# HumanaDental Prepaid HD205 Plan

**FLORIDA**

## 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**.

- 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.
- 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** 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.

## Tips to ensure a healthy mouth

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



## Questions?

Check out **Humana.com**

Call **1-800-233-4013**, 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**.

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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. HD plans copayments for listed procedures are applicable only at a participating general dentist.

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A 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. For HD plans, and benefits for procedures not listed on the schedule, members may be eligible to receive up to a 25 percent discount by visiting a 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 - comprehensive series of radiographic images (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(s) | 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 |

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| | | |
|---|---|---|
| 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 |

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|---|---|---|
| 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 |

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## 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 |

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|---|---|---|
| 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 periodontal 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 |
|---|---|---|
| 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 - per 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 retentive clasping materials—per tooth | $ 35.00 |
| D5640* | Replace missing or broken teeth - partial denture - per tooth | $ 35.00 |
| D5650* | Add tooth to existing partial denture - per tooth | $ 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 |
| D5721* | Rebase mandibular partial denture | $ 200.00 |
| D5725* | Rebase hybrid prosthesis | $ 200.00 |
| D5730 | Reline complete maxillary denture (direct) | $ 60.00 |
| D5731 | Reline complete mandibular denture (direct) | $ 60.00 |
| D5740 | Reline Maxillary Partial Denture (direct) | $ 60.00 |
| D5741 | Reline Mandibular Partial Denture (direct) | $ 60.00 |
| D5750* | Reline Complete Maxillary Denture (indirect) | $ 95.00 |
| D5751* | Reline Complete Mandibular Denture (indirect) | $ 95.00 |
| D5760* | Reline Maxillary Partial Denture (indirect) | $ 95.00 |
| D5761* | Reline Mandibular Partial Denture (indirect) | $ 95.00 |
| D5765* | Soft liner for complete or partial removable denture – indirect | $ 95.00 |
| D5810* | Interim complete denture (maxillary) | $ 250.00 |
| D5811* | Interim complete denture (mandibular) | $ 250.00 |
| D5820* | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary | $ 80.00 |
| D5821* | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - mandibular | $ 80.00 |
| D5850 | Tissue conditioning, maxillary | $ 30.00 |

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| | | |
|---|---|---|
| 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** |
|---|---|---|
| D9110 | Palliative treatment of dental pain - per visit | $ 20.00 |
| D9215 | Local anesthesia in conjunction with operative or surgical procedures | no charge |
| D9222 | Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof | $ 83.00 |
| D9223 | Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof | $ 71.00 |
| D9230 | Administration of nitrous oxide | $ 15.00 |
| D9239 | Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof | $ 83.00 |
| D9243 | Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof | $ 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** |
|---|---|---|
| D9972 | External bleaching in office—per arch | $ 175.00 |
| D9975 | External bleaching in home—per arch | $ 175.00 |

**Orthodontics** **Member pays**

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

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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**.

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You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

**California members or residents:** You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time.** Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish)**: Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese)**: 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino)** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**French Creole (Haitian Creole):** Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

**Français (French)**: Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Polski (Polish)** Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**Italiano (Italian)** Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**հայերեն (Armenian):** Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

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