

HumanaDental HumanaVision



Nassau County School Board

Humana[®]

table of contents

<i>HS205 Dental Plan Section</i>	<i>Page 1</i>
<i>Advantage Dental Plan Section</i>	<i>Page 7</i>
<i>PPO Dental Plan Section</i>	<i>Page 12</i>
<i>Vision Plan Section</i>	<i>Page 15</i>

HumanaDental Prepaid HS205 Plan

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **Humana.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-233-4013.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.¹ The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Go to MyDentalIQ.com

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

Tips to ensure a healthy mouth

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



Questions?

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

Call 1-800-233-4013, Monday through
Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025).

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

¹ Dr. Michael Roizen, RealAge.com

HumanaDental Prepaid HS205 Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment).....	\$ 5.00
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 35.00
D9987 Cancelled appointment	\$ 10.00
D9986 Missed Appointment	\$ 10.00

Diagnostic	Member pays
D0120 Periodic oral examination (two per calendar year) ..	no charge
D0140 Limited/comprehensive/detailed and extensive oral eval	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160 Limited/comprehensive/detailed and extensive oral eval	no charge
D0170 Re-evaluation—problem focused (not post-operative visit)	no charge
D0180 Comprehensive periodontal evaluation (two per calendar year)	\$ 15.00
D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first radiographic image	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image	no charge
D0240 X-rays intraoral—occlusal radiographic image ..	no charge
D0250 Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270 X-ray bitewing—single radiographic image (two per calendar year)	no charge
D0272 X-ray bitewings—two radiographic images (two per calendar year)	no charge
D0273 X-ray bitewings—three radiographic images (two per calendar year)	no charge
D0274 Bitewings—four radiographic images (two per calendar year)	no charge

D0277 X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)....	no charge
D0330 Panoramic radiographic image (once per three calendar years)	no charge
D0350 Oral/facial photography images	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests	no charge
D0431 Oral cancer screening using a special light source. \$	50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion..	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area	no charge

Preventive	Member pays
D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist)	no charge
D1120 Prophylaxis—child, routine (two per calendar year)	no charge
D1206 Topical application of fluoride varnish (for child <16) (two per calendar year)	no charge
D1208 Topical application of fluoride – excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310 Nutrition counseling for the control or avoidance of dental disease	no charge
D1320 Tobacco counseling services for the control or prevention of oral disease	no charge
D1330 Oral hygiene instruction	no charge
D1351 Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510* Space maintainer—fixed, unilateral (through age 14)	\$ 50.00
D1515* Space maintainer—fixed, bilateral (through age 14)	\$ 70.00
D1520* Space maintainer—removable, unilateral (through age 14)	\$ 85.00

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D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 90.00
D1550	Re-cement or re-bond space maintainer	\$ 10.00
D1575	Distal shoe space maintainer - fixed - unilateral (through age 14)	\$130.00

Restorative **Member pays**

D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D2150	Amalgam—two surfaces, primary or permanent	\$ 5.00
D2160	Amalgam—three surfaces, primary or permanent	\$ 5.00
D2161	Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D2940	Sedative filling	\$ 10.00

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

Member pays

D2330	Resin based composite—one surface, anterior	\$ 30.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 45.00
D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D2393	Resin based composite—three surfaces, posterior	\$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 90.00
D2510*	Inlay—metallic, one surface	\$225.00
D2520*	Inlay—metallic, two surfaces	\$235.00
D2530*	Inlay—metallic, three or more surfaces	\$245.00
D2542*	Onlay—metallic, two surfaces	\$250.00
D2543*	Onlay—metallic, three surfaces	\$260.00
D2544*	Onlay—metallic, four or more surfaces	\$270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$295.00
D2650*	Inlay—resin based composite, one surface	\$225.00
D2651*	Inlay—resin based composite, two surfaces	\$235.00
D2652*	Inlay—resin based composite, three or more surfaces	\$245.00
D2662*	Onlay—resin based composite, two surfaces	\$250.00
D2663*	Onlay—resin based composite, three surfaces	\$260.00
D2664*	Onlay—resin based composite, four or more surfaces	\$270.00

Crown and bridge

(limited to one per tooth every five years)

