OPEN ENROLLMENT Summary of Benefits

Your Dental and Vision Benefits

City of St. Petersburg
Relationships are built on trust. Respect for an individual’s privacy goes a long way toward building trust. Humana values our relationship with you, and we take your personal privacy seriously. Humana’s Notice of Privacy Practices outlines how Humana may use or disclose your personal and health information. It also tells how we protect this information. The notice provides an explanation of your rights concerning your information, including how you can access this information and how to limit access to your information. In addition, it provides instructions on how to file a privacy complaint with Humana or to exercise any of your rights regarding your information.

If you’d like a copy of Humana’s Notice of Privacy Practices, you can request a copy by:

- Visiting Humana.com and clicking the Privacy Practices link at the bottom of the home page
- E-mailing us at privacyoffice@humana.com
- Sending a written request to:
  Humana Privacy Office
  P.O. Box 1438
  Louisville, KY 40202
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 1-800-979-4760.
- 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

Call 1-800-979-4760, Monday through Friday, 8 a.m. to 6 p.m. (TDD: 1-800-325-2025).


¹ Dr. Michael Roizen, RealAge.com
HumanaDental Prepaid HS195 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. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist dentist. 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.

<table>
<thead>
<tr>
<th>Appointments</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D9310 Consultation</td>
<td>no charge</td>
</tr>
<tr>
<td>D9430 Office visit (normal hours)</td>
<td>no charge</td>
</tr>
<tr>
<td>D9440 Office visit (after regularly scheduled hours)</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>D9987 Cancelled appointment</td>
<td>$ 10.00</td>
</tr>
<tr>
<td>D9986 Missed Appointment</td>
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<table>
<thead>
<tr>
<th>Diagnostic</th>
<th>Member pays</th>
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<tbody>
<tr>
<td>D0120 Periodic oral examination (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0140 Limited/comprehensive/detailed and extensive oral eval</td>
<td>no charge</td>
</tr>
<tr>
<td>D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
<td>no charge</td>
</tr>
<tr>
<td>D0150 Limited/comprehensive/detailed and extensive oral eval (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0160 Limited/comprehensive/detailed and extensive oral eval</td>
<td>no charge</td>
</tr>
<tr>
<td>D0170 Re-evaluation—problem focused (not post-operative visit)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0180 Comprehensive periodontal evaluation (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0210 X-ray intraoral—complete series including bitewings (once per three calendar years)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0220 X-ray intraoral—periapical, first radiographic image</td>
<td>no charge</td>
</tr>
<tr>
<td>D0230 X-ray intraoral—periapical, each additional radiographic image</td>
<td>no charge</td>
</tr>
<tr>
<td>D0240 X-rays intraoral—occlusal radiographic image</td>
<td>no charge</td>
</tr>
<tr>
<td>D0250 Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector</td>
<td>no charge</td>
</tr>
<tr>
<td>D0270 X-ray bitewing—single radiographic image (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0272 X-ray bitewings—two radiographic images (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0273 X-ray bitewings—three radiographic images (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0274 Bitewings—four radiographic images (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0277 X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0330 Panoramic radiographic image (once per three calendar years)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0350 Oral/facial photography images</td>
<td>no charge</td>
</tr>
<tr>
<td>D0415 Collect microorganisms culture &amp; sensitivity</td>
<td>no charge</td>
</tr>
<tr>
<td>D0425 Caries susceptibility tests</td>
<td>no charge</td>
</tr>
<tr>
<td>D0431 Oral cancer screening using a special light source</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>D0460 Pulp vitality tests (not covered if a root canal is performed)</td>
<td>no charge</td>
</tr>
<tr>
<td>D0470 Diagnostic casts</td>
<td>no charge</td>
</tr>
<tr>
<td>D0472 Pathology report—gross examination of lesion</td>
<td>no charge</td>
</tr>
<tr>
<td>D0473 Pathology report—microscopic examination of lesion</td>
<td>no charge</td>
</tr>
<tr>
<td>D0474 Pathology report—microscopic examination of lesion and area</td>
<td>no charge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive</th>
<th>Member pays</th>
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</thead>
<tbody>
<tr>
<td>D1110 Prophylaxis—adult, routine (two per calendar year, by primary care dentist)</td>
<td>no charge</td>
</tr>
<tr>
<td>D1111 Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year)</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D1120 Prophylaxis—child, routine (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D1121 Additional—child prophylaxis, with or without fluoride (maximum of two additional per year)</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>D1206 Topical application of fluoride varnish (for child &lt;16) (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D1208 Topical application of fluoride varnish—child (up to 16 years of age) (two per calendar year)</td>
<td>no charge</td>
</tr>
<tr>
<td>D1310 Nutrition counseling for the control or avoidance of dental disease</td>
<td>no charge</td>
</tr>
<tr>
<td>D1320 Tobacco counseling services for the control or prevention of oral disease</td>
<td>no charge</td>
</tr>
<tr>
<td>D1330 Oral hygiene instruction</td>
<td>no charge</td>
</tr>
<tr>
<td>D1351 Sealant—permanent teeth only to age 16</td>
<td>no charge</td>
</tr>
<tr>
<td>D1510 Space maintainer—fixed, unilateral (through age 14)</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>D1515* Space maintainer—fixed, bilateral (through age 14)</td>
<td>$ 25.00</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1520*</td>
<td>Space maintainer—removable, unilateral (through age 14)</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D1525*</td>
<td>Space maintainer—removable, bilateral (through age 14)</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D1550</td>
<td>Re-cement or re-bond space maintainer</td>
<td>$ 15.00</td>
</tr>
<tr>
<td>D1555</td>
<td>Removal of fixed space maintainer</td>
<td>$ 15.00</td>
</tr>
</tbody>
</table>

