

Humana/Compbenefits DHMO & Humana Dental PPO



2018 Summary of Benefits

Broward County Board of County Commissioners





Feel good about choosing a Humana/CompBenefits DHMO plan

Please review this benefit booklet. If you have any questions please feel free to contact our Customer Care department at (800) 979-4758

Thank you for choosing Humana/CompBenefits for your family's dental needs.

We want you to continue counting on Humana/CompBenefits for all of your dental health needs. Humana/CompBenefits has been providing dental health benefits to Broward County Government employees for many years. You can count on us to exceed your expectations.

Reasons to choose Humana/CompBenefits:

- › We provide access to dental care for more than one million Floridians
- › We offer services to some of the largest employers in the State, including Miami-Dade County Government, Broward County Sheriff's Office, and State of Florida employees
- › Our DHMO Dental Plan network is available statewide through participating providers
- › We have the largest dental provider network of any company in Broward, Miami-Dade, and Palm Beach counties. Just log on to <https://our.humana.com/broward-county/> and use the provider locator feature to locate participating providers
- › Our Customer Care department is staffed by representatives who are trained to help you with your questions and concerns

An enhanced dental option for Broward County Government employees

DHMO CS15PB coverage highlights

The DHMO Dental Plan provides a wide variety of benefits through your participating provider. At the time of service, you pay the dentist for any applicable copayments according to your schedule of benefits.

The plan features:

- No claims to file
- No maximums
- No waiting periods
- A large panel of providers to choose from
- Same copayment to participating general dentist or specialist
- No referrals required to see a participating specialist

What to expect from your dental plan:

If your dentist tells you that you need a complicated dental procedure best performed by a specialist, would you have the monetary resources to keep that appointment?

Humana/CompBenefits' CS15PB DHMO dental plan makes that decision a lot easier. The CS15PB dental plan provides you the opportunity to visit any of the general dentists in our network as well as the alternative of seeing a network specialist dentist to complete these intricate procedures. Your Humana/CompBenefits' CS15PB dental plan also provides you with routine cleanings and x-rays every six months, topical fluoride for children up to 16 and local anesthesia. With our exhaustive schedule of benefits, you will know up front how much your copayment will be. For procedures that may not be listed on the CS15PB schedule you'll receive a 25 percent discount off a network dentist's usual fees.

Humana/CompBenefits recommends requesting a pretreatment estimate from your provider in order to accurately predict your out-of-network expenses.

Additionally, Humana/CompBenefits' DHMO gives you freedom from deductibles, claim forms, waiting periods, and benefit maximums.



Using <https://our.humana.com/broward-county/> you can:

- View plan benefits
- Update account information
- Find network dentists quickly
- Order replacement ID cards

Frequently asked questions

What is the CS15PB DHMO Dental Plan?

Humana/CompBenefits' CS15PB dental plan is a network-based DHMO dental plan that emphasizes prevention and cost containment. In order to receive services, you select a primary dentist who participates in the Humana CS15PB DHMO Dental Plan network. The plan provides for quality care and allows members to seek care from in-network specialty dentists at fixed copayments. These plans provide savings ranging from 20 percent to 60 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

How many times a year can I visit my dentist?

You are encouraged to visit your dentist regularly. With your Humana/CompBenefits CS15PB DHMO Plan, you are not limited to a specific number of visits per year.

How do I make appointments?

Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at or on its way to your participating dentist's office, confirming that you are eligible for treatment.

How does the plan work?

Your primary dentist will provide all of your routine dental care. When you visit your primary care dentist, simply present your Humana/CompBenefits DHMO identification card. You may be required to pay a copayment for some services provided by your primary care dentist. If the dental services provided are not listed as covered procedures under the plan, primary care dentists will give you a 25 percent discount off their usual fees. Should you require the services of a specialty dentist, you can choose any in-network specialty dentist under the Humana/CompBenefits CS15PB DHMO Dental Plan. All in-network specialists will provide services at the copayment listed on your schedule of benefits. The copayments are billed by the participating dentist at the time of service, so there are no claim forms to file. You pay your dentist directly, if applicable.

Is there any maximum coverage limitation?

No, there are no maximum coverage limitations.

What if I go to a non-participating dentist?