Member pays

D2710*	Crown—resin based composite, indirect	\$270.00
D2712*	Crown—3/4 resin based composite, indirect	\$270.00
D2720*	Crown—resin with high noble metal	\$270.00
D2721	Crown—resin with predominantly base metal	\$270.00
D2722*	Crown—resin with noble metal	\$270.00
D2740*	Crown—porcelain/ceramic substrate	\$270.00
D2750*	Crown—porcelain fused to high noble metal	\$270.00
D2751	Crown—porcelain fused to predominantly base metal	\$270.00
D2752*	Crown—porcelain fused to noble metal	\$270.00
D2780*	Crown—3/4 cast high noble metal	\$270.00
D2781	Crown—3/4 cast predominantly base metal	\$270.00

D2782*	Crown—3/4 cast noble metal	\$270.00
D2783*	Crown—3/4 porcelain/ceramic	\$270.00
D2790*	Crown—full cast high noble metal	\$270.00
D2791	Crown—full cast predominantly base metal	\$270.00
D2792*	Crown—full cast noble metal	\$270.00
D2794*	Crown—titanium	\$270.00
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$ 15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$ 15.00
D2929	Crown-Prefabricated porcelain/ceramic crown—primary tooth	\$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 25.00
D2932	Prefabricated resin crown	\$ 50.00
D2933	Prefabricated stainless steel crown with resin window	\$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	\$ 50.00
D2950	Core buildup, including any pins	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 95.00
D2953*	Each additional cast post—same tooth	\$100.00
D2954	Prefabricated post and core in addition to crown	\$ 85.00
D2955	Post removal	\$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	\$ 35.00
D2960	Labial veneer (resin laminate)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350.00
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair	no charge
D6940	Stress breaker	\$150.00
D6950	Precision attachment	\$195.00
D2981	Inlay repair	no charge
D2982	Onlay repair	no charge
D2983	Veneer repair	no charge

Prosthodontics (fixed)

(replacement limited to every

five years, adjustments once per year)

Member pays

D6210*	Pontic—cast high noble metal	\$270.00
D6211	Pontic—cast predominantly base metal	\$270.00
D6212*	Pontic—cast noble metal	\$270.00
D6240*	Pontic—porcelain fused to high noble metal	\$270.00
D6241	Pontic—porcelain fused to predominantly base metal	\$270.00
D6242*	Pontic—porcelain fused to noble metal	\$270.00
D6750*	Retainer crown—porcelain fused to high noble metal	\$270.00
D6751	Retainer crown—porcelain fused to predominantly base metal	\$270.00
D6752*	Retainer crown—porcelain fused to noble metal	\$270.00
D6790*	Retainer crown—full cast high noble metal	\$270.00
D6791	Retainer crown—full cast predominantly base metal	\$270.00
D6792*	Retainer crown—full cast noble metal	\$270.00
D6794*	Retainer crown—titanium	\$270.00

D6930 Re-cement or re-bond fixed partial denture (per unit)..... \$ 15.00

Prosthodontics

(replacement limited to every five years) **Member pays**

D5110* Complete denture—maxillary \$375.00
 D5120* Complete denture—mandibular..... \$375.00
 D5130* Immediate denture—maxillary \$375.00
 D5140* Immediate denture—mandibular..... \$375.00
 D5211* Maxillary partial denture—resin base..... \$400.00
 D5212* Mandibular partial denture—resin base..... \$400.00
 D5213* Maxillary partial denture—cast metal framework, resin denture bases \$425.00
 D5214* Mandibular partial denture—cast metal framework, resin denture bases \$425.00
 D5221 Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) \$375.00
 D5222 Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) \$375.00
 D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) \$375.00
 D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) \$375.00
 D5225* Maxillary partial denture—flexible (including clasps, rests and teeth)..... \$425.00
 D5226* Mandibular partial denture—flexible (including clasps, rests and teeth)..... \$425.00
 D5281* Removable partial denture—one piece cast metal. \$350.00
 D5410 Adjust complete denture—maxillary \$ 15.00
 D5411 Adjust complete denture—mandibular \$ 15.00
 D5421 Adjust partial denture—maxillary \$ 15.00
 D5422 Adjust partial denture—mandibular \$ 15.00
 D5660* Add clasp to existing partial denture—per tooth \$ 90.00

Endodontics

(each procedure limited to once per tooth per life)

Member pays

D3110 Pulp cap—direct (excluding final restoration)... \$ 15.00
 D3120 Pulp cap—indirect (excluding final restoration).. \$ 10.00
 D3220 Therapeutic pulpotomy \$ 40.00
 D3221 Pulpal debridement, primary and permanent teeth \$ 85.00
 D3230 Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) \$ 45.00
 D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) \$ 50.00
 D3310 Root canal therapy—anterior (excluding final restoration) \$110.00
 D3320 Root canal therapy—bicuspid (excluding final restoration) \$195.00
 D3330 Root canal therapy—molar (excluding final restoration) \$250.00
 D3331 Treatment of root canal obstruction—non-surgical access..... \$ 80.00
 D3332 Incomplete endodontic therapy—inoperable or fractured tooth \$ 80.00
 D3333 Internal root repair of perforation defects..... \$ 90.00
 D3351 Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)..... \$ 90.00

D3352 Apexification/recalcification—interim \$ 80.00
 D3353 Apexification/recalcification—final visit \$ 90.00
 D3410 Apicoectomy/periradicular surgery—anterior ... \$135.00
 D3421 Apicoectomy/periradicular surgery—bicuspid (first root) \$120.00
 D3425 Apicoectomy/periradicular surgery—molar (first root) \$120.00
 D3426 Apicoectomy/periradicular surgery (each additional root) \$ 60.00
 D3430 Retrograde filling—per root \$ 40.00
 D3450 Root amputation—per root (not covered in conjunction with procedure D3920) \$ 95.00
 D3910 Surgical procedure to isolate tooth with rubber dam \$ 20.00
 D3920 Hemisection not included in root canal therapy . \$ 90.00
 D3950 Root canal prepare and fit preformed dowel/post \$ 15.00

Periodontics (gum treatment)

Member pays

D4210 Gingivectomy/gingivoplasty—four or more teeth, per quadrant \$120.00
 D4211 Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant \$ 55.00
 D4240 Gingival flap, including root planing—four or more teeth, per quadrant \$150.00
 D4241 Gingival flap, including root planing—one to three teeth, per quadrant \$120.00
 D4245 Apically positioned flap..... \$175.00
 D4249 Clinical crown lengthening—hard tissue \$150.00
 D4260 Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant \$350.00
 D4261 Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant \$325.00
 D4263 Bone replacement graft—first site in quadrant .. \$180.00
 D4264 Bone replacement graft—each additional site in quadrant bone \$ 95.00
 D4265 Biological materials which can aid soft and osseous tissue regeneration..... \$ 95.00
 D4266 Guided tissue regeneration—resorbable barrier, per site..... \$230.00
 D4267 Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) .. \$275.00
 D4270 Pedicle soft tissue graft procedure \$260.00
 D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$350.00
 D4274 Distal or proximal wedge procedure..... \$ 90.00
 D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft..... \$380.00
 D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ... \$265.00
 D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site \$199.00
 D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site \$350.00

D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.	\$380.00
D4320	Provisional splinting—intracoronaral.	\$ 95.00
D4321	Provisional splinting—extracoronaral.	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).	\$ 55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342).	\$ 50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (once per year)	\$ 55.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years).	\$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy).	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 45.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Coronal remnants, deciduous tooth.	no charge
D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 55.00
D7230	Removal of impacted tooth—partially bony.	\$ 70.00
D7240	Removal of impacted tooth—completely bony. .	\$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report.	\$110.00
D7250	Surgical removal of residual tooth roots	\$ 40.00
D7260	Oroantral fistula closure	\$350.00
D7261	Primary closure of a sinus perforation	\$225.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 55.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$350.00
D7286	Incisional biopsy of oral tissue-soft (all others) ..	\$120.00
D7287	Exfoliative cytological sample collection	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection. .	\$ 55.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant .	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 75.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm.	\$160.00

D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.	\$235.00
D7471	Removal of lateral exostosis (maxilla or mandible). \$	90.00
D7472	Removal of torus palatinus	\$ 65.00
D7473	Removal of torus mandibularis	\$ 65.00
D7485	Surgical reduction of osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess—intraoral soft tissue.	\$ 35.00
D7970	Excision hyperplastic tissue—per arch	\$ 85.00
D7971	Excision of pericoronaral gingival	\$ 55.00