**Restorative**

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2140</td>
<td>Amalgam—one surface, primary or permanent. no charge</td>
<td></td>
</tr>
<tr>
<td>D2150</td>
<td>Amalgam—two surfaces, primary or permanent. no charge</td>
<td></td>
</tr>
<tr>
<td>D2160</td>
<td>Amalgam—three surfaces, primary or permanent. no charge</td>
<td></td>
</tr>
<tr>
<td>D2161</td>
<td>Amalgam—four or more surfaces, primary or permanent</td>
<td></td>
</tr>
<tr>
<td>D2940</td>
<td>Sedative filling</td>
<td></td>
</tr>
</tbody>
</table>

**Resin restorative**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2333</td>
<td>Resin based composite—one surface, anterior</td>
<td></td>
</tr>
<tr>
<td>D2331</td>
<td>Resin based composite—two surfaces, anterior</td>
<td></td>
</tr>
<tr>
<td>D2332</td>
<td>Resin based composite—three surfaces, anterior</td>
<td></td>
</tr>
<tr>
<td>D2335</td>
<td>Resin based composite—four or more surfaces or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>involving incisal angle (anterior)</td>
<td></td>
</tr>
<tr>
<td>D2390</td>
<td>Resin based composite crown, anterior</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>D2391</td>
<td>Resin based composite—one surface, posterior</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>D2392</td>
<td>Resin based composite—two surfaces, posterior</td>
<td>$ 45.00</td>
</tr>
<tr>
<td>D2393</td>
<td>Resin based composite—three surfaces, posterior</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D2394</td>
<td>Resin based composite—four or more surfaces, posterior</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D2510*</td>
<td>Inlay—metallic, one surface</td>
<td>$ 225.00</td>
</tr>
<tr>
<td>D2520*</td>
<td>Inlay—metallic, two surfaces</td>
<td>$ 235.00</td>
</tr>
<tr>
<td>D2530*</td>
<td>Inlay—metallic, three or more surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2542*</td>
<td>Onlay—metallic, two surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2543*</td>
<td>Onlay—metallic, three surfaces</td>
<td>$ 260.00</td>
</tr>
<tr>
<td>D2544*</td>
<td>Onlay—metallic, four or more surfaces</td>
<td>$ 270.00</td>
</tr>
<tr>
<td>D2610*</td>
<td>Inlay—porcelain/ceramic, one surface</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2620*</td>
<td>Inlay—porcelain/ceramic, two surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2630*</td>
<td>Inlay—porcelain/ceramic, three or more surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2642*</td>
<td>Onlay—porcelain/ceramic, two surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2643*</td>
<td>Onlay—porcelain/ceramic, three surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2644*</td>
<td>Onlay—porcelain/ceramic, four or more surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2650*</td>
<td>Inlay—resin based composite, one surface</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2651*</td>
<td>Inlay—resin based composite, two surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2652*</td>
<td>Inlay—resin based composite, three surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2662*</td>
<td>Onlay—resin based composite, two surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2663*</td>
<td>Onlay—resin based composite, three surfaces</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2664*</td>
<td>Onlay—resin based composite, four or more surfaces</td>
<td>$ 245.00</td>
</tr>
</tbody>
</table>

**Crown and bridge**

(limited to one per tooth every five years)

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2710*</td>
<td>Crown—resin based composite, indirect</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2712*</td>
<td>Crown—3/4 resin based composite, indirect</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2720*</td>
<td>Crown—with high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2721</td>
<td>Crown—with predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2722*</td>
<td>Crown—with noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2740*</td>
<td>Crown—porcelain/ceramic substrate</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2750*</td>
<td>Crown—porcelain fused to high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown—porcelain fused to predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2752*</td>
<td>Crown—porcelain fused to noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2780*</td>
<td>Crown—3/4 cast high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2781</td>
<td>Crown—3/4 cast predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2782*</td>
<td>Crown—3/4 cast noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2783*</td>
<td>Crown—3/4 porcelain/ceramic</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2790*</td>
<td>Crown—full high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2791</td>
<td>Crown—full cast predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D2792*</td>
<td>Crown—full cast noble metal</td>
<td>$ 245.00</td>
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<tr>
<td>D2794*</td>
<td>Crown—titanium</td>
<td>$ 245.00</td>
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<tr>
<td>D2799</td>
<td>Provisional crown</td>
<td>no charge</td>
</tr>
<tr>
<td>D2910</td>
<td>Re-cement or re-bond inlay, onlay, veneer or</td>
<td>no charge</td>
</tr>
<tr>
<td></td>
<td>partial coverage restoration</td>
<td></td>
</tr>
<tr>
<td>D2915</td>
<td>Re-cement or re-bond indirectly fabricated or</td>
<td>no charge</td>
</tr>
<tr>
<td></td>
<td>prefabricated post and core</td>
<td></td>
</tr>
<tr>
<td>D2920</td>
<td>Re-cement or re-bond crown</td>
<td>no charge</td>
</tr>
<tr>
<td>D2929</td>
<td>Crown-Prefabricated porcelain/ceramic crown—</td>
<td>$ 25.00</td>
</tr>
<tr>
<td></td>
<td>primary tooth</td>
<td></td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown—primary</td>
<td>$ 25.00</td>
</tr>
<tr>
<td>D2930</td>
<td>Prefabricated stainless steel crown—</td>
<td></td>
</tr>
<tr>
<td>D2931</td>
<td>Prefabricated stainless steel crown—</td>
<td></td>
</tr>
<tr>
<td>D2932</td>
<td>Prefabricated resin crown</td>
<td></td>
</tr>
<tr>
<td>D2933</td>
<td>Prefabricated stainless steel crown with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>resin window</td>
<td>$ 45.00</td>
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<tr>
<td>D2950</td>
<td>Core buildup, including any pins</td>
<td>$ 70.00</td>
</tr>
<tr>
<td>D2951</td>
<td>Pin retention—per tooth, in addition to restoration</td>
<td>$ 10.00</td>
</tr>
<tr>
<td>D2952*</td>
<td>Cast post and core in addition to crown</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>D2953*</td>
<td>Each additional cast post—same tooth</td>
<td>$ 50.00</td>
</tr>
<tr>
<td>D2954</td>
<td>Prefabricated post and core in addition to crown</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>D2955</td>
<td>Post removal</td>
<td>$ 10.00</td>
</tr>
<tr>
<td>D2957</td>
<td>Each additional prefabricated post—same tooth, base</td>
<td></td>
</tr>
<tr>
<td></td>
<td>metal post</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>D2960</td>
<td>Labial veneer (resin laminate)—chairsided</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>D2961*</td>
<td>Labial veneer (resin laminate)—laboratory</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>D2962*</td>
<td>Labial veneer (porcelain laminate)—laboratory</td>
<td>$ 350.00</td>
</tr>
<tr>
<td>D2970</td>
<td>Temporary crown (fractured tooth)</td>
<td>no charge</td>
</tr>
<tr>
<td>D2971</td>
<td>Additional procedure—new crown existing</td>
<td>$ 50.00</td>
</tr>
<tr>
<td></td>
<td>partial denture</td>
<td></td>
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<tr>
<td>D2980</td>
<td>Crown repair</td>
<td>no charge</td>
</tr>
<tr>
<td>D2981</td>
<td>Inlay repair</td>
<td>no charge</td>
</tr>
<tr>
<td>D2982</td>
<td>Onlay repair</td>
<td>no charge</td>
</tr>
<tr>
<td>D2983</td>
<td>Veneer repair</td>
<td>no charge</td>
</tr>
<tr>
<td>D6940</td>
<td>Stress breaker</td>
<td>$ 110.00</td>
</tr>
<tr>
<td>D6950</td>
<td>Precision attachment</td>
<td>$ 195.00</td>
</tr>
<tr>
<td>D6980*</td>
<td>Fixed partial denture repair, by report</td>
<td>$ 45.00</td>
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**Prosthodontics (fixed)**

(replacement limited to every five years, adjustments once per year)

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6210*</td>
<td>Pontic—cast high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6211</td>
<td>Pontic—cast predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6212*</td>
<td>Pontic—cast noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6240*</td>
<td>Pontic—porcelain fused to high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6241</td>
<td>Pontic—porcelain fused to predominantly base metal</td>
<td></td>
</tr>
<tr>
<td>D6242*</td>
<td>Pontic—porcelain fused to noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6750*</td>
<td>Retainer crown—porcelain fused to high noble metal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retainer crown—porcelain fused to high noble metal</td>
<td></td>
</tr>
<tr>
<td>D6751</td>
<td>Retainer crown—porcelain fused to predominantly base</td>
<td></td>
</tr>
<tr>
<td></td>
<td>metal</td>
<td></td>
</tr>
<tr>
<td>D6752*</td>
<td>Retainer crown—porcelain fused to noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6790*</td>
<td>Retainer crown—full cast high noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6791</td>
<td>Retainer crown—full cast predominantly base metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6792*</td>
<td>Retainer crown—full cast noble metal</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6794*</td>
<td>Retainer crown—titanium</td>
<td>$ 245.00</td>
</tr>
<tr>
<td>D6930</td>
<td>Re-cement or re-bond fixed partial denture (per unit)</td>
<td>no charge</td>
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</table>
**Prosthodontics**  
*(replacement limited to every five years)*  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3110</td>
<td>Complete denture—maxillary</td>
<td>$325.00</td>
</tr>
<tr>
<td>D3116</td>
<td>Complete denture—mandibular</td>
<td>$325.00</td>
</tr>
<tr>
<td>D3130</td>
<td>Immediate denture—maxillary</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3140</td>
<td>Immediate denture—mandibular</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3121*</td>
<td>Maxillary partial denture—resin base</td>
<td>$400.00</td>
</tr>
<tr>
<td>D3122*</td>
<td>Mandibular partial denture—resin base</td>
<td>$400.00</td>
</tr>
<tr>
<td>D3123*</td>
<td>Maxillary partial denture—cast metal framework, resin denture bases</td>
<td>$425.00</td>
</tr>
<tr>
<td>D3141*</td>
<td>Mandibular partial denture—cast metal framework, resin denture bases</td>
<td>$425.00</td>
</tr>
<tr>
<td>D3221</td>
<td>Immediate maxillary partial denture—resin base (including any conventional clasps, rests and teeth)</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3222</td>
<td>Immediate mandibular partial denture—resin base (including any conventional clasps, rests and teeth)</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3223</td>
<td>Immediate maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3224</td>
<td>Immediate mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>$350.00</td>
</tr>
<tr>
<td>D3225*</td>
<td>Maxillary partial denture—flexible (including clasps, rests and teeth)</td>
<td>$425.00</td>
</tr>
<tr>
<td>D3226*</td>
<td>Mandibular partial denture—flexible (including clasps, rests and teeth)</td>
<td>$425.00</td>
</tr>
<tr>
<td>D3281*</td>
<td>Removable partial denture—one piece cast metal</td>
<td>$300.00</td>
</tr>
<tr>
<td>D3410</td>
<td>Adjust complete denture—maxillary</td>
<td>$10.00</td>
</tr>
<tr>
<td>D3411</td>
<td>Adjust complete denture—mandibular</td>
<td>$10.00</td>
</tr>
<tr>
<td>D3421</td>
<td>Adjust partial denture—maxillary</td>
<td>$10.00</td>
</tr>
<tr>
<td>D3422</td>
<td>Adjust partial denture—mandibular</td>
<td>$10.00</td>
</tr>
<tr>
<td>D3660*</td>
<td>Add clasp to existing partial denture—per tooth</td>
<td>$35.00</td>
</tr>
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</table>

