

## 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 1-800-342-5209.
- 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. The HumanaDental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

### Go to MyDentalIQ.com

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

## Tips to ensure a healthy mouth

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

## Questions?

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

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

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

# HumanaDental Prepaid HS205 Plan

The HumanaDental Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

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. Visit **Humana.com** to find a participating specialist.

## Summary of services

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

### Appointments Member pays

|       |   |           |
|-------|---|-----------|
| D9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) ..... | \$ 5.00   |
| D9430 | Office visit (normal hours) .....   | no charge |
| D9440 | Office visit (after regularly scheduled hours) ....   | \$ 35.00  |
| D9986 | Missed appointment .....  | \$ 10.00  |
| D9987 | Cancelled appointment .....   | \$ 10.00  |
| D9999 | Emergency visit during regularly scheduled hours, by report .....                                       | \$ 20.00  |

### Diagnostic Member pays

|       |   |           |
|-------|---|-----------|
| D0120 | Periodic oral examination (limited to twice in any 12 calendar months).....                                   | no charge |
| D0140 | Limited oral evaluation—problem focused .....   | no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver ...              | no charge |
| D0150 | Comprehensive oral evaluation - new or established patient (limited to twice in any 12 calendar months) ..... | no charge |
| D0160 | Detailed and extensive oral evaluation—problem focused, by report.....  | no charge |
| D0170 | Re-evaluation—problem focused (not post-operative visit) .....  | no charge |
| D0180 | Comprehensive periodontal evaluation (limited to twice in any 12 calendar months)....                         | \$ 15.00  |
| D0210 | X-ray intraoral—complete series including bitewings (once per three calendar years) .....                     | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image .....  | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image .....  | no charge |
| D0240 | X-rays intraoral—occlusal radiographic image ..   | no charge |
| D0250 | Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector ..... | no charge |
| D0270 | X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months).....                    | no charge |
| D0272 | X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months).....                     | no charge |

|       |  |           |
|-------|--|-----------|
| D0273 | X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months) .....                   | no charge |
| D0274 | Bitewings—four radiographic images (limited to twice in any 12 calendar months) .....                          | no charge |
| D0277 | X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)..... | no charge |
| D0330 | Panoramic radiographic image (once per three calendar years) .....   | no charge |
| D0350 | Oral/facial photography images .....   | no charge |
| D0415 | Collect microorganisms culture & sensitivity ....  | no charge |
| D0425 | Caries susceptibility tests .....  | no charge |
| D0431 | Oral cancer screening using a special light source. \$   | 50.00     |
| D0460 | Pulp vitality tests (not covered if a root canal is performed) .....   | no charge |
| D0470 | Diagnostic casts .....   | no charge |
| D0472 | Pathology report—gross examination of lesion ..  | no charge |
| D0473 | Pathology report—microscopic examination of lesion .....   | no charge |
| D0474 | Pathology report—microscopic examination of lesion and area.....   | no charge |

### Preventive Member pays

|       |  |           |
|-------|--|-----------|
| D1110 | Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist).....      | no charge |
| D1120 | Prophylaxis—child (limited to twice in any 12 calendar months).....  | no charge |
| D1206 | Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) ..... | no charge |
| D1208 | Topical application of fluoride - excluding varnish (limited to twice in any 12 calendar months) .....     | no charge |
| D1310 | Nutrition counseling for the control of dental disease .....   | no charge |
| D1320 | Tobacco counseling services for the control or prevention of oral disease .....                            | no charge |
| D1330 | Oral hygiene instruction .....   | no charge |
| D1351 | Sealant—per tooth (permanent teeth only to age 16) .....   | \$ 10.00  |

|        |  |          |
|--------|--|----------|
| D1510* | Space maintainer—fixed, unilateral (through age 14) . . . . .                                    | \$ 50.00 |
| D1515* | Space maintainer—fixed, bilateral (through age 14) . . . . .                                     | \$ 70.00 |
| D1520* | Space maintainer—removable, unilateral (through age 14) . . . . .                                | \$ 85.00 |
| D1525* | Space maintainer—removable, bilateral (through age 14) . . . . .                                 | \$ 90.00 |
| D1550  | Re-cement or re-bond space maintainer . . . . .  | \$ 10.00 |
| D1575  | Distal shoe space maintainer - fixed - unilateral (through age 14; primary teeth only) . . . . . | \$130.00 |