You will not be eligible for benefits from a non-participating dentist unless it is a dental emergency.

What if I need a specialty dentist?

When you need treatment from a specialty dentist you can visit one of the participating specialty dentists from our network, and you will only be responsible for the copayment listed on your schedule of benefits.

How do I pay for services?

You make your copayments to the dentist at the time of service.

Can I change participating dentists?

Yes. You can easily change dentists by contacting our Customer Care department at 1-800-979-4758. You can also change your dentist by logging onto <https://our.humana.com/broward-county/>

Can I go online to find out more about my plan or get assistance?

Yes. You can visit <http://our.humana.com/broward-county/> to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.

How do I order an ID card?

You can download and print a temporary ID card or order a new ID card at <https://our.humana.com/broward-county/> or you can call our Customer Care department at 1-800-979-4758.

I am getting a tooth extracted. Do I have to replace it right away?

The CS15PB DHMO Plan does not have a missing tooth clause. The benefit reimbursement for the replacement of the missing teeth would be subject to standard plan copayments. All services must be rendered by a plan participating provider.

I have a child who will be starting orthodontia treatment. How will orthodontia benefits be paid?

The plan allows benefits for comprehensive orthodontic treatment up to 24 months. Services must be rendered by a participating provider. The member is responsible for reimbursing the participating provider of service the plan copayment at the time of service. Copayments are made directly to the DHMO dentist. The participating provider must submit a claim to Humana/CompBenefits which includes the treatment plan, length of treatment and total case fee. Claim form submissions are not required after the initial submission.

Humana/CompBenefits DHMO CS15PB Plan



The Humana/CompBenefits DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. Copayments are applicable at either a participating general dentist or a participating specialist.

Member costs listed here are for services provided by your chosen participating Primary Care Dentist (PCD) only. As your dental professional, your PCD may decide that you need to see an contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. Copayment amounts are applicable when treatment is performed by participating specialists.

Summary of services

Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 15.00
D9430	Office visit (normal hours)	\$ 5.00
D9440	Office visit (after regularly scheduled hours)	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report	\$ 20.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies.	\$ 10.00

Diagnostic member pays

D0120	Periodic oral examination	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for patient under 3 years	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—LTD problem focused	no charge
D0180	Comprehensive periodontal evaluation	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings	no charge
D0220	X-ray intraoral—periapical, first film	no charge
D0230	X-ray intraoral—periapical, each additional film	no charge
D0240	Intraoral—Occlusal film	no charge
D0250	Extraoral—First film	no charge
D0260	Extraoral—Each additional film	no charge
D0270	X-ray bitewing—single film	no charge
D0272	X-ray bitewings—two films	no charge
D0274	Bitewings—four films	no charge
D0277	Vertical bitewings—7 to 8 films	no charge
D0330	Panoramic film	no charge
D0350	Oral/facial photographic images	no charge
D0415	Collect microorganisms cult & sens	no charge
D0425	Caries susceptibility tests	no charge
D0431	Adjunct predx tst no cytol/bx proc	\$ 50.00
D0460	Pulp vitality tests	no charge
D0470	Diagnostic casts	no charge
D0472	Access tiss—gross exam—prep/reprt	no charge
D0473	Access tiss—gross/micro—prep/reprt	no charge
D0474	Access tiss—gross and mic surg marg prep/reprt	no charge

Preventive member pays

D1110	Prophylaxis—adult, routine (once every 6 months)	no charge
D1120	Prophylaxis—child, routine (once every 6 months)	no charge
D1110	Prophylaxis—adult/child, (additional)	\$ 20.00

D1120	Prophylaxis—adult/child, (additional)	\$ 20.00
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age)	no charge
D1204	Topical fluoride—adult	no charge
D1206	Topical fluoride varnish (for child <16)	no charge
D1310	Nutritional counseling	no charge
D1320	Tobacco counseling	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant-per tooth	\$ 10.00
D1510	Space maintainer—fixed, unilateral	\$ 45.00+lab
D1515	Space maintainer—fixed, bilateral	\$ 45.00+lab
D1520	Space maintainer—removable, unilateral	\$ 85.00+lab
D1525	Space maintainer—removable, bilateral	\$ 85.00+lab
D1550	Recementation of space maintainer	\$ 10.00