**Endodontics**  
*(each procedure limited to once per tooth per life)*  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Member pays</th>
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</thead>
<tbody>
<tr>
<td>D3110</td>
<td>Pulp cap—direct (excluding final restoration)</td>
<td>$5.00</td>
</tr>
<tr>
<td>D3120</td>
<td>Pulp cap—indirect (excluding final restoration)</td>
<td>$5.00</td>
</tr>
<tr>
<td>D3220</td>
<td>Therapeutic pulpotomy</td>
<td>$30.00</td>
</tr>
<tr>
<td>D3221</td>
<td>Pulpal debridement, primary and permanent teeth</td>
<td>$55.00</td>
</tr>
<tr>
<td>D3230</td>
<td>Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)</td>
<td>$40.00</td>
</tr>
<tr>
<td>D3240</td>
<td>Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)</td>
<td>$40.00</td>
</tr>
<tr>
<td>D3310</td>
<td>Root canal therapy—anterior (excluding final restoration)</td>
<td>$100.00</td>
</tr>
<tr>
<td>D3320</td>
<td>Root canal therapy—bicuspid (excluding final restoration)</td>
<td>$152.00</td>
</tr>
<tr>
<td>D3330</td>
<td>Root canal therapy—molar (excluding final restoration)</td>
<td>$210.00</td>
</tr>
<tr>
<td>D3331</td>
<td>Treatment of root canal obstruction—non-surgical access</td>
<td>$85.00</td>
</tr>
<tr>
<td>D3332</td>
<td>Incomplete endodontic therapy—inoperable or fractured tooth</td>
<td>$96.00</td>
</tr>
<tr>
<td>D3333</td>
<td>Internal root repair of perforation defects</td>
<td>$85.00</td>
</tr>
<tr>
<td>D3346</td>
<td>Retreatment of previous root canal therapy—anterior</td>
<td>$180.00</td>
</tr>
<tr>
<td>D3347</td>
<td>Retreatment of previous root canal therapy—bicuspid</td>
<td>$280.00</td>
</tr>
<tr>
<td>D3348</td>
<td>Retreatment of previous root canal therapy—molar</td>
<td>$325.00</td>
</tr>
<tr>
<td>D3351</td>
<td>Apexification/recalcification—apical closure / calcific repair of perforations, root resorption, etc.</td>
<td>$70.00</td>
</tr>
<tr>
<td>D3352</td>
<td>Apexification/recalcification—interim</td>
<td>$70.00</td>
</tr>
<tr>
<td>D3353</td>
<td>Apexification/recalcification—final visit</td>
<td>$70.00</td>
</tr>
<tr>
<td>D3410</td>
<td>Apicoectomy/periradicular surgery—anterior</td>
<td>$95.00</td>
</tr>
<tr>
<td>D3421</td>
<td>Apicoectomy/periradicular surgery—bicuspid (first root)</td>
<td>$95.00</td>
</tr>
<tr>
<td>D3425</td>
<td>Apicoectomy/periradicular surgery—molar (first root)</td>
<td>$95.00</td>
</tr>
<tr>
<td>D3426</td>
<td>Apicoectomy/periradicular surgery (each additional root)</td>
<td>$60.00</td>
</tr>
<tr>
<td>D3430</td>
<td>Retrograde filling—per root</td>
<td>$60.00</td>
</tr>
<tr>
<td>D3450</td>
<td>Root amputation—per root (not covered in conjunction with procedure D3920)</td>
<td>$95.00</td>
</tr>
<tr>
<td>D3910</td>
<td>Surgical procedure to isolate tooth with rubber dam</td>
<td>$19.00</td>
</tr>
<tr>
<td>D3920</td>
<td>Hemisection not included in root canal therapy</td>
<td>$90.00</td>
</tr>
<tr>
<td>D3950</td>
<td>Root canal prepare and fit preformed dowel/post</td>
<td>$15.00</td>
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</table>

**Periodontics** *(gum treatment)*  

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Member pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4210</td>
<td>Gingivectomy/gingivoplasty per quadrant</td>
<td>$110.00</td>
</tr>
<tr>
<td>D4211</td>
<td>Gingivectomy/gingivoplasty per tooth</td>
<td>$88.00</td>
</tr>
<tr>
<td>D4240</td>
<td>Gingival flap, including root planing—four or more teeth, per quadrant</td>
<td>$150.00</td>
</tr>
<tr>
<td>D4241</td>
<td>Gingival flap, including root planing—one to three teeth, per quadrant</td>
<td>$113.00</td>
</tr>
<tr>
<td>D4245</td>
<td>Apically positioned flap</td>
<td>$165.00</td>
</tr>
<tr>
<td>D4249</td>
<td>Clinical crown lengthening—hard tissue</td>
<td>$150.00</td>
</tr>
<tr>
<td>D4260</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant</td>
<td>$300.00</td>
</tr>
<tr>
<td>D4261</td>
<td>Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant</td>
<td>$225.00</td>
</tr>
<tr>
<td>D4263</td>
<td>Bone replacement graft—first site in quadrant</td>
<td>$180.00</td>
</tr>
<tr>
<td>D4264</td>
<td>Bone replacement graft—each additional site in quadrant</td>
<td>$95.00</td>
</tr>
<tr>
<td>D4265</td>
<td>Biological materials which can aid soft and osseous tissue regeneration</td>
<td>$95.00</td>
</tr>
<tr>
<td>D4266</td>
<td>Guided tissue regeneration—resorbable barrier, per site</td>
<td>$215.00</td>
</tr>
<tr>
<td>D4267</td>
<td>Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)</td>
<td>$255.00</td>
</tr>
<tr>
<td>D4270</td>
<td>Pedicle soft tissue graft procedure</td>
<td>$245.00</td>
</tr>
<tr>
<td>D4271</td>
<td>Free soft tissue graft procedure (including donor site surgery)</td>
<td>$245.00</td>
</tr>
<tr>
<td>D4273</td>
<td>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft</td>
<td>$75.00</td>
</tr>
<tr>
<td>D4274</td>
<td>Distal or proximal wedge procedure</td>
<td>$100.00</td>
</tr>
<tr>
<td>D4275</td>
<td>Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft</td>
<td>$380.00</td>
</tr>
<tr>
<td>D4283</td>
<td>Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first additional contiguous tooth, implant or edentulous tooth position in same graft site</td>
<td>$75.00</td>
</tr>
<tr>
<td>D4265</td>
<td>Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) first additional contiguous tooth, implant or edentulous tooth position in same graft site</td>
<td>$380.00</td>
</tr>
<tr>
<td>D4320</td>
<td>Provisional splinting—intracoronal</td>
<td>$95.00</td>
</tr>
<tr>
<td>D4321</td>
<td>Provisional splinting—extracoronal</td>
<td>$85.00</td>
</tr>
<tr>
<td>Service Description</td>
<td>Member Pays</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------</td>
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</tr>
<tr>
<td>D7111 Coronal remnants, deciduous tooth</td>
<td>$ 5.00</td>
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</tr>
<tr>
<td>D7160 Extraction, erupted tooth or exposed tooth</td>
<td>$ 5.00</td>
<td></td>
</tr>
<tr>
<td>D7210 Surgical removal of erupted tooth</td>
<td>$ 30.00</td>
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</tr>
<tr>
<td>D7220 Removal of impacted tooth—soft tissue</td>
<td>$ 50.00</td>
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</tr>
<tr>
<td>D7230 Removal of impacted tooth—partially bony</td>
<td>$ 65.00</td>
<td></td>
</tr>
<tr>
<td>D7240 Removal of impacted tooth—completely bony</td>
<td>$ 80.00</td>
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</tr>
<tr>
<td>D7241 Removal of impacted tooth—completely bony, unusual complications by report</td>
<td>$100.00</td>
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</tr>
<tr>
<td>D7250 Surgical removal of residual tooth roots</td>
<td>$ 40.00</td>
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</tr>
<tr>
<td>D7270 Tooth stabilization of accidentally avulsed or displaced tooth</td>
<td>$ 50.00</td>
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<tr>
<td>D7280 Surgical access of an unerupted tooth (excluding wisdom teeth)</td>
<td>$100.00</td>
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</tr>
<tr>
<td>D7282 Mobilization of erupted or malposed tooth to aid eruption</td>
<td>$ 90.00</td>
<td></td>
</tr>
<tr>
<td>D7283 Placement of device to facilitate eruption of impacted tooth</td>
<td>$ 90.00</td>
<td></td>
</tr>
<tr>
<td>D7285 Incisional biopsy of oral tissue-hard (bone, tooth)</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>D7286 Incisional biopsy of oral tissue-soft (all others)</td>
<td>$ 60.00</td>
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</tr>
<tr>
<td>D7287 Exfoliative cytological sample collection</td>
<td>$ 50.00</td>
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</tr>
<tr>
<td>D7288 Brush biopsy—transepithelial sample collection</td>
<td>$ 50.00</td>
<td></td>
</tr>
<tr>
<td>D7310 Alveolectomy in conjunction with extraction—per quadrant</td>
<td>$ 40.00</td>
<td></td>
</tr>
<tr>
<td>D7311 Alveolectomy in conjunction with extraction—one to three teeth or tooth spaces, per quadrant</td>
<td>$ 15.00</td>
<td></td>
</tr>
<tr>
<td>D7320 Alveolectomy not in conjunction with extraction—per quadrant</td>
<td>$ 60.00</td>
<td></td>
</tr>
<tr>
<td>D7321 Alveolectomy not in conjunction with extraction—one to three teeth or tooth spaces, per quadrant</td>
<td>$ 25.00</td>
<td></td>
</tr>
<tr>
<td>D7471 Removal of lateral exostosis (maxilla or mandible)</td>
<td>$ 80.00</td>
<td></td>
</tr>
<tr>
<td>D7472 Removal of torus palatinus</td>
<td>$ 60.00</td>
<td></td>
</tr>
<tr>
<td>D7473 Removal of torus mandibularis</td>
<td>$ 60.00</td>
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</tr>
<tr>
<td>D7485 Surgical reduction of osseous tuberosity</td>
<td>$ 60.00</td>
<td></td>
</tr>
<tr>
<td>D7510 Incision and drainage of abscess—intraoral soft tissue</td>
<td>$ 35.00</td>
<td></td>
</tr>
<tr>
<td>D7511 Incision and drainage of abscess—intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)</td>
<td>$ 35.00</td>
<td></td>
</tr>
<tr>
<td>D7520 Incision and drainage of abscess—extraoral soft tissue</td>
<td>$ 35.00</td>
<td></td>
</tr>
<tr>
<td>D7521 Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)</td>
<td>$ 35.00</td>
<td></td>
</tr>
<tr>
<td>D7910 Suture of recent small wounds up to 5 cm.</td>
<td>$ 25.00</td>
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</tr>
<tr>
<td>D7960 Frenulectomy (frenectomy or frenotomy)—separate procedure</td>
<td>$ 50.00</td>
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</tr>
<tr>
<td>D7963 Frenuoplasty</td>
<td>$ 50.00</td>
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<tr>
<td>D7970 Excision hyperplastic tissue—per arch</td>
<td>$ 55.00</td>
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<tr>
<td>D7971 Excision of pericoronadal gingiva</td>
<td>$ 40.00</td>
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</tbody>
</table>