**Restorative** **Member pays**

|       |   |          |
|-------|---|----------|
| D2140 | Amalgam—one surface, primary or permanent .                   | \$ 5.00  |
| D2150 | Amalgam—two surfaces, primary or permanent .                  | \$ 5.00  |
| D2160 | Amalgam—three surfaces, primary or permanent                  | \$ 5.00  |
| D2161 | Amalgam—four or more surfaces, primary or permanent . . . . . | \$ 5.00  |
| D2940 | Protective restoration . . . . .                              | \$ 10.00 |

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

**Member pays**

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

**Crown and bridge**  
(limited to one per tooth every five years) **Member pays**

|        |   |          |
|--------|---|----------|
| D2710* | Crown—resin based composite, indirect . . . . .     | \$270.00 |
| D2712* | Crown—3/4 resin based composite, indirect . . . . . | \$270.00 |
| D2720* | Crown—resin with high noble metal . . . . .         | \$270.00 |
| D2721  | Crown—resin with predominantly base metal . . .     | \$270.00 |
| D2722* | Crown—resin with noble metal . . . . .              | \$270.00 |

|        |   |           |
|--------|---|-----------|
| D2740* | Crown—porcelain/ceramic . . . . .   | \$270.00  |
| D2750* | Crown—porcelain fused to high noble metal . . . .                                   | \$270.00  |
| D2751  | Crown—porcelain fused to predominantly base metal                                   | \$270.00  |
| D2752* | Crown—porcelain fused to noble metal . . . . .                                      | \$270.00  |
| D2780* | Crown—3/4 cast high noble metal . . . . .   | \$270.00  |
| D2781  | Crown—3/4 cast predominantly base metal . . . .                                     | \$270.00  |
| D2782* | Crown—3/4 cast noble metal . . . . .  | \$270.00  |
| D2783* | Crown—3/4 porcelain/ceramic . . . . .   | \$270.00  |
| D2790* | Crown—full cast high noble metal . . . . .  | \$270.00  |
| D2791  | Crown—full cast predominantly base metal . . . .                                    | \$270.00  |
| D2792* | Crown—full cast noble metal . . . . .   | \$270.00  |
| D2794* | Crown—titanium . . . . .  | \$270.00  |
| D2799  | Provisional crown . . . . .   | no charge |
| D2910  | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration . . . . . | \$ 15.00  |
| D2915  | Re-cement or re-bond indirectly fabricated or prefabricated post and core . . . . . | no charge |
| D2920  | Re-cement or re-bond crown . . . . .  | \$ 15.00  |
| D2929  | Crown-Prefabricated porcelain/ceramic crown—primary tooth . . . . .                 | \$ 75.00  |
| D2930  | Prefabricated stainless steel crown—primary tooth . . . . .                         | \$ 75.00  |
| D2931  | Prefabricated stainless steel crown—permanent tooth . . . . .                       | \$ 25.00  |
| D2932  | Prefabricated resin crown . . . . .   | \$ 50.00  |
| D2933  | Prefabricated stainless steel crown with resin window . . . . .                     | \$ 50.00  |
| D2934  | Prefabricated esthetic coated stainless steel crown—primary tooth . . . . .         | \$ 50.00  |
| D2950  | Core buildup, including any pins . . . . .  | \$ 50.00  |
| D2951  | Pin retention—per tooth, in addition to restoration . . . . .                       | \$ 15.00  |
| D2952* | Cast post and core in addition to crown . . . . .                                   | \$ 95.00  |
| D2953* | Each additional cast post—same tooth . . . . .                                      | \$100.00  |
| D2954  | Prefabricated post and core in addition to crown .                                  | \$ 85.00  |
| D2955  | Post removal (not in conjunction with endodontic therapy) . . . . .                 | \$ 10.00  |
| D2957  | Each additional prefabricated post—same tooth, base metal post . . . . .            | \$ 35.00  |
| D2960  | Labial veneer (resin laminate)—chairside . . . . .                                  | \$250.00  |
| D2961* | Labial veneer (resin laminate)—laboratory . . . . .                                 | \$300.00  |
| D2962* | Labial veneer (porcelain laminate)—laboratory .                                     | \$350.00  |
| D2971  | Additional procedure—new crown existing partial denture . . . . .                   | \$ 50.00  |
| D2980  | Crown repair, necessitated by restorative material failure . . . . .                | no charge |
| D2981  | Inlay repair, necessitated by restorative material failure . . . . .                | no charge |
| D2982  | Onlay repair, necessitated by restorative material failure . . . . .                | no charge |
| D2983  | Veneer repair, necessitated by restorative material failure . . . . .               | no charge |
| D6940  | Stress breaker . . . . .  | \$150.00  |
| D6950  | Precision attachment, separate from prosthesis.                                     | \$195.00  |

