



Humana Dental

Prepaid Open Access Plan with Implants

FLORIDA

Feel good about choosing a Humana Dental plan

The Humana Dental Open Access plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with Humana Dental.

- No need to select a Primary Care Dentist
- No waiting periods
- No claims to file
- No annual maximums

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 Humana Open Access Dental 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 and floss daily
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings.

Specialty Benefits Regulatory and Technical Information Guide available at [Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure](https://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure).

Humana®

Using your Humana Dental benefits



Visit [Humana.com/findadentist](https://www.humana.com/findadentist) to find a in-network dentist.



Register or sign in to [MyHumana](https://www.humana.com) at [Humana.com](https://www.humana.com) to view your coverage details, ID cards, find a dentist and more!



Life without claims forms!

Your primary dentist will provide all of your routine dental care and you will pay any copayments to your dentist at the time of service.

Questions?

Visit [Humana.com](https://www.humana.com) or call **866-427-7478** Monday – Saturday, 8 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time.

Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



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The Humana Dental Prepaid plans focus on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist. Procedures not listed on this document are not covered under the plan.

Specialists services: Should members need a specialist (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Visit [Humana.com/findadentist](https://www.humana.com/findadentist) to find a participating specialist.

| Appointments | | Member pays |
|--------------|--|-------------|
| D9310 | Consultation (normally not the same dentist who provides the treatment) | \$25.00 |
| D9430 | Office Visit for Observation - No other services performed | no charge |
| D9440 | Office Visit - After regularly scheduled hours | \$30.00 |
| D9986 | Missed appointments (no charge will be made due to emergencies) | \$10.00 |
| D9987 | Cancelled appointments (without 24 hour notice, per 15 min) | \$10.00 |
| D9999 | Emergency visit during regularly scheduled office hours | \$2.00 |
| Diagnostic | | Member pays |
| D0120 | Periodic Oral Evaluation | no charge |
| D0140 | Limited Oral Evaluation - Problem focused | no charge |
| D0145 | Limited Oral Evaluation - Problem focused | no charge |
| D0150 | Comprehensive Oral Evaluation - New or established patient | 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 - New or established patient | no charge |
| D0210 | Intraoral - Comprehensive series of radiographic images | no charge |
| D0220 | X-Rays Intraoral Periapical, First radiographic image | \$4.00 |
| D0230 | X-Rays Intraoral Periapical, Each additional radiographic image | \$2.00 |
| D0240 | X-Rays Intraoral - Occlusal radiographic image | no charge |
| D0250 | Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector | no charge |
| D0270 | X-Rays (Bitewing) - Single radiographic image | no charge |
| D0272 | X-Rays (Bitewings) - Two radiographic images | no charge |
| D0273 | X-Rays (Bitewings) - Three radiographic images | no charge |
| D0274 | X-Rays (Bitewings) - Four radiographic images | no charge |
| D0277 | X-Rays (Bitewings, vertical) - 7 to 8 radiographic images | \$29.00 |
| D0310 | Sialography | \$150.00 |
| D0320 | Temporomandibular joint arthrogram, including injection | \$250.00 |

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| D0321 | Other temporomandibular joint films, by report | \$150.00 |
| D0322 | Tomographic survey | \$150.00 |
| D0330 | X-Rays (Panoramic radiographic image) | \$50.00 |
| D0340 | Cephalometric film | \$125.00 |
| D0350 | Oral/Facial photographic images obtained intra-orally or extra-orally | \$20.00 |
| D0415 | Collection of microorganisms for culture and sensitivity | no charge |
| D0425 | Caries Susceptibility Tests | no charge |
| D0431 | Oral Cancer Screening using a special light source | \$50.00 |
| D0460 | Pulp Vitality Tests | no charge |
| D0470 | Diagnostic Casts | no charge |
| D0472 | Accession of Tissue, Gross Examination, Preparation and Transmission of Written Report | no charge |
| D0473 | Accession of Tissue, Gross and Microscopic Examination, Preparation and Transmission of Written Report | no charge |
| D0474 | Accession of Tissue, Gross and Microscopic Examination, including Assessment of Surgical Margins for Presence of Disease, Preparation and Transmission of Written Report | no charge |

| Preventive | | Member pays |
|------------|--|-------------|
| D1110 | Cleaning - Adult | no charge |
| D1120 | Cleaning - Child | no charge |
| D1206 | Topical application of Fluoride Varnish. | \$15.00 |
| D1208 | Topical application of fluoride - excluding varnish | \$15.00 |
| 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 Instructions | no charge |
| D1351 | Sealant - Per tooth | no charge |
| D1510 | Space Maintainer - Fixed unilateral - Per quadrant | no charge |
| D1516 | Space maintainer - Fixed - Bilateral, maxillary | no charge |
| D1517 | Space maintainer - Fixed - Bilateral, mandibular | no charge |
| D1520 | Space Maintainer - Removable - Unilateral - Per quadrant | no charge |
| D1526 | Space maintainer - Removable - Bilateral, maxillary | no charge |