Reparations to prosthetics

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D5510* Repair broken complete denture base</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5520* Replace missing or broken teeth—complete denture (each tooth)</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5610* Repair resin denture base</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5620* Repair cast framework</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5630* Repair or replace broken clasps—per tooth</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5640* Replace broken teeth—per tooth</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5650* Add tooth to existing partial denture</td>
<td>$ 35.00</td>
</tr>
<tr>
<td>D5670* Replace all teeth and acrylic framework—maxillary</td>
<td>$165.00</td>
</tr>
<tr>
<td>D5671* Replace all teeth and acrylic framework—mandibular</td>
<td>$165.00</td>
</tr>
<tr>
<td>D5710* Rebase complete maxillary denture</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>D5711* Rebase complete mandibular denture</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>D5720* Rebase maxillary partial denture</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>D5721* Rebase mandibular partial denture</td>
<td>$ 75.00</td>
</tr>
<tr>
<td>D5730 Reline complete maxillary denture (chairside)</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D5731 Reline complete maxillary denture (chairside)</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D5740 Reline maxillary partial denture (chairside)</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D5741 Reline maxillary partial denture (chairside)</td>
<td>$ 65.00</td>
</tr>
<tr>
<td>D5750* Reline complete maxillary denture (laboratory)</td>
<td>$ 85.00</td>
</tr>
<tr>
<td>D5751* Reline complete mandibular denture (laboratory)</td>
<td>$ 85.00</td>
</tr>
<tr>
<td>D5760* Reline maxillary partial denture (laboratory)</td>
<td>$ 85.00</td>
</tr>
<tr>
<td>D5761* Reline mandibular partial denture (laboratory)</td>
<td>$ 85.00</td>
</tr>
<tr>
<td>D5810* Interim complete denture (maxillary)</td>
<td>$230.00</td>
</tr>
<tr>
<td>D5811* Interim complete denture (mandibular)</td>
<td>$230.00</td>
</tr>
<tr>
<td>D5820* Interim partial denture (maxillary)</td>
<td>$160.00</td>
</tr>
<tr>
<td>D5821* Interim partial denture (mandibular)</td>
<td>$170.00</td>
</tr>
<tr>
<td>D5850 Tissue conditioning, maxillary</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>D5851 Tissue conditioning, mandibular</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>D5862* Precision attachment, by report</td>
<td>$160.00</td>
</tr>
<tr>
<td>D6214* Pontic titanium</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6245* Pontic—porcelain/ceramic</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6250* Pontic—resin with high noble metal</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6251 Pontic—resin with predominantly base metal</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6252* Pontic—resin with noble metal</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6253* Provisional pontic</td>
<td>no charge</td>
</tr>
<tr>
<td>D6545* Retainer—cast metal, resin bonded fixed prosthesis</td>
<td>$150.00</td>
</tr>
<tr>
<td>D6549 Resin retainer—for resin bonded fixed prosthesis</td>
<td>$150.00</td>
</tr>
<tr>
<td>D6600* Retainer inlay—porcelain/ceramic, two surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6601* Retainer inlay—porcelain/ceramic, three or more surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6602* Retainer inlay—cast high noble metal, two surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6603* Retainer inlay—cast high noble metal, three or more surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6604 Retainer inlay—cast predominantly base metal, two surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6605 Retainer inlay—cast predominantly base metal, three or more surfaces</td>
<td>$245.00</td>
</tr>
<tr>
<td>D6606* Retainer inlay—cast noble metal, two surfaces</td>
<td>$245.00</td>
</tr>
</tbody>
</table>

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FL52438HD1 0216  Page 5 of 6
D6607* Retainer inlay—cast noble metal, three or more surfaces ........................................ $ 245.00
D6608* Retainer onlay—porcelain/ceramic, two surfaces $245.00
D6609* Retainer onlay—porcelain/ceramic, three or more surfaces ........................................ $ 245.00
D6610* Retainer onlay—cast high noble metal, two surfaces ........................................ $ 245.00
D6611* Retainer onlay—cast high noble metal, three or more surfaces ........................................ $ 245.00
D6612 Retainer onlay—cast predominantly base metal, two surfaces ........................................ $ 245.00
D6613 Retainer onlay—cast predominantly base metal, three or more surfaces ........................................ $ 245.00
D6614* Retainer onlay—cast noble metal, two surfaces ........................................ $ 245.00
D6615* Retainer onlay—cast noble metal, three or more surfaces ........................................ $ 245.00
D6710* Retainer crown—indirect resin based composition ........................................ $ 245.00
D6720* Retainer crown—resin with high noble metal ........................................ $ 245.00
D6721 Retainer crown—resin with predominantly base metal ........................................ $ 245.00
D6722* Retainer crown—resin with noble metal ........................................ $ 245.00
D6740* Retainer crown—porcelain/ceramic ........................................ $ 245.00
D6780* Retainer crown—3/4 cast high noble metal ........................................ $ 245.00
D6781 Retainer crown—3/4 cast predominantly base metal ........................................ $ 245.00
D6782* Retainer crown—3/4 cast noble metal ........................................ $ 245.00
D6783* Retainer crown—3/4 porcelain/ceramic, denture $245.00

