

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.

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. 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) | \$ 45.00 | D0272 X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months)....no charge |
| D9430 Office visit (normal hours) | \$ 15.00 | D0273 X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months)....no charge |
| D9440 Office visit (after regularly scheduled hours) | \$ 55.00 | D0274 Bitewings—four radiographic images (limited to twice in any 12 calendar months)no charge |
| D9986 Missed appointment | \$ 10.00 | D0277 X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months).....no charge |
| D9987 Cancelled appointment | \$ 10.00 | D0330 Panoramic radiographic image (once per three calendar years)no charge |
| D9999 Emergency visit during regularly scheduled hours, by report..... | \$ 20.00 | D0350 Oral/facial photography imagesno charge |
| Diagnostic | Member pays | |
| D0120 Periodic oral examination (limited to twice in any 12 calendar months)..... | no charge | D0415 Collect microorganisms culture & sensitivityno charge |
| D0140 Limited/comprehensive/detailed and extensive oral eval | no charge | D0425 Caries susceptibility tests.....no charge |
| D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver...no charge | | D0431 Oral cancer screening using a special light source\$ 70.00 |
| D0150 Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)..... | no charge | D0460 Pulp vitality tests (not covered if a root canal is performed)no charge |
| D0160 Limited/comprehensive/detailed and extensive oral eval | no charge | D0470 Diagnostic castsno charge |
| D0170 Re-evaluation—problem focused (not post-operative visit) | no charge | D0472 Pathology report—gross examination of lesion..no charge |
| D0180 Comprehensive periodontal evaluation (limited to twice in any 12 calendar months)....\$ 35.00 | | D0473 Pathology report—microscopic examination of lesion.....no charge |
| D0210 X-ray intraoral - comprehensive series of radiographic images (once per three calendar years) | no charge | D0474 Pathology report—microscopic examination of lesion and area.....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 | | |
| Preventive | Member pays | |
| D1110 Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist)..... | no charge | |
| D1120 Prophylaxis—child, routine (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 | |

| | | |
|--------|---|-----------|
| 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) | \$ 20.00 |
| D1510* | Space maintainer—fixed, unilateral—per quadrant (through age 14) | \$ 95.00 |
| D1516* | Space maintainer—fixed—bilateral, maxillary (through age 14)..... | \$ 135.00 |
| D1517* | Space maintainer—fixed—bilateral, mandibular (through age 14)..... | \$ 135.00 |
| D1520* | Space maintainer—removable, unilateral—per quadrant (through age 14) | \$ 105.00 |
| D1526* | Space maintainer—removable—bilateral, maxillary (through age 14) | \$ 115.00 |
| D1527* | Space maintainer—removable—bilateral, mandibular (through age 14)..... | \$ 115.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer—maxillary | \$ 20.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer—mandibular..... | \$ 20.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer—per quadrant | \$ 20.00 |
| D1575 | Distal shoe space maintainer—fixed, unilateral —per quadrant (through age 14; primary teeth only) | \$ 205.00 |

| Restorative | Member pays | |
|--------------------|--|----------|
| D2140 | Amalgam—one surface, primary or permanent. \$ 30.00 | |
| D2150 | Amalgam—two surfaces, primary or permanent | \$ 35.00 |
| D2160 | Amalgam—three surfaces, primary or permanent | \$ 40.00 |
| D2161 | Amalgam—four or more surfaces, primary or permanent..... | \$ 45.00 |
| D2940 | Placement of interim direct restoration | \$ 25.00 |

| Resin restorative | Member pays | |
|---|--|----------|
| (inlays and onlays limited to one per tooth every five years) | | |
| D2330 | Resin based composite—one surface, anterior .. \$ 45.00 | |
| D2331 | Resin based composite—two surfaces, anterior . \$ 60.00 | |
| D2332 | Resin based composite—three surfaces, anterior..... \$ 75.00 | |
| D2335 | Resin based composite—four or more surfaces (anterior) | \$ 95.00 |
| D2390 | Resin based composite crown, anterior .. \$ 90.00 | |
| D2391 | Resin based composite—one surface, posterior . \$ 70.00 | |
| D2392 | Resin based composite—two surfaces, posterior..... \$ 90.00 | |
| D2393 | Resin based composite—three surfaces, posterior | \$110.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | \$130.00 |
| D2510* | Inlay—metallic, one surface | \$345.00 |
| D2520* | Inlay—metallic, two surfaces | \$355.00 |
| D2530* | Inlay—metallic, three or more surfaces..... | \$365.00 |