Restorative member pays

D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Sedative filling	\$ 15.00
D2999	Sedative base (under fillings), by report	no charge

Resin restorative member pays

D2330	Resin based composite—one surface, anterior	\$ 35.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 50.00
D2335	Resin composite—four or more surfaces, with incisal ang	\$ 70.00
D2390	Resin composite crown anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 60.00
D2392	Resin based composite—two surfaces, posterior	\$ 80.00
D2393	Resin based composite—three surfaces, posterior	\$100.00
D2394	Resin based composite—four or more surfaces, posterior	\$120.00
D2510	Inlay—metallic, one surface	\$ 95.00
D2520	Inlay—metallic, two surfaces	\$105.00
D2530	Inlay—metallic, three or more surfaces	\$130.00
D2542	Onlay—metallic, two surfaces	\$230.00
D2543	Onlay—metallic, three surfaces	\$230.00
D2544	Onlay—metallic, four or more surfaces	\$230.00
D2610	Inlay—porcelain/ceramic, one surface	\$230.00
D2620	Inlay—Porcelain/ceramic, two surfaces	\$230.00
D2630	Inlay—Porcelain/ceramic, three surfaces	\$230.00
D2642	Onlay—Porcelain/ceramic, two surfaces	\$230.00
D2643	Onlay—Porcelain/ceramic, three surfaces	\$230.00
D2644	Onlay—Porcelain/ceramic, four or more surfaces	\$230.00

D2650	Inlay—resin composite, composite/resin, one surface	\$230.00
D2651	Inlay—resin composite, composite/resin, two surfaces	\$230.00
D2652	Inlay—resin composit, composite/resin, three or more surfaces	\$230.00
D2662	Onlay—resin composite, composite/resin, two surfaces	\$230.00
D2663	Onlay—resin composite, composite/resin, three surfaces	\$230.00
D2664	Onlay—resin composit, composite/resin, four or more surfaces	\$230.00

Crown and bridge member pays

D2710	Crown—resin based composite indirect	\$230.00
D2712	Crown—3/4 resin based composite indirect	\$230.00
D2720*	Crown—resin with high noble metal	\$230.00
D2721	Crown—resin with predom base metal	\$230.00
D2722*	Crown—resin with noble metal	\$230.00
D2740	Crown—porcelain/ceramic substrate	\$280.00+lab
D2750*	Crown—porcelain fused to high noble metal	\$280.00
D2751	Crown—porcelain fused to predominantly base metal	\$280.00
D2752*	Crown—porcelain fused to noble metal	\$280.00
D2780*	Crown—3/4 cast high noble metal	\$230.00
D2781	Crown—3/4 cast predom base metal	\$230.00
D2782*	Crown—3/4 cast noble metal	\$230.00
D2783	Crown—3/4 porcelain/ceramic	\$230.00
D2794	Crown titanium	\$230.00
D2790*	Crown—full cast high noble metal	\$280.00
D2791	Crown—full cast predominantly base metal	\$280.00
D2792*	Crown—full cast noble metal	\$280.00
D2799	Provisional crown	no charge
D2910	Recement inlay	\$ 15.00
D2915	Recement cast/prefabricated post and core	no charge
D2920	Recement crown	\$ 15.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 75.00
D2931	Prefabricated stainless steel crown—perm	\$ 25.00
D2932	Prefabricated resin crown	\$ 35.00
D2933	Prefabricated stainless steel crown resin window	\$ 35.00
D2950	Core buildup, including any pins	\$ 45.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952	Cast post and core in addition to crown	\$ 90.00+lab
D2953	Each additional cast post—same tooth	\$ 90.00+lab
D2954	Prefabricated post and core in addition to crown	\$ 90.00
D2955	Post removal	\$ 10.00
D2957	Each additional prefabricated post - same tooth	\$ 30.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$280.00+lab