Adjunctive general service

D9110 Palliative (emergency) treatment of dental pain—minor procedure ..................... $ 10.00
D9120 Fixed partial denture sectioning ........................................ no charge
D9210 Local anesthesia not in conjunction with operative or surgical procedures .......... no charge
D9211 Regional block anesthesia ........................................ no charge
D9212 Trigeminal division block anesthesia ........................................ no charge
D9215 Local anesthesia ........................................ no charge
D9223 Deep sedation/general anesthesia—each 15 minute increment ........................ $ 150.00
D9230 Analgesia (nitrous oxide), per 15 minutes ........................................ $ 15.00
D9243 Intravenous moderate (conscious) sedation/analgesia—each 15 minute increment ........................................ $ 45.00
D9248 Non-intravenous conscious sedation ............................... $ 15.00
D9450 Case presentation, detailed and extensive treatment planning ............................... no charge
D9610 Non-intravenous conscious sedation ............................... $ 15.00
D9612 Therapeutic parenteral drugs, two or more administrations, different medications ........................................ $ 25.00
D9630 Other drugs and/or medications, by report ........................................ $ 15.00
D9910 Application of desensitizing medicament ........................................ $ 15.00
D9940 Occlusal guard, by report ........................................ $ 85.00
D9942 Repair and/or relined of occlusal guard ........................................ $ 40.00
D9951 Occlusal adjustment—limited ........................................ $ 30.00
D9952 Occlusal adjustment—complete ........................................ $100.00

Bleaching

D9972 External bleaching in office—per arch ........................................ $125.00
D9975 External bleaching in home—per arch ........................................ $125.00

Orthodontics

D8070 Comprehensive orthodontic treatment of the transitional dentition ............................... $ 1,850.00
D8070 Consultation ........................................ no charge
D8070 Evaluation ........................................ $ 35.00
D8070 Records/treatment planning ........................................ $ 250.00
D8080 Comprehensive orthodontic treatment of the adolescent dentition ............................... $ 1,850.00
D8080 Consultation ........................................ no charge
D8080 Evaluation ........................................ $ 35.00
D8080 Records/treatment planning ........................................ $ 250.00
D8090 Comprehensive orthodontic treatment of the adult dentition ............................... $ 1,850.00
D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) ........................................ $ 300.00
D8693 Rebonding or recementing, and/or repair, as required, of fixed retainers ........................................ no charge

Implants (available for groups 10+ enrolled)

Coverage for implants:

• Implants and implant supported prostheses covered at a 50% coinsurance
• Annual Maximum Benefit of $1,500
• Lifetime Maximum Benefit of $10,000

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 be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
• 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.

Current Dental Terminology © 2016 American Dental Association. All rights reserved.

Insured or administered by Humana Insurance Company or CompBenefits Company.
<table>
<thead>
<tr>
<th><strong>Calendar-year deductible</strong> (excludes orthodontia services)</th>
<th><strong>If you use an IN-NETWORK dentist</strong></th>
<th><strong>If you use an OUT-OF-NETWORK dentist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$50</td>
<td>Individual</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>Family</td>
</tr>
<tr>
<td>Deductible applies to all services excluding preventive services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Calendar-year annual maximum** (excludes orthodontia services) | **Unlimited** |

<table>
<thead>
<tr>
<th><strong>Preventive services</strong></th>
<th><strong>100% no deductible</strong></th>
<th><strong>90% no deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine oral examinations (2 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panoramic or full mouth x-rays (including bitewings) (once every three years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine cleanings (2 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride treatment (1 per year, through age 14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Cancer Screening (1 per year, ages 40 and older)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Basic services</strong></th>
<th><strong>85% after deductible</strong></th>
<th><strong>70% after deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency care for pain relief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealant and space maintainers covered to age 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stainless steel crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harmful habit appliances for children (1 per lifetime, through age 14)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Major services</strong></th>
<th><strong>55% after deductible</strong></th>
<th><strong>50% after deductible</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns (1 per tooth every 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlays/onlays (1 per tooth every 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges (1 per tooth every 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures (1 per tooth every 5 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture repair and adjustments (following 6 months of denture use)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral surgery (tooth extractions including impacted teeth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants (1 every 5 years for implant placement, crowns, bridges, and dentures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Orthodontia services** | **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.** |

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City of St. Petersburg

FLORIDA

Humana Dental PPO 14
Humana Dental PPO 14

Questions?
Simply call 1-800-979-4760 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a Humana Dental plan

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

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

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

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person’s chances for career success?* Humana Dental helps you feel good about your dental health so you can smile confidently.
* American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist
With Humana Dental’s PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental PPO Network. To find a dentist in Humana Dental’s PPO Network, log on to Humana.com or call 1-800-979-4760.

Know what your plan covers
The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at Humana.com or call 1-800-979-4760.

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

Learn what your plan paid
After Humana Dental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-979-4760.

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

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

**CITY OF ST PETERSBURG**

## Vision care services

<table>
<thead>
<tr>
<th>Service</th>
<th>IN-NETWORK provider</th>
<th>OUT-OF-NETWORK provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with dilation as necessary</strong></td>
<td>$0</td>
<td>Up to $30</td>
</tr>
<tr>
<td>• Retinal imaging¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Up to $39</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact lens exam options²</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Standard contact lens fit and follow-up</td>
<td>Up to $55</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium contact lens fit and follow-up</td>
<td>10% off retail</td>
<td></td>
</tr>
<tr>
<td><strong>Frames³</strong></td>
<td>35% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Standard plastic lenses⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single vision</td>
<td>$50</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$70</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$105</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Lenticular</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Covered lens options⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• UV coating</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Tint (solid and gradient)</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard scratch-resistance</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - adults</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - children &lt;19</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard anti-reflective coating</td>
<td>$45</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard progressive (add-on to bifocal)</td>
<td>$65</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Polarized</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Add-on services</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact lenses (applies to materials only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conventional</td>
<td>15% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Disposable</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Medically necessary</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Examination</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Lenses or contact lenses</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Frame</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
Member costs may exceed $39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

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.

Discounts available on all frames except when prohibited by the manufacturer.

Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

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 EyeMed 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.
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

Questions?