**Prosthodontics (fixed)**  
(replacement limited to every five years, adjustments once per year) **Member pays**

|        |  |          |
|--------|--|----------|
| D6210* | Pontic—cast high noble metal . . . . .                       | \$270.00 |
| D6211  | Pontic—cast predominantly base metal . . . . .               | \$270.00 |
| D6212* | Pontic—cast noble metal . . . . .                            | \$270.00 |
| D6240* | Pontic—porcelain fused to high noble metal . . . .           | \$270.00 |
| D6241  | Pontic—porcelain fused to predominantly base metal . . . . . | \$270.00 |

|        |  |           |
|--------|--|-----------|
| D6242* | Pontic—porcelain fused to noble metal                      | \$ 270.00 |
| D6750* | Retainer crown—porcelain fused to high noble metal         | \$ 270.00 |
| D6751  | Retainer crown—porcelain fused to predominantly base metal | \$ 270.00 |
| D6752* | Retainer crown—porcelain fused to noble metal              | \$ 270.00 |
| D6790* | Retainer crown—full cast high noble metal                  | \$ 270.00 |
| D6791  | Retainer crown—full cast predominantly base metal          | \$ 270.00 |
| D6792* | Retainer crown—full cast noble metal                       | \$ 270.00 |
| D6794* | Retainer crown—titanium                                    | \$ 270.00 |
| D6930  | Re-cement or re-bond fixed partial denture (per unit)      | \$ 15.00  |

**Prosthodontics**

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

|        |   |           |
|--------|---|-----------|
| D5110* | Complete denture—maxillary  | \$ 375.00 |
| D5120* | Complete denture—mandibular   | \$ 375.00 |
| D5130* | Immediate denture—maxillary   | \$ 375.00 |
| D5140* | Immediate denture—mandibular  | \$ 375.00 |
| D5211* | Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)   | \$ 400.00 |
| D5212* | Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)  | \$ 400.00 |
| D5213* | Maxillary partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)                | \$ 425.00 |
| D5214* | Mandibular partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)               | \$ 425.00 |
| D5221  | Immediate maxillary partial denture—resin base (including any conventional clasps, rests and teeth)                                     | \$ 263.00 |
| D5222  | Immediate mandibular partial denture—resin base (including any conventional clasps, rests and teeth)                                    | \$ 263.00 |
| D5223  | Immediate maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)  | \$ 413.00 |
| D5224  | Immediate mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | \$ 413.00 |
| D5225* | Maxillary partial denture—flexible (including clasps, rests and teeth)  | \$ 425.00 |
| D5226* | Mandibular partial denture—flexible (including clasps, rests and teeth)   | \$ 425.00 |
| D5281* | Removable unilateral partial denture—one piece cast metal (including clasps and teeth)  | \$ 350.00 |
| D5410  | Adjust complete denture—maxillary   | \$ 15.00  |
| D5411  | Adjust complete denture—mandibular  | \$ 15.00  |
| D5421  | Adjust partial denture—maxillary  | \$ 15.00  |
| D5422  | Adjust partial denture—mandibular   | \$ 15.00  |
| D5660* | Add clasp to existing partial denture—per tooth   | \$ 90.00  |