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| D1527 | Space maintainer - Removable - Bilateral, mandibular | no charge |
| D1551 | Re-cement or re-bond bilateral space maintainer – Maxillary | \$15.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer – Mandibular | \$15.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer – Per quadrant | \$15.00 |
| D1556 | Removal of fixed unilateral space maintainer – Per quadrant | \$15.00 |
| D1557 | Removal of fixed bilateral space maintainer – Maxillary | \$15.00 |
| D1558 | Removal of fixed bilateral space maintainer – Mandibular | \$15.00 |
| D1575 | Distal shoe space maintainer – Fixed – Unilateral - Per quadrant | \$55.00 |

| Restorative | | Member pays |
|--|--|-------------|
| D2140 | Amalgam - One Surface, Primary or Permanent | no charge |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent | no charge |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent | no charge |
| D2161 | Amalgam - Four or More Surfaces, Primary or Permanent | no charge |
| D2940 | Placement of interim direct restoration | \$15.00 |
| 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 | \$37.00 |
| D2332 | Resin-Based Composite - Three surfaces, anterior | \$50.00 |
| D2335 | Resin-Based Composite - Four or more surfaces (Anterior) | \$80.00 |
| D2390 | Resin-Based Composite Crown, Anterior | \$115.00 |
| D2391 | Resin-Based Composite - One surface, posterior | \$65.00 |
| D2392 | Resin-Based Composite - Two surfaces, posterior | \$75.00 |
| D2393 | Resin-Based Composite - Three surfaces, posterior | \$90.00 |
| D2394 | Resin-Based Composite - Four or more surfaces, Posterior | \$115.00 |
| D2410 | Gold Foil - One surface | \$75.00 |
| D2420 | Gold Foil - Two surfaces | \$95.00 |
| D2430 | Gold Foil - Three surfaces | \$125.00 |
| 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 | \$325.00 |
| D2543 | Onlay - Metallic - Three surfaces | \$340.00 |
| D2544 | Onlay - Metallic - Four or more surfaces | \$350.00 |
| D2610 | Inlay - Porcelain/Ceramic - One surface | \$325.00 |
| D2620 | Inlay - Porcelain/Ceramic - Two surfaces | \$350.00 |
| D2630 | Inlay - Porcelain/Ceramic - Three or more surfaces | \$375.00 |
| D2642 | Onlay - Porcelain/Ceramic - Two surfaces | \$410.00 |

| D2643 | Onlay - Porcelain/Ceramic - Three surfaces | \$440.00 |
|---|--|-------------|
| D2644 | Onlay - Porcelain/Ceramic - Four or more surfaces | \$450.00 |
| D2650 | Inlay - Resin-based composite - One surface | \$200.00 |
| D2651 | Inlay - Resin-based composite - Two surfaces | \$220.00 |
| D2652 | Inlay - Resin-based composite - Three or more surfaces | \$260.00 |
| D2662 | Onlay - Resin-based composite - Two surfaces | \$240.00 |
| D2663 | Onlay - Resin-based composite - Three surfaces | \$260.00 |
| D2664 | Onlay - Resin-based composite - Four or more surfaces | \$283.00 |
| Crown and bridge (limited to one per tooth every five years) | | Member pays |
| D2710 | Crown - Resin based composite (Indirect) | \$195.00 |
| D2712 | Crown - ¾ resin-based composite (indirect) | \$500.00 |
| D2720 | Crown - Resin with high noble metal | \$500.00 |
| D2721 | Crown - Resin with predominantly base metal | \$425.00 |
| D2722 | Crown - Resin with noble metal | \$480.00 |
| D2740 | Crown - Porcelain/Ceramic | \$500.00 |
| D2750 | Crown - Porcelain fused to high noble metal | \$500.00 |
| D2751 | Crown - Porcelain fused to predominantly base metal | \$425.00 |
| D2752 | Crown - Porcelain fused to noble metal | \$480.00 |
| D2753 | Crown - Porcelain fused to titanium and titanium alloys | \$500.00 |
| D2780 | Crown - 3/4 Cast high noble metal | \$495.00 |
| D2781 | Crown - 3/4 Cast predominantly base metal | \$425.00 |
| D2782 | Crown - 3/4 Cast Noble metal | \$480.00 |
| D2783 | Crown - 3/4 Porcelain/ceramic | \$500.00 |
| D2790 | Crown - Full cast high noble metal | \$500.00 |
| D2791 | Crown - Full cast predominantly base metal | \$425.00 |
| D2792 | Crown - Full cast noble metal | \$480.00 |
| D2794 | Crown - Titanium and titanium alloy | \$500.00 |
| D2799 | Interim crown - Further treatment or completion of diagnosis necessary prior to final impression | \$125.00 |
| 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 | \$45.00 |
| D2929 | Prefabricated Porcelain/Ceramic Crown - Primary Tooth | \$25.00 |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | \$45.00 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | \$55.00 |
| D2932 | Prefabricated Resin Crown | \$95.00 |
| D2933 | Prefabricated Stainless Steel Crown with Resin Window | \$145.00 |
| D2950 | Core Buildup, Including any pins | \$70.00 |
| D2951 | Pin Retention - Per tooth, in addition to restoration | \$15.00 |
| D2952 | Cast Post and Core, In addition to crown | \$88.00 |
| D2953 | Each additional Cast Post - Same tooth | \$95.00 |