Prosthodontics (fixed) member pays

D6210*	Pontic—cast high noble metal	\$280.00
D6211	Pontic—cast predominantly base metal	\$280.00
D6212*	Pontic—cast noble metal	\$280.00
D6240*	Pontic—porcelain fused to high noble metal	\$280.00
D6241	Pontic—porcelain fused to predominantly base metal	\$280.00
D6242*	Pontic—porcelain fused to noble metal	\$280.00
D6750*	Crown—porcelain fused to high noble metal	\$280.00
D6751	Crown—porcelain fused to predominantly base metal	\$280.00
D6752*	Crown—porcelain fused to noble metal	\$280.00
D6790*	Crown—full cast high noble metal	\$280.00
D6791	Crown—full cast predominantly base metal	\$280.00
D6792*	Crown—full cast noble metal	\$280.00
D6930	Recement fixed partial denture (per unit)	\$ 10.00

Endodontics member pays

D3220	Therapeutic pulpotomy	\$ 35.00
D3221	Pulpal debridement, primary and permanent teeth	\$100.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$100.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$200.00
D3330	Root canal therapy—molar (excluding final restoration)	\$250.00
D3410	Apicoectomy/periradicular surgery—anterior	\$125.00
D3421	Apicoectomy/periradicular surgery—bicuspid	\$ 95.00
D3425	Apicoectomy/periradicular surgery—molar	\$ 95.00

D3426	Apicoectomy/periradicular surgery	\$ 60.00
D3430	Retrograde filling—per root	\$ 40.00
D3450	Root amputation—per root	\$ 95.00
D3910	Surgical proc isolated tooth with rubber dam	\$ 19.00
D3920	Hemisection not include root canal therapy	\$ 90.00
D3950	Canal prep and fit preformed dowel/post	\$ 15.00

Periodontics (gum treatment) member pays

D4210	Gingivectomy/gingivoplasty per quadrant	\$125.00
D4211	Gingivectomy/gingivoplasty per tooth	\$ 40.00
D4240	Gingival flap procedure—four or more	\$150.00
D4241	Gingival flap procedure—one to three	\$113.00
D4245	Apically positioned flap	\$165.00
D4249	Clinical crown lengthening—hard tissue	\$120.00
D4260	Osseous surgery, per quadrant	\$350.00
D4261	Osseous surgery—1 to 3 teeth, per quadrant	\$350.00
D4263	Bone replacement graft—first site in quadrant	\$180.00
D4264	Bone replacement graft—first site in quadrant	\$ 95.00
D4265	Bio material aid soft and osseous tissue regen	\$ 95.00
D4266	Guid tissue regen—resorb barrier-site	\$215.00
D4267	Guid tissue regen—nonresorb barrier-site	\$255.00
D4270	Pedicle soft tissue graft procedure	\$245.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$225.00
D4273	Subepith connective tissue graft tooth	\$ 75.00
D4274	Distal or proximal wedge procedure	\$ 70.00
D4275	Soft tissue allograft	\$380.00
D4320	Provisional splinting—intra coronal	\$ 95.00
D4321	Provisional splinting—extra coronal	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant	\$ 50.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth)	\$ 45.00
D4910	Periodontal maintenance	\$ 50.00

Prosthodontics member pays

D5110	Complete denture—maxillary	\$300.00+lab
D5120	Complete denture—mandibular	\$300.00+lab
D5130	Immediate denture—maxillary	\$300.00+lab
D5140	Immediate denture—mandibular	\$300.00+lab
D5211	Maxillary partial denture—resin base	\$300.00+lab
D5212	Mandibular partial denture—resin base	\$300.00+lab
D5213	Maxillary partial denture—cast metal framework, resin denture bases	\$300.00+lab
D5214	Mandibular partial denture—cast metal framework, resin denture bases	\$300.00+lab
D5225	Maxillary partial denture flex base	\$365.00
D5226	Mandibular part denture flex base	\$365.00
D5281	Remove uni part denture-1pc cast metal	\$300.00
D5410	Adjust complete denture—maxillary	\$ 30.00
D5411	Adjust complete denture—mandibular	\$ 30.00
D5421	Adjust partial denture—maxillary	\$ 30.00
D5422	Adjust partial denture—mandibular	\$ 30.00