**Endodontics**

(each procedure limited to once per tooth per life)

**Member pays**

|       |   |          |
|-------|---|----------|
| D3110 | Pulp cap—direct (excluding final restoration)       | \$ 15.00 |
| D3120 | Pulp cap—indirect (excluding final restoration)     | \$ 10.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) | \$ 40.00 |

|       |   |           |
|-------|---|-----------|
| D3221 | Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)              | \$ 85.00  |
| D3230 | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)                             | \$ 45.00  |
| D3240 | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)                            | \$ 50.00  |
| D3310 | Root canal therapy—anterior tooth (excluding final restoration)   | \$ 110.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations)   | \$ 195.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations)  | \$ 250.00 |
| D3331 | Treatment of root canal obstruction—non-surgical access   | \$ 80.00  |
| D3332 | Incomplete endodontic therapy—inoperable or fractured tooth   | \$ 80.00  |
| D3333 | Internal root repair of perforation defects   | \$ 90.00  |
| D3351 | Apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$ 90.00  |
| D3352 | Apexification/recalcification—interim medication replacement (includes any necessary radiographs)                     | \$ 80.00  |
| D3353 | Apexification/recalcification—final visit (includes any necessary radiographs)  | \$ 90.00  |
| D3410 | Apicoectomy—anterior  | \$ 135.00 |
| D3421 | Apicoectomy—premolar (first root)   | \$ 120.00 |
| D3425 | Apicoectomy—molar (first root)  | \$ 120.00 |
| D3426 | Apicoectomy—(each additional root)  | \$ 60.00  |
| D3430 | Retrograde filling—per root   | \$ 40.00  |
| D3450 | Root amputation—per root (not covered in conjunction with procedure D3920)  | \$ 95.00  |
| D3910 | Surgical procedure to isolate tooth with rubber dam   | \$ 20.00  |
| D3920 | Hemisection not included in root canal therapy  | \$ 90.00  |
| D3950 | Canal preparation and fitting of preformed dowel or post  | \$ 15.00  |

**Periodontics (gum treatment)**

**Member pays**

|       |   |           |
|-------|---|-----------|
| D4210 | Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant   | \$ 120.00 |
| D4211 | Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant   | \$ 55.00  |
| D4240 | Gingival flap, including root planing—four or more teeth, per quadrant  | \$ 150.00 |
| D4241 | Gingival flap, including root planing—one to three teeth, per quadrant  | \$ 120.00 |
| D4245 | Apically positioned flap  | \$ 175.00 |
| D4249 | Clinical crown lengthening—hard tissue  | \$ 150.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant | \$ 350.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant | \$ 325.00 |
| D4263 | Bone replacement graft—retained natural tooth—first site in quadrant  | \$ 180.00 |
| D4264 | Bone replacement graft—retained natural tooth—each additional site in quadrant  | \$ 95.00  |



|       |   |          |
|-------|---|----------|
| D4265 | Biological materials which can aid soft and osseous tissue regeneration.....  | \$ 95.00 |
| D4266 | Guided tissue regeneration—resorbable barrier, per site.....  | \$230.00 |
| D4267 | Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) ..   | \$275.00 |
| D4270 | Pedicle soft tissue graft procedure .....   | \$260.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft .....   | \$350.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....  | \$ 90.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....   | \$380.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ...  | \$265.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site ....  | \$130.00 |
| D4283 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site ....  | \$210.00 |
| D4285 | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site.....                              | \$228.00 |
| D4320 | Provisional splinting—intracoronal.....   | \$ 95.00 |
| D4321 | Provisional splinting—extracoronal .....  | \$ 85.00 |
| D4341 | Periodontal scaling and root planing - four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months).....   | \$ 55.00 |
| D4342 | Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months).....  | \$ 50.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120) .....                           | \$ 55.00 |
| D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years).....   | \$ 50.00 |
| D4381 | Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)..... | \$ 60.00 |
| D4910 | Periodontal maintenance (covered only after active periodontal therapy) .....   | \$ 45.00 |

