7250	Surgical removal of residual tooth roots (cutting procedure)	\$20
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$25
7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$25
7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$25
7450	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter up to 1.25 cm	\$25
7451	Removal of benign odontogenic cyst or tumor-lesion - lesion diameter greater than 1.25 cm	\$40
7510	Incision and drainage of abscess - intraoral soft tissue	\$18
7961	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7962	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$36
7970	Excision of hyperplastic tissue - per arch	\$35

*Plus laboratory fees when applicable.

Choice B: Enhanced DHMO dental plan

Schedule of benefits and subscriber copayments FGC+B - cont.

Orthodontics		Member cost
Orthodontic therapy: the orthodontic fee for a normal Class II banded case for up to 24 months:		
8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,400
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250
Orthodontics (continued)		Member cost
8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,400
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250
8090	Comprehensive orthodontic treatment of the adult dentition	\$1,900
	Consultation	no charge
	Evaluation	\$35
	Treatment plan and records	\$250
8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Additional
Anesthesia		Member cost
9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15
9215	Local anesthesia	no charge
Adjunctive services		Member cost
9951	Occlusal adjustment - limited	\$20
9952	Occlusal adjustment - complete	\$150
9999	Broken appointments (without 24 hour notice) - per 15 min to maximum of \$40.00	\$10

Choice B: Enhanced DHMO dental plan

Schedule of benefits and subscriber copayments FGC+B - cont.

Specialists

Should you need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Prosthodontists, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by your selected Participating General Dentist or by a Participating Specialist.

Note:

- The above co-payments apply only when treatment is performed at a Participating General Dentist or Specialist.
- If you should need a specialist (i.e. Endodontist, Oral Surgeon, Periodontist, Pediatric Dentist, Orthodontist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating Specialist.
- The above co-payments for crown and bridge treatment are exclusive of the additional cost for noble (semi-precious) or high noble (precious) metal.
- Not all Participating Dentists perform all listed covered procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are available at the Participating Dentist's usual fee less 25%.
- When crown and/or bridge treatment exceeds six units, the member will be charged an additional \$25.00 per unit.
- Implant coverage – usual fee less 25% for implant services.

School Board of Broward County

Basic PPO dental plan

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$25	Family \$75	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$1,250 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia).			
Preventive services <ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays• Routine cleanings (4 per year)• Fluoride treatment (1 per year, through age 16)• Sealants (2 per tooth per 12 month, through age 16)• Space maintainers (primary teeth, through age 16)• Emergency care for pain relief	100% no deductible		90% no deductible	
Basic services <ul style="list-style-type: none">• Amalgam fillings (1 per tooth every 2 years)• Composite fillings (1 per tooth every 2 years)• Oral surgery (tooth extractions including impacted teeth)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		70% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 2 years, following 1 year of denture use)• Denture repair and adjustments (following 1 year of denture use)• Implants (1 every 5 years implant placement, crowns, bridges, and dentures)	50% after deductible		40% after deductible	
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered.			

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

School Board of Broward County

Enhanced PPO dental plan

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$25	Family \$75	Individual \$50	Family \$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	\$2,000 After you reach the annual maximum amount, you will receive 30% coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia).			
Preventive services <ul style="list-style-type: none">• Routine oral examinations (2 per year)• Bitewing x-rays• Routine cleanings (4 per year)• Fluoride treatment (1 per year, through age 16)• Sealants (2 per tooth per 12 month, through age 16)• Space maintainers (primary teeth, through age 16)• Emergency care for pain relief	100% no deductible		90% no deductible	
Basic services <ul style="list-style-type: none">• Amalgam fillings (1 per tooth every 2 years)• Composite fillings (1 per tooth every 2 years)• Oral surgery (tooth extractions including impacted teeth)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		70% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 2 years, following 1 year of denture use)• Denture repair and adjustments (following 1 year of denture use)• Implants (1 every 5 years implant placement, crowns, bridges, and dentures)	50% after deductible		40% after deductible	
Orthodontia services	Adult/child orthodontia - Plan pays 50% (no deductible) of the covered orthodontia services, up to \$1,600 child/\$1,800 adult lifetime orthodontia maximum.			

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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 maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Feel good about choosing a Humana Dental plan

Make regular dental visits a priority

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

*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?* Humana Dental helps you feel good about your dental health so you can smile confidently.

**American Academy of Cosmetic Dentistry*

Questions?

Simply call **1-866-890-4464** to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

Use your Humana Dental benefits

Find a dentist

With Humana Dental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental PPO Network. To find a dentist in Humana Dental's PPO Network, log on to Humana.com or call **1-866-890-4464**.

Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on **MyHumana**, your personal page at **Humana.com** or call **1-866-890-4464**.

See your dentist

Your Humana Dental 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**.

Learn what your plan paid

After Humana Dental 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** or by calling **1-866-890-4464**.

Humana group dental plans are offered by Humana Insurance Company, Humana Dental 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.

Implant coverage for PPO plans

ADA codes	Procedure	In-network	Out-of-network
Implant services			
D6010	Surgical placement implant body: endosteal	50%	40%
D6012	Surgical placement of interim implant	50%	40%
D6040	Epothealimplant	50%	40%
D6050		50%	40%
D6053	Over denture - complete	50%	40%
D6054	Over denture - partial	50%	40%
D6055	Implant connecting bar	50%	40%
D6056 / D6057	Implant abutment	50%	40%
D6058 / D6067	Implant crown	50% - 1 per 5 years	40% - 1 per 5 years
D6068 / D6077	Implant retainer	50% - 1 per 5 years	40% - 1 per 5 years
D6078	Implant supported full denture	50% - 1 per 5 years	40% - 1 per 5 years
D6079	Implant supported partial	50% - 1 per 5 years	40% - 1 per 5 years
D6080	Implant maintenance procedures	50%	40%
D6090	Repair implant prosthesis	50% - Limited to 1 per 2 year period only if done more than 1 year after initial insertion	40% - Limited to 1 per 2 year period only if done more than 1 year after initial insertion
D6091	Replacement of semi- precision/attachment	50%	40%
D6092	Recement implant/abutment supported crown	80%	70%
D6093	Recement implant/abutment	80%	70%
D6094	Abutment support crown	50%	40%
D6095	Repair implant abutment by report	50%	40%
D6100	Implant removal, by report	50%	40%
D6190	Radiographic/surgical implant	50%	40%
D6194	Abutment support retainer	50%	40%
D6199	Unspecified implant procedure	50%	40%
D7950	Oss osteoperiostl cart gft man	50%	40%
D7951	Sinus augmentation w/ bone	50%	40%
D7953	Bone replacement graft ridge pres	50%	40%

For PPO Plans

When using an out-of-network provider, benefits are payable based on the Participating Dentist's Fee Schedule.

Limitations and exclusions

Managed care dental plans

Humana/CompBenefits does not provide coverage for the following services:

1. Cost of hospitalization and pharmaceuticals.
2. Services which are not necessary treatment in the opinion of the Participating Dentist(s) or Specialist(s).
3. Any service which is not consistent with the Normal and/or Usual Services provided by said Participating Dentist(s).
4. Any service performed by a non-participating Humana/CompBenefits provider except for emergencies as provided for in the Certificate of Benefits.

Prices Exclusive of Gold

All procedures listed may not be performed by the Participating General Dentist you select. The surcharges shown apply to those Humana/CompBenefits Participating General Dentists who do perform those services and are not applicable for services performed by a specialist. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected General Dentist, will be charged at the General Dentist's usual and customary fee less 25%.

PPO/Indemnity plan

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

1. The denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. The fixed bridge (including a resin bonded fixed bridge) must replace a natural tooth extracted while insured for Dental Benefits under this policy;
3. The replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury. Chewing injuries are not considered Covered Dental Injuries;
4. The replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if: (a) replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and cannot be restored to function;
5. The replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and the replacement of teeth up to the normal complement of 32.

Exclusions

Benefits will not be paid for:

1. Procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. Any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by Humana/CompBenefits;

3. Any chewing injury. A chewing injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional habits, such as chewing on eyeglass frames or pencils; or by biting down on a suddenly dislodged or loose dental prosthesis.
4. Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
5. Appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
6. Any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration or bite analysis;
7. Pulp caps, adult fluoride treatments, athletic mouthguards, myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
8. Charges for travel time; transportation costs; or professional advice given on the phone;
9. Procedures performed by a Dentist who is a member of Your immediate family;
10. Any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
11. Charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
12. Any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joints or their associated structures;
13. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
14. The care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
15. Treatment for cosmetic purposes. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
16. Any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
17. Procedures that are covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
18. A sickness for which the patient can receive benefits under a worker's compensation act or similar law;
19. An injury that arises out of or in the course of a job or employment for pay or profit; or
20. Charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, Humana/CompBenefits will determine the amount. Humana/CompBenefits will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **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 their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides 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.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog - Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Notes



www.our.humana.com/SBBC

Member services

866-890-4464

954-527-4088

