

# Select 15 Prepaid plan

## People First Plan Code #4044

### Selecting a dentist

For participating dentist information, you may visit our website [Humanadental.com/custom/fl/](http://Humanadental.com/custom/fl/) or call our dedicated Customer Care number at **1-866-879-3630 (TTY: 711)**. Once you become enrolled in the Select 15 plan, you will need to select a primary care dentist by registering at [www.mycompbenefits.com](http://www.mycompbenefits.com) or by calling our dedicated Customer Care number at **1-866-879-3630 (TTY: 711)**.

### Schedule of benefits

ADA CODE	PROCEDURE	MEMBER PAYS
<b>APPOINTMENTS</b>		
D9430	Office visit (normal hours)	\$5
D9440	Office visit after regularly scheduled hours	\$35
D9999	Emergency office visit during regularly scheduled hours, by report	\$20
D9999	Broken appointments (without 24-hr notice, per 15 minutes). Maximum \$40 per broken appointment. No charge will be made due to emergencies.	\$10
<b>DIAGNOSTIC</b>		
D0120	Periodic oral evaluation	NO CHARGE
D0140/D0150/D0160	Oral evaluation	NO CHARGE
D0180	Comprehensive periodontal evaluation	NO CHARGE
D0470	Diagnostic casts (study models)	NO CHARGE
D0999	Diagnosis and treatment plan presentation, by report	NO CHARGE
D9310	Consultation (second opinion) as provided by participating dentist	\$10
D0460	Pulp vitality tests	NO CHARGE
<b>RADIOGRAPHS (X-rays)</b>		
D0210	Intraoral – complete series, including bitewings	NO CHARGE
D0220	Intraoral – periapical - first film	NO CHARGE
D0230	Intraoral – periapical – each additional film	NO CHARGE
D0270	Bitewings – single film	NO CHARGE
D0272	Bitewings – two films	NO CHARGE
D0274	Bitewings – four films	NO CHARGE
D0330	Panoramic	NO CHARGE
<b>PREVENTIVE</b>		
D1110/D1120	Prophylaxis (routine, once every 6 months)	NO CHARGE
D1110/D1120	Additional prophylaxis	\$15
D1201	Topical application of fluoride (including prophylaxis, up to 16 years of age)	NO CHARGE
D1203	Topical application of fluoride (prophylaxis not included up to 16 years of age)	NO CHARGE
D1351	Sealant – per tooth	\$7
D1330	Oral hygiene instruction	NO CHARGE

ADA CODE	PROCEDURE	MEMBER PAYS
<b>SPACE MAINTAINERS</b>		
D1510	Fixed, unilateral	\$45*
D1515	Fixed, bilateral	\$45*
D1520	Removable, unilateral	\$85*
D1525	Removable, bilateral	\$85*
D1550	Recementation of space maintainer	\$10
<b>RESTORATIVE (fillings)</b>		
D2999	Sedative base (under fillings), by report	NO CHARGE
<b>Amalgam (Silver)</b>		
D2140	Amalgam – one surface, primary or permanent	NO CHARGE
D2150	Amalgam – two surface, primary or permanent	NO CHARGE
D2160	Amalgam – three surface, primary or permanent	NO CHARGE
D2161	Amalgam – four or more surfaces, primary or permanent	NO CHARGE
<b>Resin restoration (including acid etching, liners and bases)</b>		
D2330	Anterior one surface	\$30
D2331	Anterior two surfaces	\$37
D2332	Anterior three surfaces	\$45
D2510	Inlay – metallic – one surface	\$85
D2520	Inlay – metallic – two surfaces	\$95
D2530	Inlay – metallic – three or more surfaces	\$120
D2940	Sedative filling	\$15
<b>CROWN &amp; BRIDGE</b>		
D2930	Prefabricated stainless steel - primary tooth	\$45
D2790/D2791/D2792/D6790/D6791/D6792	Full cast crown	\$220
D2750/D2751/D2752/D6750/D6751/D6752	Porcelain fused to metal crown	\$240
D2781	3/4 cast crown, predominantly base metal	\$220
<b>Pontics</b>		
D6210/D6211/D6212	Full cast pontic	\$220
D6240/D6241/D6242	Porcelain fused to metal pontic	\$240
D2950	Core build up, including any pins	\$40
D2951	Pin retention – per tooth	\$12
D2952	Cast post and core	\$90
D2954	Prefabricated post and core	\$75