Repairs to prosthetics member pays

D5510	Repair broken complete denture base	\$15.00+lab
D5520	Replace missing or broken teeth—complete denture (each tooth)	\$15.00+lab
D5610	Repair resin denture base	\$15.00+lab
D5620	Repair cast framework	\$ 30.00
D5630	Repair or replace broken clasp	\$15.00+lab
D5640	Replace broken teeth—per tooth	\$15.00+lab
D5650	Add tooth to existing partial denture	\$30.00+lab
D5730	Reline complete maxillary denture (chairside)	\$ 50.00
D5731	Reline complete mandibular denture (chairside)	\$ 50.00
D5740	Reline maxillary partial denture (chairside)	\$ 50.00
D5741	Reline mandibular partial denture (chairside)	\$ 50.00
D5750	Reline complete maxillary denture (laboratory)	\$35.00+lab
D5751	Reline complete mandibular denture (laboratory)	\$35.00+lab
D5760	Reline maxillary partial denture (laboratory)	\$35.00+lab

D5761	Reline mandibular partial denture (laboratory)	\$35.00+lab
D5810	Interim complete denture	\$230.00
D5811	Interim complete denture	\$230.00
D5820	Interim partial denture	\$ 60.00
D5821	Interim partial denture	\$ 60.00
D5850	Tissue conditioning—maxillary	\$ 30.00
D5851	Tissue conditioning—mandibular	\$ 30.00
D6214	Pontic—titanium	\$230.00
D6245	Pontic—porcelain/ceramic	\$250.00
D6250*	Pontic—resin with high noble metal	\$230.00
D6251	Pontic—resin with predom base metal	\$230.00
D6252*	Pontic—resin with noble metal	\$230.00
D6253	Provisional pontic	no charge
D6545	Retn—cast metal resin bond fix prosth	\$200.00
D6600	Inlay—porcelain/ceramic two surfaces	\$230.00
D6601	Inlay—porcelain/ceramic three or more surfaces	\$230.00
D6602*	Inlay—cast high noble metal two surfaces	\$230.00
D6603*	Inlay—cast high noble metal three or more surfaces	\$230.00
D6604	Inlay—cast predom base betel two surfaces	\$230.00
D6605	Inlay—cast predom base metal three or more surfaces	\$230.00
D6606*	Inlay—cast noble metal two surfaces	\$230.00
D6607*	Inlay—cast noble metal three or more surfaces	\$230.00
D6608	Onlay—porcelin/ceramic two surfaces	\$230.00
D6609	Onlay—porcelin/ceramic three or more surfaces	\$230.00
D6610*	Onlay— cast high noble metal two surfaces	\$230.00
D6611*	Onlay—cast high noble metal three or more surfaces	\$230.00
D6612	Onlay—cast predom base betel two surfaces	\$230.00
D6613	Onlay—cast predom base metal three or more surfaces	\$230.00
D6614*	Onlay—cast noble metal two surfaces	\$230.00
D6615*	Onlay—cast noble metal three or more surfaces	\$230.00
D6710	Crown—indirect resin based composite	\$230.00
D6720*	Crown—resin with high noble metal	\$230.00
D6721	Crown—resin predom base metal—Denture	\$230.00
D6722*	Crown—resin with noble metal	\$230.00
D6740	Crown—porcelain/ceramic	\$230.00
D6780*	Crown—3/4 cast high noble	\$230.00
D6781	Crown—3/4 cast predom base metal	\$230.00
D6782*	Crown—3/4 cast noble metal—denture	\$230.00
D6783	Crown—3/4 porcelain/ceramic—denture	\$230.00

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	\$ 50.00
D7230	Removal of impacted tooth—partially bony	\$ 70.00
D7240	Removal of impacted tooth—completely bony	\$ 85.00
D7241	Remove impacted tooth—completely bony with surgery comp	\$100.00
D7250	Surgical removal of residual tooth roots	\$ 35.00
D7270	Tooth reimpl and stbl acc displaced	\$ 50.00
D7280	Surgical access an unerupted tooth	\$ 85.00
D7282	Mobilize erupt/malpstn tooth aid erupt	\$ 90.00
D7283	Placement device facility erupt impacted tooth	\$ 90.00
D7285	Biopsy of oral tissue hard	no charge
D7286	Biopsy of oral tissue soft	no charge
D7287	Exfoliative cytolog sample collection	\$ 50.00
D7288	Brush bx transepith sample collection	\$ 50.00

* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the dentists usual fee less 25%.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 35.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 70.00
D7471	Removal of lateral exostosis	\$ 80.00
D7472	Removal of torus palatinus	\$ 60.00
D7473	Removal of torus mandibularis	\$ 60.00
D7485	Surgical rduc osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess—intraoral	\$ 25.00

Anesthesia member pays

D9215	Local anesthesia	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 15.00

Adjunctive general services member pays

D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 25.00
D9952	Occlusal adjustment—complete	\$150.00

Orthodontics member pays

NOTE: Orthodontics only apply to the CS series. Orthodontic coverage is optional with C plans for 10+ groups. If you do not choose orthodontia coverage, employees can still receive a 25 percent savings by visiting an in-network orthodontist.

