

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

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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

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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	Apiocoectomy/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

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*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.

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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

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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:

1. The above co-payments apply only when treatment is performed at a Participating General Dentist or Specialist.
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.
3. The above co-payments 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. When crown and/or bridge treatment exceeds six units, the member will be charged an additional \$25.00 per unit.
7. Implant coverage – usual fee less 25% for implant services.

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): Wódaahí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك