HumanaDental

KCTCS

Kentucky Community Technical College Systems

01/01/2018

Humana®

HumanaDental Advantage Plus 3S Plan

KCTCS

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at **HumanaDental.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit **HumanaDental.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 HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network in not covered.
- You may receive up to a 20 percent discount by using certain participating dentists from our network. Visit **HumanaDental.com** to find a participating dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.

Questions?

Check out HumanaDental.com

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

HumanaDental Advantage Plus 3S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **HumanaDental.com**.

Office visit copay

☐ $0/$0

Annual maximum

☐ No annual maximum

Summary of services

Preventive		Member pays
D0120[a]	Periodic oral examination	no charge
D0140[a]	Limited oral evaluation—problem focused	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge
D0150	Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months)	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge
D0180	Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months)	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270[a]	Bitewing—single radiographic image	no charge
D0272[a]	Bitewings—two radiographic images	no charge
D0273[a]	Bitewings—three radiographic images	no charge
D0274[a]	Bitewings—four radiographic images	no charge
D0277[a]	Vertical bitewings—7 to 8 radiographic images	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge
D0470	Diagnostic casts	no charge
D1110[a]	Prophylaxis—adult (inclusive of D4910)	no charge
D1120[a]	Prophylaxis—child (inclusive of D4910)	no charge
D1206[a]	Topical application of fluoride varnish (for child <16)	no charge
D1208[a]	Topical application of fluoride - excluding varnish (for child <16)	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14)	no charge
D1510	Space maintainer—fixed, unilateral (limited to child <14)	no charge
D1515	Space maintainer—fixed, bilateral (limited to child <14)	no charge
D1520	Space maintainer—removable, unilateral (limited to child <14)	no charge
D1525	Space maintainer—removable, bilateral (limited to child <14)	no charge
D1550	Re-cement or re-bond space maintainer	no charge

Basic		Member pays
D2140	Amalgam—one surface primary or permanent	$ 24.00
D2150	Amalgam—two surfaces primary or permanent	$ 31.00
D2160	Amalgam—three surfaces primary or permanent	$ 37.00
D2161	Amalgam—four/more surfaces primary/permanent	$ 46.00
D2330	Resin based composite—one surface, anterior	$ 24.00
D2331	Resin based composite—two surfaces, anterior	$ 31.00
D2332	Resin based composite—three surfaces, anterior	$ 38.00
D2335	Resin based composite —four or more surfaces, involving incisal angle	$ 45.00
D2390	Resin based composite—crown anterior	$ 49.00
D2391	Resin based composite—one surface, posterior	$ 28.00
D2392	Resin based composite—two surfaces, posterior	$ 37.00
D2393	Resin based composite—three surfaces, posterior	$ 46.00
D2394	Resin based composite—four or more surfaces, posterior	$ 56.00
D3220	Therapeutic pulpotomy	$ 30.00
D3310	Root canal therapy—anterior	$126.00
D3320	Root canal therapy—bicuspid	$154.00
D3330	Root canal therapy—molar	$199.00
D3346	Previous root canal therapy—anterior	$170.00
D3347	Previous root canal therapy—bicuspid	$200.00
D3348	Previous root canal therapy—molar	$240.00
D3410	Apicoectomy/periradicular surgery—anterior	$144.00
D3421	Apicoectomy/periradicular surgery—bicuspid	$158.00
D3425	Apicoectomy/periradicular surgery—molar	$178.00
D3426	Apicoectomy/periradicular surgery—each addtl root	$ 59.00
D3430	Retrograde filling—per root	$ 44.00
D4210[c]	Gingivectomy/gingivoplasty—four or more teeth, quad	$143.00
D4211[c]	Gingivectomy/gingivoplasty—1 to 3 teeth, quad	$ 61.00
D4240[c]	Gingival flap proc—four or more teeth, quad	$169.00
D4241[c]	Gingival flap proc—1 to 3 teeth, quad	$ 87.00

D4249	Clinical crown lengthening – hard tissue	$192.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$272.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$142.00
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	$ 39.00
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months)	$ 21.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years)	$ 26.00
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	$ 23.00
D7111	Extraction coronal remnants deciduous tooth	$ 20.00
D7140	Extraction erupted tooth or exposed root	$ 26.00
D7210	Surgical removal—erupted tooth	$ 43.00
D7220	Removal of impacted tooth—soft tissue	$ 54.00
D7230	Removal of impacted tooth—partially bony	$ 72.00
D7240	Removal of impacted tooth—completely bony	$ 84.00
D7241	Remove impacted tooth—completely bony w/comp	$106.00
D7250	Surgical removal of residual tooth roots	$ 45.00
D7310	Alveoloplasty in conjunction w/extractions—per quad	$ 50.00
D7311	Alveoloplasty in conjunction w/extractions—1-3 teeth	$ 39.00
D7320	Alveoloplasty not conjunction w/extractions—per quad	$ 72.00
D7321	Alveoloplasty not conjunction w/extractions—1-3 teeth	$ 61.00
D7510	Incision and drainage of abscess—intraoral	$ 48.00
D7520	IIncision and drainage of abscess—extraoral	$228.00
D7960	Frenulectomy—separate procedure	$ 45.00
D7970	Excision of hyperplastic tissue—per arch	$109.00
D9110	Palliative treatment dental pain—minor procedure	$ 18.00
D9215	Local anesthesia	no charge
D9310	Professional consultation by non-treating dentist	$ 38.00
D9951	Occlusal adjustment—limited	$ 23.00
D9952	Occlusal adjustment—complete	$130.00

Major		**Member pays**
D2510[b]	Inlay—metallic, one surface	$313.00
D2520[b]	Inlay—metallic, two surfaces	$355.00
D2530[b]	Inlay—metallic, three or more surfaces	$410.00
D2542[b]	Onlay—metallic, two surfaces	$402.00
D2543[b]	Onlay—metallic, three surfaces	$420.00
D2544[b]	Onlay—metallic, four or more surfaces	$437.00
D2610[b]	Inlay—porcelain/ceramic, one surface	$368.00
D2620[b]	Inlay—porcelain/ceramic, two surfaces	$389.00
D2630[b]	Inlay—porcelain/ceramic, three or more surfaces	$414.00
D2642[b]	Onlay—porcelain/ceramic, two surfaces	$403.00
D2643[b]	Onlay—porcelain/ceramic, three surfaces	$434.00
D2644[b]	Onlay—porcelain/ceramic, four or more surfaces	$461.00
D2650[b]	Inlay—resin based composite, one surface	$242.00
D2651[b]	Inlay—resin based composite, two surfaces	$288.00
D2652[b]	Inlay—resin based composite, three or more surfaces	$303.00
D2662[b]	Onlay—resin based composite, two surfaces	$263.00
D2663[b]	Onlay—resin based composite, three surfaces.	$310.00
D2664[b]	Onlay—resin based ccomposite, four or more surfaces	$332.00
D2710[b]	Crown—resin based composite, indirect	$187.00
D2720[b]	Crown—resin with high noble metal	$461.00
D2721[b]	Crown—resin with predominantly base metal	$432.00
D2722[b]	Crown—resin with noble metal	$441.00
D2740[b]	Crown—porcelain/ceramic substrate	$473.00
D2750[b]	Crown—porcelain fused to high noble metal	$466.00
D2751[b]	Crown—porcelain fused predom base metal	$434.00
D2752[b]	Crown—porcelain fused to noble metal	$445.00
D2790[b]	Crown—full cast high noble metal	$450.00
D2791[b]	Crown—full cast predom base metal.	$426.00
D2792[b]	Crown—full cast noble metal	$434.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$ 41.00
D2920	Re-cement or re-bond crown	$ 42.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth	$115.00
D2930	Crown—prefabricated stainless steel, primary tooth	$115.00
D2931	Crown—prefabricated stainless steel, permanent tooth	$131.00
D2932	Crown—prefabricated resin	$142.00
D2940	Sedative filling	$ 44.00
D2950	Core buildup including any pins	$110.00
D2951	Pin retention—per tooth addition restoration.	$ 23.00
D2952	Cast post and core in addition to crown	$168.00
D2954	Prefabricated post and core in addition to crown	$139.00
D5110[d]	Complete denture—maxillary	$642.00
D5120[d]	Complete denture—mandibular	$642.00
D5130[d]	Immediate denture—maxillary	$700.00
D5140[d]	Immediate denture—mandibular	$700.00
D5211[d]	Maxillary partial denture—resin base	$542.00
D5212[d]	Mandibular partial denture—resin base	$629.00
D5213[d]	Maxillary partial denture—cast metal—resin base	$709.00
D5214[d]	Mandibular partial denture—cast metal—resin base	$709.00
D5410[c]	Adjust complete denture—maxillary	$ 35.00
D5411[c]	Adjust complete denture—mandibular	$ 35.00
D5421[c]	Adjust partial denture—maxillary	$ 35.00
D5422[c]	Adjust partial denture—mandibular	$ 35.00
D5510	Repair broken complete denture base	$ 70.00
D5520	Replace missing/broken teeth—complete denture	$ 59.00
D5610	Repair resin denture base	$ 76.00
D5620	Repair cast framework.	$ 82.00
D5630	Repair or replace broken clasp—per tooth	$100.00
D5640	Replace broken teeth—per tooth	$ 64.00
D5650	Add tooth to existing partial denture	$ 88.00
D5660	Add clasp to existing partial denture—per tooth	$105.00
D5710[e]	Rebase complete maxillary denture	$261.00
D5711[e]	Rebase complete mandibular denture	$249.00
D5720[e]	Rebase maxillary partial denture.	$246.00
D5721[e]	Rebase mandibular partial denture	$246.00
D5730[e]	Reline complete maxillary denture	$147.00
D5731[e]	Reline complete mandibular denture	$147.00
D5740[e]	Reline maxillary partial denture	$135.00
D5741[e]	Reline mandibular partial denture	$135.00
D5750[e]	Reline complete maxillary denture	$196.00
D5751[e]	Reline complete mandibular denture	$196.00
D5760[e]	Reline maxillary partial denture	$193.00
D5761[e]	Reline mandibular partial denture	$193.00
D5850	Tissue conditioning maxillary	$ 61.00
D5851	Tissue conditioning mandibular	$ 61.00

D6092	Recement implant/abutment supported crown	$ 42.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	$ 57.00
D6210[f]	Pontic—cast high noble metal	$431.00
D6211[f]	Pontic—cast predominantly base metal	$404.00
D6212[f]	Pontic—cast noble metal	$420.00
D6240[f]	Pontic—porcelain fused to high noble metal	$426.00
D6241[f]	Pontic—porceln fused predom base metal	$393.00
D6242[f]	Pontic—porcelain fused to noble metal	$415.00
D6250[f]	Pontic—resin with high noble metal.	$420.00
D6251[f]	Pontic—resin with predominantly base metal	$388.00
D6252[f]	Pontic—resin with noble metal	$400.00
D6600[f]	Retainer inlay—porcelain/ceramic, two surfaces	$355.00
D6601[f]	Retainer inlay—porcelain/ceramic, three or more surfaces	$373.00
D6602[f]	Retainer inlay—cast high noble metal, two surfaces	$380.00
D6603[f]	Retainer inlay—cast high noble metal, three or more surfaces	$418.00
D6604[f]	Retainer inlay—cast predom base metal, two surfaces	$372.00
D6605[f]	Retainer inlay—cast predom base metal, three or more surfaces	$394.00
D6606[f]	Retainer inlay—cast noble metal, two surfaces	$366.00
D6607[f]	Retainer inlay—cast noble metal, three or more surfaces	$406.00
D6608[f]	Retainer onlay—porcelain/ceramic, two surfaces	$386.00
D6609[f]	Retainer onlay—porcelain/ceramic, three or more surfaces	$403.00
D6610[f]	Retainer onlay—cast high noble metal, two surfaces	$409.00
D6611[f]	Retainer onlay—cast high noble metal, three or more surfaces	$448.00
D6612[f]	Retainer onlay—cast predom base metal, two surfaces	$407.00
D6613[f]	Retainer onlay—cast predom base metal, three or more surfaces	$426.00
D6614[f]	Retainer onlay—cast noble metal, two surfaces	$399.00
D6615[f]	Retainer onlay—cast noble metal, three or more surfaces	$414.00
D6720[f]	Retainer crown—resin with high noble metal.	$474.00
D6721[f]	Retainer crown—resin with predom base metal	$450.00
D6722[f]	Retainer crown—resin with noble metal.	$458.00
D6740[f]	Retainer crown—porcelain/ceramic	$499.00
D6750[f]	Retainer crown—porcelain fused to high noble metal	$486.00
D6751[f]	Retainer crown—porcelain fused to predom base metal	$453.00
D6752[f]	Retainer crown—porcelain fused to noble metal	$464.00
D6780[f]	Retainer crown—3/4 cast high noble metal	$458.00
D6790[f]	Retainer crown—full cast high noble metal.	$469.00
D6791[f]	Retainer crown—full cast predom base metal	$445.00
D6792[f]	Retainer crown—full cast noble metal	$461.00
D6930[f]	Re-cement or re-bond fixed partial denture	$ 57.00

Orthodontics		**Member pays**
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	$2100.00
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	$2100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; 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	$2300.00
D8680	Retention	$ 450.00

a Limit of one every six months
b Limit one per tooth every eight years
c Limit one every 12 months
d Limit one every five years
e Limit of one every three years
f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible to receive up to a 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit HumanaDental.com to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by Humana Insurance Company, The Dental Concern, Inc., CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company, or CompBenefits Insurance Company.

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CompBenefits Family of Companies

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS
APPOINTMENTS		
9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	$20.00
9430	Office Visit (normal hours)	$5.00
9440	Office Visit (after regularly scheduled hours)	$35.00
9999	Emergency visit during regularly scheduled hours,by report	$20.00
9999	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		
120	Periodic oral evaluation	NO CHARGE
140/150/160	Limited/Comprehensive oral evaluation	NO CHARGE
180	Comprehensive periodontal evaluation	$15.00
210	X-Ray Intraoral - complete series including bitewings	NO CHARGE
220	X-Ray Intraoral - periapical - first film	NO CHARGE
230	X-Ray Intraoral - periapical - each additional film	NO CHARGE
270	X-Ray Bitewing - single film	NO CHARGE
272	X-Ray Bitewings - two films	NO CHARGE
274	Bitewings - four films	NO CHARGE
330	Panoramic film	NO CHARGE
460	Pulp vitality tests	NO CHARGE
470	Diagnostic casts	NO CHARGE
PREVENTIVE CARE		
1110/1120	Prophylaxis-adult/child-routine (once every 6 months)	NO CHARGE
1110/1120	Prophylaxis-adult/child- (additional)	$25.00
1201	Topical application of fluoride (including prophylaxis) child (up to 16 years of age)	NO CHARGE
1203	Topical application of fluoride (not including prophylaxis) child (up to 16 years of age)	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE
1351	Sealant - per tooth	$15.00
1510	Space Maintainer - fixed - unilateral	$55.00 + LAB
PREVENTIVE CARE (cont.)		
1515	Space Maintainer - fixed - bilateral	$55.00 + LAB
1520	Space Maintainer - removable - unilateral	$95.00 + LAB
1525	Space Maintainer - removable - bilateral	$95.00 + LAB
1550	Recementation of space maintainer	$15.00
RESTORATIVE		
2140	Amalgam - one surface, primary or permanent	$20.00
2150	Amalgam - two surfaces, primary or permanent	$25.00
2160	Amalgam - three surfaces, primary or permanent	$30.00
2161	Amalgam - four or more surfaces, primary or permanent	$40.00
2940	Sedative filling	$20.00
2999	Sedative base (under fillings), by report	NO CHARGE
RESIN RESTORATION		
2330	Resin - one surface, anterior	$40.00
2331	Resin - two surfaces, anterior	$45.00
2332	Resin - three surfaces, anterior	$55.00
2391	Resin - based composite - one surface, posterior	$70.00
2392	Resin - based composite - two surfaces, posterior	$90.00
2393	Resin - based composite - three surfaces, posterior	$110.00
2394	Resin - based composite - four or more surfaces, posterior	$130.00
2510	Inlay - metallic - one surface	$115.00
2520	Inlay - metallic - two surfaces	$125.00
2530	Inlay - metallic - three or more surfaces	$150.00
CROWN & BRIDGE		
2740	Crown - porcelain/ceramic substrate	$310 + LAB
2750*	Crown - porcelain fused to high noble metal	$310.00
2751	Crown - porcelain fused to predominantly base metal	$310.00
2752*	Crown - porcelain fused to noble metal	$310.00
2790*	Crown - full cast high noble metal	$310.00
2791	Crown - full cast predominantly base metal	$310.00

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CompBenefits Family of Companies

schedule of benefits and subscriber copayments

ADA CODE	PROCEDURE	PATIENT PAYS
CROWN & BRIDGE (cont.)		
2792*	Crown - full cast noble metal	$310.00
2910	Recement inlay	$20.00
2920	Recement crown	$20.00
2930	Prefabricated stainless steel crown - primary tooth	$90.00
2950	Core buildup, including any pins	$50.00
2951	Pin retention - per tooth	$20.00
2952	Cast post and core in addition to crown	$100.00 + LAB
2953	Each additional cast post - same tooth	$100.00 + LAB
2954	Prefabricated post and core in addition to crown	$100.00
2962	Labial veneer (porcelain laminate) - laboratory	$310 + LAB
ENDODONTICS		
3220	Therapeutic pulpotomy	$40.00
3221	Pulpal debridement, primary and permanent teeth	$110.00
3310	Root canal therapy - anterior (excluding final restoration)	$150.00
3320	Root canal therapy - bicuspid (excluding final restoration)	$250.00
3330	Root canal therapy - molar (excluding final restoration)	$300.00
3410	Apicoectomy/periradicular surgery - anterior	$150.00
PERIODONTICS (Gum treatment)		
4210	Gingivectomy/gingivoplasty 4+ teeth per quad	$150.00
4211	Gingivectomy/gingivoplasty 1-3 teeth per quad	$45.00
4341	Periodontal scaling and root planning 4+ teeth per quad	$55.00
4342	Periodontal scaling and root planing 1-3 teeth per quad	$55.00
4355	Full mouth debridement to enable eval and diagnosis	$50.00
4381	Localized delivery of chemotherapeutic agents (per tooth)	$50.00
4910	Periodontal maintenance	$55.00
PROSTHODONTICS		
5110	Complete denture - maxillary	$325.00 + LAB
5120	Complete denture - mandibular	$325.00 + LAB
5130	Immediate denture - maxillary	$325.00 + LAB

ADA CODE	PROCEDURE	PATIENT PAYS
PROSTHODONTICS (cont.)		
5140	Immediate denture - mandibular	$325.00 + LAB
5211	Maxillary partial denture - resin base	$325.00 + LAB
5212	Mandibular partial denture - resin base	$325.00 + LAB
5213	Maxillary partial denture - cast metal framework, resin denture bases	$325.00 + LAB
5214	Mandibular partial denture - cast metal framework, resin denture bases	$325.00 + LAB
5410	Adjust complete denture - maxillary	$20.00
5411	Adjust complete denture - mandibular	$20.00
5421	Adjust partial denture - maxillary	$20.00
5422	Adjust partial denture - mandibular	$20.00
REPAIRS TO PROSTHETICS		
5510	Repair broken complete denture base	$20.00 + LAB
5520	Replace missing or broken teeth - complete denture (each tooth)	$20.00 + LAB
5610	Repair resin denture base	$20.00 + LAB
5630	Repair or replace broken clasp	$20.00 + LAB
5640	Replace broken teeth - per tooth	$20.00 + LAB
5650	Add tooth to existing partial denture	$35.00 + LAB
5730	Reline complete maxillary denture (chairside)	$55.00
5731	Reline complete mandibular denture (chairside)	$55.00
5740	Reline maxillary partial denture (chairside)	$55.00
5741	Reline mandibular partial denture (chairside)	$55.00
5750	Reline complete maxillary denture (laboratory)	$40.00 + LAB
5751	Reline complete mandibular denture (laboratory)	$40.00 + LAB
5760	Reline maxillary partial denture (laboratory)	$40.00 + LAB
5761	Reline mandibular partial denture (laboratory)	$40.00 + LAB
5850	Tissue conditioning - maxillary	$35.00
5851	Tissue conditioning - mandibular	$35.00
PROSTHODONTICS (Fixed)		
6210*	Pontic - cast high noble metal	$310.00
6211	Pontic - cast predominantly base metal	$310.00
6212*	Pontic - cast noble metal	$310.00

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C 250-Z

CompBenefits Family of Companies

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ADA CODE	PROCEDURE	PATIENT PAYS
PROSTHODONTICS (Fixed) (cont.)		
6240*	Pontic - porcelain fused to high noble metal	$310.00
6241	Pontic - porcelain fused to predominantly base metal	$310.00
6242*	Pontic - porcelain fused to noble metal	$310.00
6750*	Crown - porcelain fused to high noble metal	$310.00
6751	Crown - porcelain fused to predominantly base metal	$310.00
6752*	Crown - porcelain fused to noble metal	$310.00
6790*	Crown - full cast high noble metal	$310.00
6791	Crown - full cast predominantly base metal	$310.00
6792*	Crown - full cast noble metal	$310.00
6930	Recement fixed partial denture (per unit)	$15.00
EXTRACTIONS/ORAL AND MAXILLOFACIAL SURGERY		
7111	Corornal remnants, deciduous tooth	$25.00
7140	Extraction, erupted tooth or exposed root	$25.00
7210	Surgical removal of erupted tooth	$45.00
7220	Removal of impacted tooth - soft tissue	$60.00
7230	Removal of impacted tooth - partially bony	$80.00
7240	Removal of impacted tooth - completely bony	$100.00
7250	Surgical removal of residual tooth roots	$45.00
7310	Alveoloplasty in conjunction with extractions - per quadrant	$45.00
7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$45.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	$80.00
7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$80.00
7510	Incision and drainage of abscess - intraoral	$30.00
ORTHODONTICS		
8070/8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition. Children up to 19 years of age Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
	Consultation	NO CHARGE
	Evaluation	$35.00
	Records/Treatment Planning	$250.00
	Orthodontic Treatment	$2,300.00
8090	Comprehensive orthodontic treatment of the adult dentition. Adults 19 years of age and over Up to 24 months of routine (full-banded) orthodontic treatment for Class I and Class II cases	
	Consultation	NO CHARGE
	Evaluation	$35.00
	Records/Treatment Planning	$250.00
	Orthodontic Treatment	$2,500.00
8680	Retention	$450.00
ADJUNCTIVE GENERAL SERVICES		
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	$20.00
9450	Case presentation, detailed and extensive treatment planning	NO CHARGE
9951	Occlusal adjustment - limited	$30.00
9952	Occlusal adjustment - complete	$175.00

* 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:

1. NOT ALL PARTICIPATING DENTISTS PERFORM ALL LISTED PROCEDURES, INCLUDING AMALGAMS. PLEASE CONSULT YOUR DENTIST PRIOR TO TREATMENT FOR AVAILABILITY OF SERVICES.
2. UNLISTED PROCEDURES ARE AT THE DENTIST'S USUAL FEE LESS 25%.
3. WHEN CROWN AND/OR BRIDGEWORK EXCEEDS SIX UNITS IN THE SAME TREATMENT PLAN, THE PATIENT MAY BE CHARGED AN ADDITIONAL $50.00 PER UNIT.

SPECIALIST 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. Upon identification of yourself as a CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed. Specialist services are available only in areas where the dental plan has a Participating Specialist.

schedule of benefits and subscriber copayments

LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
   a) Cost of hospitalization and pharmaceuticals, drugs or medications.
   b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
   c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
   d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
   e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
   f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
   g) Treatment for cysts, neoplasms and malignancies.
   h) General anesthesia.

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Group Name: KCTCS **Benefit Enrollment Form**

Please complete the following information:					
Social Security No.	Last Name		First	Middle	Date of Birth
Home Address			Home Phone		Gender
City	State	ZIP Code	Business Phone		Facility # (C250Z)

List All Your Eligible Dependents That Are To Be Covered

First MI Last	Facility # (C250Z only)	Sex	Birth Date
Spouse:		M☐ F☐	/ /
Child:		M☐ F☐	/ /
Child:		M☐ F☐	/ /
Child:		M☐ F☐	/ /
Child:		M☐ F☐	/ /
Child:		M☐ F☐	/ /
Child:		M☐ F☐	/ /

Effective Date:	Group Number **See Below**	Your E-mail Address

PLEASE CHECK YOUR CHOICE	☐ **ADV+3S Dental Plan Group # CP1860**	☐ **C250Z Dental Plan Group # 304271**
Monthly Rates Expire effective 01/01/2017 - 12/31/2018		
Employee Only	☐ $22.50	☐ $17.38
Employee + One	☐ $43.14	☐ $33.50
Employee + Family	☐ $58.50	☐ $45.10

I wish to enroll in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.
I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Signature: X _____ Date: _____

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

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