**Extractions/oral and maxillofacial surgery Member pays**

|       |  |           |
|-------|--|-----------|
| D7111 | Extraction, coronal remnants - primary tooth ...                                   | no charge |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) ..... | no charge |

|       |   |          |
|-------|---|----------|
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.... | \$ 40.00 |
| D7220 | Removal of impacted tooth—soft tissue .....   | \$ 55.00 |
| D7230 | Removal of impacted tooth—partially bony.....   | \$ 70.00 |
| D7240 | Removal of impacted tooth—completely bony..   | \$ 85.00 |
| D7241 | Removal of impacted tooth—completely bony, unusual complications by report. ....  | \$110.00 |
| D7250 | Surgical removal of residual tooth roots .....  | \$ 40.00 |
| D7260 | Oroantral fistula closure .....   | \$350.00 |
| D7261 | Primary closure of a sinus perforation .....  | \$225.00 |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth.....  | \$ 55.00 |
| D7280 | Exposure of an unerupted tooth (excluding wisdom teeth) .....   | \$100.00 |
| D7282 | Mobilization of erupted or malposed tooth to aid eruption .....   | \$ 90.00 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) .....   | \$350.00 |
| D7286 | Incisional biopsy of oral tissue-soft (all others) ..   | \$120.00 |
| D7287 | Exfoliative cytological sample collection .....   | \$ 50.00 |
| D7288 | Brush biopsy—transepithelial sample collection..  | \$ 55.00 |
| D7310 | Alveoloplasty in conjunction with extractions—per quadrant .....  | \$ 40.00 |
| D7311 | Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant .   | \$ 15.00 |
| D7320 | Alveoloplasty not in conjunction with extractions—per quadrant .....  | \$ 75.00 |
| D7321 | Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.....   | \$ 30.00 |
| D7450 | Removal of benign odontogenic cyst or tumor— up to 1.25 cm.....   | \$160.00 |
| D7451 | Removal of benign odontogenic cyst or tumor— greater than 1.25 cm.....  | \$235.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible).   | \$ 90.00 |
| D7472 | Removal of torus palatinus .....  | \$ 65.00 |
| D7473 | Removal of torus mandibularis .....   | \$ 65.00 |
| D7485 | Reduction of osseous tuberosity .....   | \$ 60.00 |
| D7510 | Incision and drainage of abscess—intraoral soft tissue.....   | \$ 35.00 |
| D7970 | Excision hyperplastic tissue—per arch .....   | \$ 85.00 |
| D7971 | Excision of pericoronal gingival .....  | \$ 55.00 |

**Repairs to prosthetics**

**Member pays**

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|--------|---|----------|
| D5511* | Repair broken complete denture base, mandibular .....                 | \$ 35.00 |
| D5512* | Repair broken complete denture base, maxillary                        | \$ 35.00 |
| D5520* | Replace missing or broken teeth—complete denture (each tooth) .....   | \$ 35.00 |
| D5611* | Repair resin partial denture base, mandibular ...                     | \$ 35.00 |
| D5612* | Repair resin partial denture base, maxillary .....                    | \$ 35.00 |
| D5621* | Repair cast partial framework, mandibular .....                       | \$ 35.00 |
| D5622* | Repair cast partial framework, maxillary .....                        | \$ 35.00 |
| D5630* | Repair or replace broken clasp—per tooth.....                         | \$ 35.00 |
| D5640* | Replace broken teeth—per tooth .....                                  | \$ 35.00 |
| D5650* | Add tooth to existing partial denture .....                           | \$ 35.00 |
| D5670* | Replace all teeth and acrylic on cast metal framework—maxillary ..... | \$210.00 |
| D5671* | Replace all teeth and acrylic on cast metal framework—mandibular..... | \$225.00 |
| D5710* | Rebase complete maxillary denture .....                               | \$200.00 |
| D5711* | Rebase complete mandibular denture .....                              | \$200.00 |
| D5720* | Rebase maxillary partial denture .....                                | \$200.00 |