Repairs to prosthetics Member pays

D5510*	Repair broken complete denture base	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 35.00
D5610*	Repair resin denture base	\$ 35.00
D5620*	Repair cast framework	\$ 35.00
D5630*	Repair or replace broken clasp—per tooth.	\$ 35.00
D5640*	Replace broken teeth—per tooth	\$ 35.00
D5650*	Add tooth to existing partial denture	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$210.00
D5671*	Replace all teeth and acrylic framework—mandibular.	\$225.00
D5710*	Rebase complete maxillary denture	\$200.00
D5711*	Rebase complete mandibular denture	\$200.00
D5720*	Rebase maxillary partial denture	\$200.00
D5721*	Rebase mandibular partial denture	\$200.00
D5730	Reline complete maxillary denture (chairside)..	\$ 60.00
D5731	Reline complete mandibular denture (chairside)	\$ 60.00
D5740	Reline maxillary partial denture (chairside).	\$ 60.00
D5741	Reline mandibular partial denture (chairside) ...	\$ 60.00
D5750*	Reline complete maxillary denture (laboratory) .	\$ 95.00
D5751*	Reline complete mandibular denture (laboratory) .	\$ 95.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 95.00
D5761*	Reline mandibular partial denture (laboratory) ..	\$ 95.00
D5810*	Interim complete denture (maxillary).	\$250.00
D5811*	Interim complete denture (mandibular)	\$250.00
D5820*	Interim partial denture (maxillary).	\$ 80.00
D5821*	Interim partial denture (mandibular)	\$ 80.00
D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular.	\$ 30.00
D6214*	Pontic titanium	\$270.00
D6245*	Pontic—porcelain/ceramic	\$270.00
D6250*	Pontic—resin with high noble metal	\$270.00
D6251	Pontic—resin with predominantly base metal ..	\$270.00
D6252*	Pontic—resin with noble metal	\$270.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$250.00
D6549	Resin retainer – for resin bonded fixed prosthesis	\$250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces.	\$270.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$270.00

D6606*	Retainer inlay—cast noble metal, two surfaces .	\$270.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces .	\$270.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$270.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces .	\$270.00
D6610*	Retainer onlay—cast high noble metal, two surfaces .	\$270.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces .	\$270.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces .	\$270.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces .	\$270.00
D6614*	Retainer onlay—cast noble metal, two surfaces.	\$270.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces .	\$270.00
D6624*	Retainer inlay titanium .	\$270.00
D6634*	Retainer onlay titanium .	\$270.00
D6710*	Retainer crown—indirect resin based composition .	\$270.00
D6720*	Retainer crown—resin with high noble metal .	\$270.00
D6721	Retainer crown—resin with predominantly base metal .	\$270.00
D6722*	Retainer crown—resin with noble metal .	\$270.00
D6740*	Retainer crown—porcelain/ceramic .	\$280.00
D6780*	Retainer crown—3/4 cast high noble metal .	\$270.00
D6781	Retainer crown—3/4 cast predominantly base metal .	\$270.00
D6782*	Retainer crown—3/4 cast noble metal .	\$270.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$270.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant .	Not Covered
D6085	Provisional implant crown .	no charge

Adjunctive general service		Member pays
D9110	Palliative (emergency) treatment .	\$ 20.00
D9215	Local anesthesia .	no charge
D9223	Deep sedation/general anesthesia – each 15 minute increment .	\$165.00
D9230	Analgesia (nitrous oxide), per 15 minutes .	\$ 15.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment .	\$ 70.00
D9450	Case presentation, detailed and extensive treatment planning .	no charge
D9951	Occlusal adjustment—limited .	\$ 35.00
D9952	Occlusal adjustment—complete .	\$165.00

Bleaching		Member pays
D9972	External bleaching in office—per arch .	\$175.00
D9975	External bleaching at home—per arch .	\$175.00

Orthodontics		Member pays
D8070 or D8080	—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 .	\$ 45.00
	Records/treatment planning .	\$ 250.00
	Orthodontic treatment .	\$ 1,900.00
D8090	—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.	
	Consultation .	no charge
	Evaluation .	\$ 45.00
	Records/treatment planning .	\$ 250.00
	Orthodontic treatment .	\$ 1,900.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) .	\$455.00

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may receive up to a 25% discount when using certain participating dentists. Contact your provider for additional information.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

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Offered by Humana Insurance Company or CompBenefits Company.



Humana.com

HumanaDental Advantage Plus 2S Plan

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 **Humana.com** or call 1-800-233-4013. 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 1-800-233-4013.
- 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 **Humana.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 Humana.com

Call 1-800-233-4013 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 at either a participating General Dentist or participating Specialist dentist. To find a dentist, call 1-800-233-4013 or look on **Humana.com**.

Office visit copay

General Dentist \$0/Specialist \$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

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	\$642.00
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	\$473.00	D5520	Replace missing/broken teeth—complete denture	\$ 59.00
D2750 ^b	Crown—porcelain fused to high noble metal	\$466.00	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	\$ 42.00	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	\$110.00	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	\$497.00	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 ^f	Pontic—cast high noble metal	\$431.00
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	\$358.00			
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			

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



Humana Dental PPO 14

Nassau County School Board

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,500			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (2 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (2 per year) • Fluoride treatment (1 per year, to age 16) • Sealants (permanent molars, to age 16) • Space maintainers (primary teeth, to age 16) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		90% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • 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 every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) 	50% after deductible		40% after deductible	
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.			