| | | |
|--------|---|----------|
| D2542* | Inlay—metallic, two surfaces | \$370.00 |
| D2543* | Inlay—metallic, three surfaces | \$380.00 |
| D2544* | Inlay—metallic, four or more surfaces | \$390.00 |
| D2610* | Inlay—porcelain/ceramic, one surface..... | \$370.00 |
| D2620* | Inlay—porcelain/ceramic, two surfaces..... | \$380.00 |
| D2630* | Inlay—porcelain/ceramic, three or more surfaces | \$390.00 |
| D2642* | Inlay—porcelain/ceramic, two surfaces | \$395.00 |
| D2643* | Inlay—porcelain/ceramic, three surfaces..... | \$405.00 |
| D2644* | Inlay—porcelain/ceramic, four or more surfaces | \$415.00 |
| D2650* | Inlay—resin based composite, one surface | \$345.00 |
| D2651* | Inlay—resin based composite, two surfaces | \$355.00 |
| D2652* | Inlay—resin based composite, three or more surfaces | \$365.00 |
| D2662* | Inlay—resin based composite, two surfaces..... | \$370.00 |
| D2663* | Inlay—resin based composite, three surfaces | \$380.00 |
| D2664* | Inlay—resin based composite, four or more surfaces | \$410.00 |

| Crown and bridge | (limited to one per tooth every five years) | Member pays |
|-------------------------|---|--------------------|
| D2710* | Crown—resin based composite, indirect | \$ 410.00 |
| D2712* | Crown—3/4 resin based composite, indirect | \$ 410.00 |
| D2720* | Crown—resin with high noble metal | \$ 410.00 |
| D2721 | Crown—resin with predominantly base metal...\$ | 410.00 |
| D2722* | Crown—resin with noble metal..... | \$ 410.00 |
| D2740* | Crown - porcelain/ceramic | \$ 410.00 |
| D2750* | Crown—porcelain fused to high noble metal....\$ | 410.00 |
| D2751 | Crown—porcelain fused to predominantly base metal | \$ 410.00 |
| D2752* | Crown—porcelain fused to noble metal..... | \$ 410.00 |
| D2753* | Crown—porcelain fused to titanium and titanium alloys..... | \$ 410.00 |
| D2780* | Crown—3/4 cast high noble metal..... | \$ 410.00 |
| D2781 | Crown—3/4 cast predominantly base metal....\$ | 410.00 |
| D2782* | Crown—3/4 cast noble metal..... | \$ 410.00 |
| D2783* | Crown—3/4 porcelain/ceramic | \$ 410.00 |
| D2790* | Crown—full cast high noble metal..... | \$ 410.00 |
| D2791 | Crown—full cast predominantly base metal....\$ | 410.00 |
| D2792* | Crown—full cast noble metal..... | \$ 410.00 |
| D2794* | Crown—titanium and titanium alloy | \$ 410.00 |
| 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 | \$ 25.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | no charge |
| D2920 | Re-cement or re-bond crown | \$ 25.00 |
| D2928 | Prefabricated porcelain/ceramic crown—permanent tooth | \$ 110.00 |
| D2929 | Crown—prefabricated porcelain/ceramic crown— primary tooth | \$ 110.00 |
| D2930 | Prefabricated stainless steel crown—primary tooth..... | \$ 110.00 |
| D2931 | Prefabricated stainless steel crown—permanent tooth | \$ 35.00 |