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| D5721* | Rebase mandibular partial denture . . . . .                                       | \$200.00  |
| D5730  | Reline complete maxillary denture (chairside) . . .                               | \$ 60.00  |
| D5731  | Reline complete mandibular denture (chairside) \$                                 | 60.00     |
| D5740  | Reline maxillary partial denture (chairside) . . . . .                            | \$ 60.00  |
| D5741  | Reline mandibular partial denture (chairside) . . .                               | \$ 60.00  |
| D5750* | Reline complete maxillary denture (laboratory) . .                                | \$ 95.00  |
| D5751* | Reline complete mandibular denture (laboratory) .                                 | \$ 95.00  |
| D5760* | Reline maxillary partial denture (laboratory) . . .                               | \$ 95.00  |
| D5761* | Reline mandibular partial denture (laboratory) . .                                | \$ 95.00  |
| D5810* | Interim complete denture (maxillary) . . . . .                                    | \$250.00  |
| D5811* | Interim complete denture (mandibular) . . . . .                                   | \$250.00  |
| D5820* | Interim partial denture (maxillary) . . . . .                                     | \$ 80.00  |
| D5821* | Interim partial denture (mandibular) . . . . .                                    | \$ 80.00  |
| D5850  | Tissue conditioning, maxillary . . . . .  | \$ 30.00  |
| D5851  | Tissue conditioning, mandibular . . . . .   | \$ 30.00  |
| D6214* | Pontic titanium . . . . .   | \$270.00  |
| D6245* | Pontic—porcelain/ceramic . . . . .  | \$270.00  |
| D6250* | Pontic—resin with high noble metal . . . . .                                      | \$270.00  |
| D6251  | Pontic—resin with predominantly base metal . .                                    | \$270.00  |
| D6252* | Pontic—resin with noble metal . . . . .   | \$270.00  |
| D6253* | Provisional pontic . . . . .  | no charge |
| D6545* | Retainer—cast metal, resin bonded<br>fixed prosthesis . . . . .                   | \$250.00  |
| D6548* | Retainer—porcelain/ceramic, resin bonded<br>fixed prosthesis . . . . .            | \$250.00  |
| D6549  | Resin retainer – for resin bonded fixed prosthesis                                | \$250.00  |
| D6600* | Retainer inlay—porcelain/ceramic, two surfaces                                    | \$270.00  |
| D6601* | Retainer inlay—porcelain/ceramic, three or<br>more surfaces . . . . .             | \$270.00  |
| D6602* | Retainer inlay—cast high noble metal, two<br>surfaces . . . . .                   | \$270.00  |
| D6603* | Retainer inlay—cast high noble metal, three or<br>more surfaces . . . . .         | \$270.00  |
| D6604  | Retainer inlay—cast predominantly base metal,<br>two surfaces . . . . .           | \$270.00  |
| D6605  | Retainer inlay—cast predominantly base metal,<br>three or more surfaces . . . . . | \$270.00  |
| D6606* | Retainer inlay—cast noble metal, two surfaces .                                   | \$270.00  |
| D6607* | Retainer inlay—cast noble metal, three or more<br>surfaces . . . . .              | \$270.00  |
| D6608* | Retainer onlay—porcelain/ceramic, two surfaces                                    | \$270.00  |
| D6609* | Retainer onlay—porcelain/ceramic, three or more<br>surfaces . . . . .             | \$270.00  |
| D6610* | Retainer onlay—cast high noble metal, two<br>surfaces . . . . .                   | \$270.00  |
| D6611* | Retainer onlay—cast high noble metal, three or<br>more surfaces . . . . .         | \$270.00  |
| D6612  | Retainer onlay—cast predominantly base<br>metal, two surfaces . . . . .           | \$270.00  |
| D6613  | Retainer onlay—cast predominantly base<br>metal, three or more surfaces . . . . . | \$270.00  |
| D6614* | Retainer onlay—cast noble metal, two surfaces.                                    | \$270.00  |
| D6615* | Retainer onlay—cast noble metal, three or more<br>surfaces . . . . .              | \$270.00  |
| D6624* | Retainer inlay titanium . . . . .   | \$270.00  |
| D6634* | Retainer onlay titanium . . . . .   | \$270.00  |
| D6710* | Retainer crown—indirect resin based<br>composition . . . . .                      | \$270.00  |
| D6720* | Retainer crown—resin with high noble metal . .                                    | \$270.00  |
| D6721  | Retainer crown—resin with predominantly base<br>metal . . . . .                   | \$270.00  |
| D6722* | Retainer crown—resin with noble metal . . . . .                                   | \$270.00  |
| D6740* | Retainer crown—porcelain/ceramic . . . . .  | \$280.00  |