Check out Humana.com

Call 1-877-398-2980 seven days a week: 8 a.m. to 6 p.m. Eastern Time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday.


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.

Policy number: number: FL-70148-01LG9/15et.al.; FL-70148-01SG9/15et.al.

1 Thompson Media Inc.
<table>
<thead>
<tr>
<th>Vision care services</th>
<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with dilation as necessary</strong></td>
<td>$10</td>
<td>Up to $30</td>
</tr>
<tr>
<td>• Retinal imaging¹</td>
<td>Up to $39</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact lens exam options²</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Standard contact lens fit and follow-up</td>
<td>Up to $55</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium contact lens fit and follow-up</td>
<td>10% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Frames³</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to $130</td>
<td>Up to $65</td>
</tr>
<tr>
<td></td>
<td>20% off balance over $130</td>
<td></td>
</tr>
<tr>
<td><strong>Standard plastic lenses⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Single vision</td>
<td>$15</td>
<td>Up to $25</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$15</td>
<td>Up to $60</td>
</tr>
<tr>
<td>• Lenticular</td>
<td>$15</td>
<td>Up to $100</td>
</tr>
<tr>
<td><strong>Covered lens options⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• UV coating</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Tint (solid and gradient)</td>
<td>$15</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard scratch-resistance</td>
<td>$15</td>
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</tr>
<tr>
<td>• Standard polycarbonate - adults</td>
<td>$40</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard polycarbonate - children &lt;19</td>
<td>$0</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard anti-reflective coating</td>
<td>$45</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Premium anti-reflective coating</td>
<td>Premium anti-reflective coatings as follows:</td>
<td></td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$57</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$68</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 3</td>
<td>80% of charge</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Standard progressive (add-on to bifocal)</td>
<td>$15</td>
<td>Up to $40</td>
</tr>
<tr>
<td>• Premium progressive</td>
<td>Premium progressives as follows:</td>
<td></td>
</tr>
<tr>
<td>- Tier 1</td>
<td>$110</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 2</td>
<td>$120</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 3</td>
<td>$135</td>
<td>Not covered</td>
</tr>
<tr>
<td>- Tier 4</td>
<td>$90, 80% of charge, then up to $120</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Photochromatic / plastic transitions</td>
<td>$75</td>
<td>Not covered</td>
</tr>
<tr>
<td>• Polarized</td>
<td>20% off retail</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Contact lenses⁵</strong> (applies to materials only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conventional</td>
<td>Up to $135, 15% off balance over $135</td>
<td>Conventional $135</td>
</tr>
<tr>
<td>• Disposable</td>
<td>Up to $135</td>
<td>Disposable $135 Up to $200</td>
</tr>
<tr>
<td>• Medically necessary</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>
Humana Vision 130

**Vision care services**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>If you use an IN-NETWORK provider (Member cost)</th>
<th>If you use an OUT-OF-NETWORK provider (Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Examination</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Lenses or contact lenses</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>• Frame</td>
<td>Once every 12 months</td>
<td>Once every 12 months</td>
</tr>
</tbody>
</table>

**Diabetic Eye Care: care and testing for diabetic members**

| • Examination | $0 | Up to $77 |
| - Up to (2) services per year |
| • Retinal Imaging | $0 | Up to $50 |
| - Up to (2) services per year |
| • Extended Ophthalmoscopy | $0 | Up to $15 |
| - Up to (2) services per year |
| • Gonioscopy | $0 | Up to $15 |
| - Up to (2) services per year |
| • Scanning Laser | $0 | Up to $33 |
| - Up to (2) services per year |

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 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 EyeMed 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.


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.


27. Solutions and/or cleaning products for glasses or contact lenses.


29. Non-prescription items.


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.

Questions?
Check out Humana.com

Call 1-877-398-2980 seven days a week: 8 a.m. to 6 p.m. Eastern Time Monday through Saturday, and 11 a.m. to 8 p.m. Sunday.


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.

Policy number: number: FL-70148-01LG9/15et.al.; FL-70148-01SG9/15et.al.

1 Thompson Media Inc.
Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on Humana.com called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools, and wellness resources.

Some of what you can do on MyHumana:
- Claims – Check if a claim has been paid along with your estimated cost, if any
- Coverage details – Review deductibles, coverage levels, and limits
- Provider search – Use Physician Finder Plus to find in-network providers near you
- Humana’s MyChoice Tools – Choose providers wisely and estimate costs
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or e-mail

Registering is easy
- Have your Humana ID card ready
- Go to Humana.com
- Select “Register” at the top of the page or in the log-in box on the left
- Choose “Member all other plan types”
- Fill in some basic information – like your member ID number, date of birth, ZIP code, and e-mail address, and click “next”
- Create a User ID, password, and security prompt and click “next” to finish

Now, how easy was that? You’re all set – jump in and start exploring!
You don’t have to wait for health and benefits guidance – you can get it right away with MyHumana.

Please note, all features may not be available to all members.
MyHumana Mobile app
“Now we go where you go”

Access your health information anytime, anywhere
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:
• View dental and vision
• View your plans and coverage details
• Locate providers in your network

Download the Mobile App:
Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.

From your mobile device’s browser:
You can visit MyHumana from your mobile device’s browser. To get started, go to Humana.com and sign-in.

Text message alerts*
On the MyHumana Mobile app:
1. Register or Sign in
2. Click on the Menu icon
3. Select Text Alerts
4. Register and verify your Mobile #
5. Select the alerts you want to receive

On Humana.com:
1. Register or Sign in
2. Click on Account settings & preferences
3. Select Edit your preferences
4. Select Mobile from the tab
5. Register and verify your Mobile #
6. Select the alerts you want to receive

*Message and data rates may apply.
How to view a copy of your dental and vision identification (ID) cards

You will have access to view and print your 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.

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).
