

Feel good about choosing a HumanaDental plan

The HumanaDental HD 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](https://www.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](https://www.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.
- If you need a specialty dentist, you may receive up to a 25 percent discount by using certain participating specialty dentists from our network. Visit [Humana.com](https://www.humana.com) to find a participating specialist.

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](https://www.humana.com).

D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use. 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—per quadrant (through age 14)	\$ 50.00
D1516*	Space maintainer—fixed—bilateral, maxillary (through age 14)	\$ 70.00
D1517*	Space maintainer—fixed—bilateral, mandibular (through age 14)	\$ 70.00
D1520*	Space maintainer—removable, unilateral—per quadrant (through age 14)	\$ 85.00
D1526*	Space maintainer—removable—bilateral, maxillary (through age 14)	\$ 90.00
D1527*	Space maintainer—removable—bilateral, mandibular (through age 14)	\$ 90.00
D1551	Re-cement or re-bond bilateral space maintainer—maxillary	\$ 10.00
D1552	Re-cement or re-bond bilateral space maintainer—mandibular	\$ 10.00
D1553	Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 10.00
D1575	Distal shoe space maintainer—fixed, unilateral—per quadrant (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	Placement of interim direct 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 (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
D2753*	Crown—porcelain fused to titanium and titanium alloys. \$	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 and titanium alloy \$	270.00
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression.	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
D2928	Prefabricated porcelain/ceramic crown – permanent tooth \$	75.00
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) - direct	\$ 250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	\$ 300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	\$ 350.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$ 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
D6243*	Pontic—porcelain fused to titanium and titanium alloys	\$ 270.00
D6750*	Crown—porcelain fused to high noble metal	\$ 270.00
D6751	Crown—porcelain fused to predominantly base metal	\$ 270.00
D6752*	Crown—porcelain fused to noble metal	\$ 270.00
D6753*	Crown—porcelain fused to titanium and titanium alloys	\$ 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 and titanium alloy	\$ 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 retentive/clasping materials, rests and teeth)	\$ 400.00
D5212*	Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 400.00
D5213*	Maxillary partial denture—cast metal (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5214*	Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$ 425.00
D5221	Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5222	Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5225*	Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5226*	Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$ 350.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$ 350.00
D5284*	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 350.00
D5286*	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 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 Biologic materials to aid in soft and osseous tissue regeneration, per site	\$ 95.00
D4266 Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$ 230.00
D4267 Guided tissue regeneration, natural teeth - nonresorbable barrier, per site	\$ 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
D4322 Splint – intra-coronal; natural teeth or prosthetic crowns	\$ 95.00
D4323 Splint – extra-coronal; natural teeth or prosthetic crowns	\$ 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

D5851 Tissue conditioning, mandibular	\$ 30.00
D6214* Pontic—titanium and titanium alloy	\$ 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* Interim pontic - further treatment or completion of diagnosis necessary prior to final impression.	no charge
D6545* Retainer—cast metal, resin bonded fixed prosthesis.	\$ 250.00
D6548* Retainer—porcelain/ceramic, resin bonded 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 more surfaces	\$ 270.00
D6602* Retainer inlay—cast high noble metal, two surfaces	\$ 270.00
D6603* Retainer inlay—cast high noble metal, three or more surfaces	\$ 270.00
D6604 Retainer inlay—cast predominantly base metal, two surfaces.	\$ 270.00
D6605 Retainer inlay—cast predominantly base metal, 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 surfaces	\$ 270.00
D6608* Retainer onlay—porcelain/ceramic, two surfaces	\$ 270.00
D6609* Retainer onlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D6610* Retainer onlay—cast high noble metal, two surfaces	\$ 270.00
D6611* Retainer onlay—cast high noble metal, three or more surfaces	\$ 270.00
D6612 Retainer onlay—cast predominantly base metal, two surfaces.	\$ 270.00
D6613 Retainer onlay—cast predominantly base 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 surfaces	\$ 270.00
D6624* Retainer inlay titanium	\$ 270.00
D6634* Retainer onlay titanium	\$ 270.00
D6710* Retainer crown—indirect resin based composition	\$ 270.00
D6720* Retainer crown—resin with high noble metal . .	\$ 270.00
D6721 Retainer crown—resin with predominantly base metal.	\$ 270.00
D6722* Retainer crown—resin with noble metal	\$ 270.00
D6740* Retainer crown—porcelain/ceramic	\$ 280.00
D6780* Retainer crown—3/4 cast high noble metal	\$ 270.00
D6781 Retainer crown—3/4 cast predominantly base metal.	\$ 270.00

D6782* Retainer crown—3/4 cast noble metal.	\$ 270.00
D6783* Retainer crown—3/4 porcelain/ceramic, denture.	\$ 270.00
D6784 Retainer crown—3/4 titanium and titanium alloys.	\$ 270.00

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

Bleaching	Member pays
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D9972 External bleaching in office—per arch	\$ 175.00
D9975 External bleaching in home—per arch	\$ 175.00

Orthodontics	Member pays
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NOTE: Members may receive up to a 25 percent discount by visiting an in-network orthodontist. Visit **Humana.com** to find a participating orthodontist.

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](https://www.humana.com/disclosure).

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