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| D6780* | Retainer crown—3/4 cast high noble metal . . . . .            | \$270.00 |
| D6781  | Retainer crown—3/4 cast predominantly base<br>metal . . . . . | \$270.00 |
| D6782* | Retainer crown—3/4 cast noble metal . . . . .                 | \$270.00 |
| D6783* | Retainer crown—3/4 porcelain/ceramic, denture                 | \$270.00 |

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| <b>Adjunctive general service</b> | <b>Member pays</b> |
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| D9110 | Palliative (emergency) treatment of dental<br>pain—minor procedure . . . . .                               | \$ 20.00  |
| D9215 | Local anesthesia in conjunction with operative<br>or surgical procedures . . . . .                         | no charge |
| D9222 | Deep sedation/general anesthesia – first 15<br>minutes . . . . .   | \$ 83.00  |
| D9223 | Deep sedation/general anesthesia – each<br>subsequent 15 minute increment . . . . .                        | \$ 71.00  |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis  | \$ 15.00  |
| D9239 | Intravenous moderate (conscious) sedation/<br>analgesia – first 15 minutes . . . . .                       | \$ 83.00  |
| D9243 | Intravenous moderate (conscious) sedation/<br>analgesia – each subsequent 15 minute<br>increment . . . . . | \$ 71.00  |
| D9450 | Case presentation, detailed and extensive<br>treatment planning . . . . .                                  | no charge |
| D9951 | Occlusal adjustment—limited . . . . .  | \$ 35.00  |
| D9952 | Occlusal adjustment—complete . . . . .   | \$165.00  |

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| <b>Bleaching</b> | <b>Member pays</b> |
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| D9972 | External bleaching in office—per arch . . . . . | \$175.00 |
| D9975 | External bleaching in home—per arch . . . . .   | \$175.00 |

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| <b>Orthodontics</b> | <b>Member pays</b> |
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|                |  |             |
|----------------|--|-------------|
| D8070 or D8080 | —children up to 19 years of age, up to 24 months<br>of routine orthodontic treatment for Class I and Class II cases.<br>Consultation . . . . . | no charge   |
|                | Evaluation . . . . .   | \$ 45.00    |
|                | Records/treatment planning . . . . .   | \$ 250.00   |
|                | Orthodontic treatment . . . . .  | \$ 1,900.00 |
| D8090          | —adult 19 years of age and over, up to 24 months of routine<br>orthodontic treatment for Class I and Class II cases.<br>Consultation . . . . . | no charge   |
|                | Evaluation . . . . .   | \$ 45.00    |
|                | Records/treatment planning . . . . .   | \$ 250.00   |
|                | Orthodontic treatment . . . . .  | \$ 1,900.00 |
| D8680          | Orthodontic retention . . . . .  | \$455.00    |
| D8693          | Re-cement or re-bond fixed retainer . . . . .  | no charge   |

NOTE:

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

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