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D2910/D2920/D6930	Recement inlay/onlay/crown/bridge (per unit)	\$10
<b>ENDODONTICS</b>		
D3220	Therapeutic pulpotomy	\$30
<b>Root Canals</b>		
D3310	Anterior	\$100
D3320	Bicuspid	\$190
D3330	Molar	\$240
D3410	Apicoectomy (anterior only)	\$95
<b>PERIODONTICS (gum treatment)</b>		
D4210	Gingivectomy/gingivoplasty – per quadrant	\$120
D4211	Gingivectomy/gingivoplasty – per tooth	\$36
D4341	Periodontal scaling and root planing – per quadrant	\$45
D4342	Scaling and root planing (1 – 3 teeth per quadrant)	\$45
D4355	Full mouth debridement	\$35
D4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$45
D4910	Periodontal maintenance procedures	\$45
<b>PROSTHODONTICS</b>		
<b>Standard complete dentures (includes adjustments within 30 days)</b>		
D5110	Complete maxillary (upper)	\$260
D5120	Complete mandibular (lower)	\$260
D5130	Immediate maxillary (upper)	\$280
D5140	Immediate mandibular (lower)	\$280
<b>Partial dentures (includes adjustments within 30 days)</b>		
D5211/D5212	Maxillary/mandibular partial – resin base (with 2 clasps)	\$280
D5213/D5214	Maxillary/mandibular partial – cast metal with resin base (with 2 clasps)	\$350
D5410/D5411	Adjust complete – maxillary/mandibular	\$15
D5421/D5422	Adjust partial denture – maxillary/mandibular	\$15
D5999	Additional clasps, by report	\$30
<b>REPAIRS TO PROSTHETICS</b>		
D5510/D5610	Repair broken resin denture base	\$15*

ADA CODE	PROCEDURE	MEMBER PAYS
D5520/D5640	Replace missing or broken teeth (each tooth)	\$10*
D5520/D5640	Each additional tooth	\$10*
D5630	Repair or replace broken clasp	\$15*
D5650	Add tooth to existing partial denture	\$30*
D5850/D5851	Tissue conditioning, maxillary/mandibular	\$25
D5730/D5731/D5740/D5741	Relining (chairside)	\$45
D5750/D5751/D5760/D5761	Relining (laboratory)	\$35*
<b>EXTRACTIONS/ORAL SURGERY</b>		
D7111	Extraction, coronal remnants, primary tooth	NO CHARGE
D7140	Extraction, erupted tooth or exposed root (evaluation and/or forceps removal)	NO CHARGE
D7210	Surgical extraction of erupted tooth	\$25
D7220	Soft tissue impaction	\$40
D7230	Partially bony impaction	\$60
D7240	Completely bony impaction	\$75
D7250	Surgical removal of residual tooth roots	\$25
D7310	Alveoplasty in conjunction with extractions – per quadrant	\$20
D7311	Alveoplasty in conjunction with extractions (1-3 teeth or tooth spaces, per quadrant)	\$20
D7320	Alveoplasty not in conjunction with extractions – per quadrant	\$50
D7321	Alveoplasty not in conjunction with extractions (1-3 teeth or tooth spaces, per quadrant)	\$50

### ANESTHESIA

D9215	Local anesthesia	NO CHARGE
D9230	Analgesia (nitrous oxide - per 15 minutes)	\$15

### ADJUNCTIVE SERVICES

D9951	Occlusal adjustment – limited	\$25
D9952	Occlusal adjustment – complete	\$150

### ORTHODONTICS

Benefits for orthodontics for adults and children are available from participating orthodontists at their usual fee less 25 percent.

\* Plus laboratory fees when applicable.

Note: When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25 per unit.

## THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMIPRECIOUS METAL.

All procedures listed might not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the Participating General Dentist, may be charged at that Participating General Dentist's usual and customary fee less 25 percent.

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### SPECIALISTS

Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist, or you may refer yourself to any Participating specialist from our directory. Upon identification of yourself as a Company member, you may receive a 25 percent reduction from usual and customary fees for services performed. Specialist services are available only in areas where the dental plan has a Participating Specialist.

### Limitations and exclusions

- 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.
- 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.
- Company does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services that 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 that 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 that are paid or payable under Workers' Compensation or Employers' Liability laws.
  - g) Treatment for cysts, neoplasms and malignancies.
  - h) General anesthesia.