| | | |
|--------|--|-----------|
| D2932 | Prefabricated resin crown..... | \$ 110.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$ 110.00 |
| D2934 | Prefabricated esthetic coated stainless steel crown—primary tooth | \$ 110.00 |
| D2950 | Core buildup, including any pins | \$ 80.00 |
| D2951 | Pin retention—per tooth, in addition to restoration..... | \$ 25.00 |
| D2952* | Cast post and core in addition to crown | \$ 175.00 |
| D2953* | Each additional cast post—same tooth..... | \$ 140.00 |
| D2954 | Prefabricated post and core in addition to crown | \$ 120.00 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$ 20.00 |
| D2957 | Each additional prefabricated post—same tooth, base metal post..... | \$ 45.00 |
| D2960 | Labial Veneer (Resin Laminate) - direct..... | \$ 290.00 |
| D2961* | Labial Veneer (Resin Laminate) - indirect..... | \$ 425.00 |
| D2962* | Labial Veneer (porcelain Laminate) - indirect..... | \$ 475.00 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework .. | \$ 70.00 |
| D2980 | Crown repair, necessitated by restorative material failure | \$ 25.00 |
| D2981 | Inlay repair, necessitated by restorative material failure | \$ 25.00 |
| D2982 | Onlay repair, necessitated by restorative material failure | \$ 25.00 |
| D2983 | Veneer repair, necessitated by restorative material failure | \$ 25.00 |
| D6940 | Stress breaker..... | \$ 170.00 |
| D6950 | Precision attachment, separate from prosthesis. | \$ 220.00 |

Prosthodontics (fixed)

| | | |
|--------|--|--------------------|
| | (replacement limited to every five years, adjustments once per year) | Member pays |
| D6210* | Pontic—cast high noble metal..... | \$ 410.00 |
| D6211 | Pontic—cast predominantly base metal | \$ 410.00 |
| D6212* | Pontic—cast noble metal | \$ 410.00 |
| D6240* | Pontic—porcelain fused to high noble metal | \$ 410.00 |
| D6241 | Pontic—porcelain fused to predominantly base metal..... | \$ 410.00 |
| D6242* | Pontic—porcelain fused to noble metal..... | \$ 410.00 |
| D6243* | Pontic—porcelain fused to titanium and titanium alloys..... | \$ 410.00 |
| D6750* | Retainer crown—porcelain fused to high noble metal..... | \$ 410.00 |
| D6751 | Retainer crown—porcelain fused to predominantly base metal | \$ 410.00 |
| D6752* | Retainer crown—porcelain fused to noble metal..... | \$ 410.00 |
| D6753* | Crown—porcelain fused to titanium and titanium alloys..... | \$ 410.00 |
| D6790* | Retainer crown—full cast high noble metal | \$ 410.00 |
| D6791 | Retainer crown—full cast predominantly base metal..... | \$ 410.00 |
| D6792* | Retainer crown—full cast noble metal | \$ 410.00 |
| D6794* | Retainer crown—titanium and titanium alloy...\$ | \$ 410.00 |
| D6930 | Re-cement or re-bond fixed partial denture (per unit)..... | \$ 45.00 |

Prosthodontics

| | |
|--|--------------------|
| (replacement limited to every five years) | Member pays |
| D5110* Complete denture—maxillary | \$ 550.00 |
| D5120* Complete denture—mandibular..... | \$ 550.00 |
| D5130* Immediate denture—maxillary | \$ 550.00 |
| D5140* Immediate denture—mandibular..... | \$ 550.00 |
| D5211* Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) ...\$ | \$ 495.00 |
| D5212* Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 495.00 |
| D5213* Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth) ...\$ | \$ 525.00 |
| D5214* Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth) | \$ 525.00 |
| D5221 Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 385.00 |
| D5222 Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 385.00 |
| D5223 Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$ 605.00 |
| D5224 Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$ 605.00 |
| D5225* Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...\$ | \$ 525.00 |
| D5226* Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) ...\$ | \$ 525.00 |
| D5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....\$ | \$ 525.00 |
| D5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....\$ | \$ 525.00 |
| D5282* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary.....\$ | \$ 445.00 |
| D5283* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular | \$ 445.00 |
| D5284* Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant.....\$ | \$ 445.00 |
| D5286* Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | \$ 445.00 |
| D5410 Adjust complete denture—maxillary | \$ 25.00 |
| D5411 Adjust complete denture—mandibular | \$ 25.00 |
| D5421 Adjust partial denture—maxillary | \$ 25.00 |
| D5422 Adjust partial denture—mandibular | \$ 25.00 |
| D5660* Add clasp to existing partial denture—per tooth | \$ 110.00 |

HumanaDental Prepaid HD215 Plan

FLORIDA

Endodontics

(each procedure limited to once per tooth per life)