D8070	Comprehensive orthodontic treatment of the transitional/ adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,800.00
D8080	Comprehensive orthodontic treatment of the transitional/ adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$2,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition; 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	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$2,000.00
D8680	Retention	\$450.00

Humana Dental - PPO



2017 Summary of Benefits
Broward County Board of County Commissioners





Manage your Humana PPO Dental plan at MyHumana

Use **MyHumana** to manage your plan, understand your benefits, and take charge of your dental health.

As a Humana Dental member, you can:

- Find network dentists
- Check claims history and status
- View coverage details
- Review plan benefit details
- Order a replacement identification card
- View estimates for services
- Exchange secure messages with Humana

Registration is simple

Have your Humana Dental identification card ready and go to **Humana.com**. Click on “**Register Now as a New User,**” then follow the instructions.

We're here to help

CALL 1-800-979-4758 FOR CUSTOMER CARE.

Humana®

Humana.com



FLORIDA

Broward County Board of County Commissioners

	If you use IN-NETWORK provider		If you use OUT-OF-NETWORK provider	
	Individual \$50	Family \$150	Individual \$50	Family \$150
Calendar-year deductible (excludes orthodontia services)				
Annual maximum (excludes orthodontia services)	\$1,500		\$1,000	
	After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the plan year. (Implants and orthodontia excluded.)			
Preventive services <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleanings • Topical fluoride treatment (through age 13, one per calendar year) 	100% no deductible		70% no deductible of maximum allowed fee	
Basic services <ul style="list-style-type: none"> • Sealants (through age 13) • Emergency care for pain relief • Basic oral surgery services - basic extractions of erupted tooth or root • Fillings (amalgam, composite for anterior teeth) • Denture repair and adjustments • Prefabricated stainless steel crowns • Periodontics • Composite fillings for molars 	80% after deductible		60% after deductible of maximum allowed fee	
Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridgework • Dentures • Denture relines and rebases • Space maintainers (through age 14) • Appliances for children (through age 14) • Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots • Implant • Endodontics (root canal) 	50% after deductible		40% after deductible of maximum allowed fee	
Orthodontia	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 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.

Waiting periods

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	12 months ¹
Late applicant ²	No	12 months	12 months	12 months

¹ The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan. Members must have prior orthodontic coverage to reduce or waive the waiting period under orthodontia.

² Late applicants not allowed with open enrollment option.

Questions?

Simply call 1-800-979-4758 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

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

Use your HumanaDental benefits**Find a dentist**

With HumanaDental's PPO plan, you can see any dentist. You save an average of 30 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to <https://our.humana.com/broward-county/> or call 1-800-979-4758.

Know what your plan covers

A summary of the HumanaDental benefits is provided on page 9. Your plan certificate describes in detail your HumanaDental benefits. You can find it on MyHumana, your personal page at <https://our.humana.com/broward-county/> or call 1-800-979-4758.

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 1-800-979-4758.

Humana®

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker 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.



What's your dental IQ?

Did you know that making regular preventive visits to your dentist can help detect problems throughout your body such as heart disease, diabetes, and stroke?*

Your HumanaDental® plan focuses on prevention, early detection, and education.

* Perio.org

Go to MyDentalIQ.com to find out how to improve your oral health

You brush your teeth and floss daily and have regular dental checkups. What more can you do to improve your dental health?

Go to **MyDentalIQ.com** and take a free dental health assessment. You'll answer a few questions to help evaluate your family history, general health, daily routine, and eating habits. You'll receive a score that immediately rates your dental knowledge, along with a personalized action plan and tips. You can even print a copy of your plan to discuss with your dentist.

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thank
you

for choosing
Humana.