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

Humana Dental PPO 14

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental 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?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

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

Know what your plan covers

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

See your dentist

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

Learn what your plan paid

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

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

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

Humana[®]

Humana.com

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

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

Here's how

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

The screenshot shows the MyHumana website interface. At the top, there are navigation links for Member Support, Español, Account & Settings, and Sign out. Below this, there are tabs for Coverage, Claims & Spending, Get Healthy, and Earn Rewards. The main content area includes a welcome message for Theresa, a Silver Status badge (2,500 until Gold), and a Communication Center. The 'Your active coverage' section has tabs for Medical, Dental, Pharmacy, and Vision. The 'Tools & forms' section is highlighted with a red box and an arrow, containing links for 'Access your ID Card', 'Cost comparison tools', 'Download My Data', 'Drug pricing tool', 'Printable drug lists & forms', 'Rx Calculator', and 'Update other medical insurance'. The footer contains a grid of links under 'Humana', with 'Access your ID Card' also highlighted in the 'Tools & Resources' column.

Call Customer Care at
1-800-233-4013 for assistance
or more information

Discrimination is against the law

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

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

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

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

Humana®

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options ² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$40 10% off retail	Not covered Not covered
Frames ³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses ⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options ⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses ⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency		
<ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members		
<ul style="list-style-type: none"> • Examination - Up to (2) services per year 	\$0	Up to \$77
<ul style="list-style-type: none"> • Retinal Imaging - Up to (2) services per year 	\$0	Up to \$50
<ul style="list-style-type: none"> • Extended Ophthalmoscopy - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Gonioscopy - Up to (2) services per year 	\$0	Up to \$15
<ul style="list-style-type: none"> • Scanning Laser - Up to (2) services per year 	\$0	Up to \$33

Optional benefits

1. Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
2. Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
3. Discounts may be available on all frames except when prohibited by the manufacturer.
4. Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
5. Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Questions?

Simply call 1-877-398-2980 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

Humana®

Provider Directory Humana.com



Get the most up-to-date information.

Follow these simple steps to find a Humana Vision provider:

1. Under “Find a doctor” on the home page, click on **“Search.”**

Find a doctor

Quickly locate a doctor, hospital, dentist, vision provider or pharmacy.

→ Search

2. Under **“Search Type,”** select “Vision” and click on “Go.”

Medical
Dental
✓ Vision
Pharmacy

→ Go

Select **“Vision coverage through your employer”** and click on **“Go.”**

Vision care

To start search, choose your plan.

- Vision coverage through your employer or purchased on your own
 Vision coverage through Medicare Supplemental Benefits (EyeMed)

→ Go

Cancel

Select **Humana Vision (Humana Insight Network)**

Select a plan

Please choose a vision plan. You will then be able to select from a list of available providers in your area.

Vision Plans

- **Humana Vision (Humana Insight Network)**
- Vision Care Plan (VCP)
- EyeMed Plan (Optimum, Focus, Advantage, Exam Plus)

Enter Zip code and select **Get Results**

Humana

Begin Your Search

ZIP Code *

What else is important? ▾

Get Results ▾ Advanced Search ▾

* Required Field

Find a Provider

Find a network provider near you by searching below. To find a participating provider, complete either the full street address or the zip code, then click Search.

Always call ahead to confirm a provider's participation in your plan. Make sure to say you're a Humana Vision member to ensure you receive your maximum benefits. Not all providers participate in every plan. If you aren't yet enrolled in a Humana Vision plan, please keep in mind your actual network may vary from what appears on our locator.

Humana Vision members should log in to access the exact list of available providers. Even if a provider is displayed on this site, you should call ahead to confirm the provider still accepts your plan.

Eye exams available by Independent Doctors of Optometry at or next to LensCrafters, Pearle Vision, Sears Optical and Target Optical in most states. Doctors in some states are employed by the location. In California, optometrists are not employed by LensCrafters, Sears Optical

Humana

Your search results will display.

Discrimination is Against the Law

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

Humana Inc. and its subsidiaries provide:

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

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

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

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

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

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

U.S. Department of Health and Human Services

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

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

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

Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

العربية (Arabic):

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

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

فارسی (Farsi):

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

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

Insured or administered by HumanaDental Insurance Company, CompBenefits Company, or CompBenefits Insurance Company.

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