Member pays

| | | |
|-------|---|-----------|
| D3110 | Pulp cap—direct (excluding final restoration)..... | \$ 25.00 |
| D3120 | Pulp cap—indirect (excluding final restoration)..... | \$ 20.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration)..... | \$ 65.00 |
| D3221 | Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day) | \$ 135.00 |
| D3230 | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) | \$ 65.00 |
| D3240 | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) | \$ 100.00 |
| D3310 | Root canal therapy—anterior (excluding final restoration) | \$ 175.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) | \$ 270.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | \$ 390.00 |
| D3331 | Treatment of root canal obstruction—non-surgical access..... | \$ 110.00 |
| D3332 | Incomplete endodontic therapy—inoperable or fractured tooth | \$ 110.00 |
| D3333 | Internal root repair of perforation defects..... | \$ 120.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$ 140.00 |
| D3352 | Apexification/recalcification—interim medication replacement (includes any necessary radiographs) | \$ 100.00 |
| D3353 | Apexification/recalcification—final visit (includes any necessary radiographs)..... | \$ 140.00 |
| D3410 | Apicoectomy—anterior | \$ 210.00 |
| D3421 | Apicoectomy— premolar (first root)..... | \$ 220.00 |
| D3425 | Apicoectomy—molar (first root)..... | \$ 220.00 |
| D3426 | Apicoectomy—(each additional root)..... | \$ 90.00 |
| D3430 | Retrograde filling—per root..... | \$ 55.00 |
| D3450 | Root amputation—per root (not covered in conjunction with procedure D3920) | \$ 130.00 |
| D3910 | Surgical procedure to isolate tooth with rubber dam..... | \$ 50.00 |
| D3920 | Hemisection not included in root canal therapy .. | \$ 120.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$ 25.00 |

Periodontics (gum treatment)

Member pays

| | | |
|-------|---|-----------|
| D4210 | Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant | \$ 195.00 |
| D4211 | Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant | \$ 100.00 |
| D4240 | Gingival flap, including root planing—four or more teeth, per quadrant | \$ 220.00 |
| D4241 | Gingival flap, including root planing—one to three teeth, per quadrant..... | \$ 150.00 |

| | | |
|-------|--|-----------|
| D4245 | Apically positioned flap..... | \$ 225.00 |
| D4249 | Clinical crown lengthening—hard tissue | \$ 220.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$ 425.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | \$ 400.00 |
| D4263 | Bone replacement graft—retained natural tooth—first site in quadrant..... | \$ 290.00 |
| D4264 | Bone replacement graft—retained natural tooth—each additional site in quadrant | \$ 200.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | \$ 135.00 |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site | \$ 360.00 |
| D4267 | Guided tissue regeneration, natural teeth - nonresorbable barrier, per site | \$ 425.00 |
| D4270 | Pedicle soft tissue graft procedure | \$ 335.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$ 425.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$ 120.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft..... | \$ 460.00 |
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft..... | \$ 340.00 |
| 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 | \$ 170.00 |
| 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 | \$ 255.00 |
| 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..... | \$ 276.00 |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns..... | \$ 135.00 |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns..... | \$ 115.00 |
| 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)..... | \$ 85.00 |

| | | |
|-------|--|----------|
| 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)..... | \$ 70.00 |
| 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) | \$ 80.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per five years)..... | \$ 80.00 |
| 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).... | \$ 70.00 |
| D4910 | Periodontal maintenance (covered only after active periodontal therapy) | \$ 70.00 |

| Extractions/oral and maxillofacial surgery | | Member pays |
|---|---|--------------------|
| D7111 | Extraction, coronal remnants – primary tooth ... | no charge |
| D7140 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$ 55.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$ 60.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$ 75.00 |
| D7230 | Removal of impacted tooth—partially bony..... | \$ 95.00 |
| D7240 | Removal of impacted tooth—completely bony.. | \$ 135.00 |
| D7241 | Removal of impacted tooth—completely bony, unusual complications by report | \$ 175.00 |
| D7250 | Surgical removal of residual tooth roots..... | \$ 50.00 |
| D7260 | Oroantral fistula closure | \$ 450.00 |
| D7261 | Primary closure of a sinus perforation..... | \$ 275.00 |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth..... | \$ 95.00 |
| D7280 | Exposure of an unerupted tooth (excluding wisdom teeth) | \$ 160.00 |
| D7282 | Mobilization of erupted or malposed tooth to aid eruption | \$ 120.00 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$ 450.00 |
| D7286 | Incisional biopsy of oral tissue-soft (all others) .. | \$ 155.00 |
| D7287 | Exfoliative cytological sample collection | \$ 70.00 |
| D7288 | Brush biopsy—transepithelial sample collection..... | \$ 75.00 |
| D7310 | Alveoloplasty in conjunction with extractions—per quadrant | \$ 50.00 |
| D7311 | Alveoloplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant | \$ 25.00 |
| D7320 | Alveoloplasty not in conjunction with extractions—per quadrant | \$ 90.00 |

| | | |
|-------|---|-----------|
| D7321 | Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant..... | \$ 65.00 |
| D7450 | Removal of benign odontogenic cyst or tumor— up to 1.25 cm | \$ 210.00 |
| D7451 | Removal of benign odontogenic cyst or tumor— greater than 1.25 cm..... | \$ 285.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | \$ 130.00 |
| D7472 | Removal of torus palatinus | \$ 80.00 |
| D7473 | Removal of torus mandibularis | \$ 80.00 |
| D7485 | Reduction of osseous tuberosity | \$ 75.00 |
| D7510 | Incision and drainage of abscess—intraoral soft tissue..... | \$ 45.00 |
| D7970 | Excision hyperplastic tissue—per arch | \$ 100.00 |
| D7971 | Excision of pericoronal gingival | \$ 65.00 |

| Repairs to prosthetics | Member pays |
|---|--------------------|
| D5511* Repair broken complete denture base, mandibular..... | \$ 65.00 |
| D5512* Repair broken complete denture base, maxillary | \$ 65.00 |
| D5520* Replace missing or broken teeth—complete denture - per tooth..... | \$ 65.00 |
| D5611* Repair resin partial denture base, mandibular | \$ 65.00 |
| D5612* Repair resin partial denture base, maxillary | \$ 65.00 |
| D5621* Repair cast partial framework, mandibular..... | \$ 65.00 |
| D5622* Repair cast partial framework, maxillary | \$ 65.00 |
| D5630* Repair or replace broken retentive clasping materials—per tooth | \$ 65.00 |
| D5640* Replace missing or broken teeth - partial denture - per tooth..... | \$ 65.00 |
| D5650* Add tooth to existing partial denture - per tooth. | \$ 60.00 |
| D5670* Replace all teeth and acrylic on cast metal framework—maxillary | \$ 255.00 |
| D5671* Replace all teeth and acrylic on cast metal framework—mandibular..... | \$ 350.00 |
| D5710* Relbase complete maxillary denture | \$ 230.00 |
| D5711* Relbase complete mandibular denture | \$ 230.00 |
| D5720* Relbase maxillary partial denture | \$ 230.00 |
| D5721* Relbase mandibular partial denture | \$ 230.00 |
| D5725* Relbase hybrid prosthesis | \$ 230.00 |
| D5730 Reline complete maxillary denture (direct)..... | \$ 110.00 |
| D5731 Reline complete mandibular denture (direct).... | \$ 110.00 |
| D5740 Reline Maxillary Partial Denture (direct) | \$ 110.00 |
| D5741 Reline Mandibular Partial Denture (direct) | \$ 110.00 |
| D5750* Reline Complete Maxillary Denture (indirect) .. | \$ 180.00 |
| D5751* Reline Complete Mandibular Denture (indirect) .. | \$ 180.00 |
| D5760* Reline Maxillary Partial Denture (indirect) | \$ 180.00 |
| D5761* Reline Mandibular Partial Denture (indirect) | \$ 180.00 |
| D5765* Soft liner for complete or partial removable denture - indirect | \$ 180.00 |
| D5810* Interim complete denture (maxillary)..... | \$ 300.00 |
| D5811* Interim complete denture (mandibular) | \$ 300.00 |
| D5820* Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary. | \$ 210.00 |

| | | |
|--------|--|-----------|
| D5821* | Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular..... | \$ 210.00 |
| D5850 | Tissue conditioning, maxillary | \$ 45.00 |
| D5851 | Tissue conditioning, mandibular..... | \$ 45.00 |
| D6214* | Pontic—titanium and titanium alloy | \$ 410.00 |
| D6245* | Pontic—porcelain/ceramic | \$ 410.00 |
| D6250* | Pontic—resin with high noble metal | \$ 410.00 |
| D6251 | Pontic—resin with predominantly base metal...\$ | \$ 410.00 |
| D6252* | Pontic—resin with noble metal | \$ 410.00 |
| D6253* | Interim pontic - further treatment or completion of diagnosis necessary prior to final impression..... | no charge |
| D6545* | Retainer—cast metal, resin bonded fixed prosthesis | \$ 300.00 |
| D6548* | Retainer—porcelain/ceramic, resin bonded fixed prosthesis | \$ 300.00 |
| D6549 | Resin retainer - for resin bonded fixed prosthesis | \$ 300.00 |
| D6600* | Retainer inlay—porcelain/ceramic, two surfaces | \$ 410.00 |
| D6601* | Retainer inlay—porcelain/ceramic, three or more surfaces | \$ 410.00 |
| D6602* | Retainer inlay—cast high noble metal, two surfaces | \$ 410.00 |
| D6603* | Retainer inlay—cast high noble metal, three or more surfaces | \$ 410.00 |
| D6604 | Retainer inlay—cast predominantly base metal, two surfaces..... | \$ 410.00 |
| D6605 | Retainer inlay—cast predominantly base metal, three or more surfaces | \$ 410.00 |
| D6606* | Retainer inlay—cast noble metal, two surfaces ..\$ | \$ 410.00 |
| D6607* | Retainer inlay—cast noble metal, three or more surfaces | \$ 410.00 |
| D6608* | Retainer onlay—porcelain/ceramic, two surfaces | \$ 410.00 |
| D6609* | Retainer onlay—porcelain/ceramic, three or more surfaces | \$ 410.00 |
| D6610* | Retainer onlay—cast high noble metal, two surfaces | \$ 410.00 |
| D6611* | Retainer onlay—cast high noble metal, three or more surfaces | \$ 410.00 |
| D6612 | Retainer onlay—cast predominantly base metal, two surfaces..... | \$ 410.00 |
| D6613 | Retainer onlay—cast predominantly base metal, three or more surfaces | \$ 410.00 |
| D6614* | Retainer onlay—cast noble metal, two surfaces. \$ | \$ 410.00 |
| D6615* | Retainer onlay—cast noble metal, three or more surfaces | \$ 410.00 |
| D6624* | Retainer inlay titanium..... | \$ 410.00 |
| D6634* | Retainer onlay titanium | \$ 410.00 |
| D6710* | Retainer crown—indirect resin based composition | \$ 410.00 |
| D6720* | Retainer crown—resin with high noble metal ...\$ | \$ 410.00 |
| D6721 | Retainer crown—resin with predominantly base metal..... | \$ 410.00 |
| D6722* | Retainer crown—resin with noble metal | \$ 410.00 |
| D6740* | Retainer crown—porcelain/ceramic.....\$ | \$ 410.00 |

D6780* Retainer crown—3/4 cast high noble metal

D6781 Retainer crown—3/4 cast predominantly base metal.....

D6782* Retainer crown—3/4 cast noble metal.....\$

D6783* Retainer crown—3/4 porcelain/ceramic,

denture.....

D6784 Retainer crown—3/4 titanium and titanium

alloys.....\$ 410.00

Adjunctive general service **Member pays**

D9110 Palliative treatment of dental pain - per visit\$

D9215 Local anesthesia

D9222 Administration of deep sedation/general

anesthesia - first 15 minute increment, or any portion thereof.....\$

D9223 Administration of deep sedation/general

anesthesia - each subsequent 15 minute increment, or any portion thereof.....\$

D9230 Administration of nitrous oxide

D9239 Administration of moderate sedation -

intravenous - first 15 minute increment, or any portion thereof.....\$

D9243 Administration of moderate sedation -

intravenous - each subsequent 15 minute increment, or any portion thereof.....\$

D9450 Case presentation, subsequent detailed and

extensive treatment planning

D9951 Occlusal adjustment—limited.....\$

D9952 Occlusal adjustment—complete

\$ 45.00

\$ 205.00

Bleaching **Member pays**

D9972 External bleaching in office—per arch

D9975 External bleaching in home—per arch

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.

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.

Current Dental Terminology © 2026 American Dental Association. All rights reserved.

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

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or accessibility@humana.com. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

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): Չանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

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

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