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| D2954 | Prefabricated Post and Core in Addition to Crown | \$75.00 |
| D2955 | Post Removal - (not in conjunction with endodontic therapy) | \$30.00 |
| D2957 | Each Additional Prefabricated Post - Same Tooth - Base Metal Post | \$30.00 |
| D2960 | Labial Veneer (Resin Laminate) - Direct | \$200.00 |
| D2961 | Labial Veneer (Resin Laminate), Indirect | \$255.00 |
| D2962 | Labial Veneer (Porcelain Laminate), Indirect | \$440.00 |
| 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 | \$95.00 |
| 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 | \$125.00 |
| D6950 | Precision Attachment (separate from prosthesis) | \$195.00 |
| D6980 | Fixed Partial Denture Repair, By Report | \$45.00 |

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

Member
pays

| | | |
|-------|--|----------|
| D6210 | Pontic - Cast High Noble Metal | \$500.00 |
| D6211 | Pontic - Cast Predominantly Base Metal | \$425.00 |
| D6212 | Pontic - Cast Noble Metal | \$480.00 |
| D6240 | Pontic - Porcelain Fused To High Noble Metal | \$500.00 |
| D6241 | Pontic - Porcelain Fused To Predominantly Base Metal | \$425.00 |
| D6242 | Pontic - Porcelain Fused To Noble Metal | \$480.00 |
| D6790 | Retainer crown - Full Cast High Noble Metal | \$500.00 |
| D6791 | Retainer crown - Full Cast Predominantly Base Metal | \$425.00 |
| D6792 | Retainer crown - Full Cast Noble Metal | \$480.00 |
| D6794 | Retainer crown - Titanium and titanium alloy | \$500.00 |
| D6930 | Recement or rebond Fixed Partial Denture | \$15.00 |

Prosthodontics (fixed) (replacement limited to every five years)

Member
pays

| | | |
|-------|--|----------|
| D5110 | Complete Denture - Maxillary | \$525.00 |
| D5120 | Complete Denture - Mandibular | \$525.00 |
| 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) | \$600.00 |
| D5212 | Mandibular partial denture - Resin base (including retentive/clasping materials, rests and teeth) | \$600.00 |
| D5213 | Maxillary partial denture - Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$625.00 |
| D5214 | Mandibular partial denture - Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$625.00 |

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| D5221 | Immediate maxillary partial denture - Resin base (including retentive/clasping materials, rests and teeth) | \$350.00 |
| D5222 | Immediate mandibular partial denture - Resin base (including retentive/clasping materials, rests and teeth) | \$350.00 |
| D5223 | Immediate maxillary partial denture - Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$350.00 |
| D5224 | Immediate mandibular partial denture - Cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$350.00 |
| D5225 | Upper Partial Denture - Flexible (including retentive/clasping materials, rests and teeth) | \$625.00 |
| D5226 | Lower Partial Denture - Flexible (including retentive/clasping materials, rests and teeth) | \$625.00 |
| D5227 | Immediate maxillary partial denture - Flexible base (including any clasps, rests and teeth) | \$625.00 |
| D5228 | Immediate mandibular partial denture - Flexible base (including any clasps, rests and teeth) | \$625.00 |
| 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 Upper | \$15.00 |
| D5411 | Adjust Complete Denture Lower | \$15.00 |
| D5421 | Adjust Partial Denture Upper | \$15.00 |
| D5422 | Adjust Partial Denture Lower | \$15.00 |
| D5660 | Add Clasp to Existing Partial Denture - Per tooth | \$75.00 |

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) | \$25.00 |
| D3220 | Pulpotomy - Removal Of Pulp, Not Part Of A Root Canal | \$30.00 |
| D3221 | Pulpal Debridement (Not To Be Used When Root Canal Is Done On The Same Day) | \$95.00 |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration) | \$50.00 |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration) | \$50.00 |
| D3310 | Anterior Root Canal (Permanent Tooth) (Excluding Final Restoration) | \$110.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) | \$185.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | \$245.00 |



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| D3331 | Treatment Of Root Canal Obstruction; Non-Surgical Access | \$85.00 |
| D3332 | Incomplete Endodontic Therapy; Inoperable Or Fractured Tooth | \$75.00 |
| D3333 | Internal Root Repair of Perforation Defects | \$125.00 |
| D3346 | Retreatment of Previous Root Canal Therapy – Anterior | \$300.00 |
| D3347 | Retreatment of Previous Root Canal Therapy – bicuspid | \$350.00 |
| D3348 | Retreatment of Previous Root Canal Therapy – Molar | \$440.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$90.00 |
| D3352 | Apexificat/Recalcificat-Interim (includes any necessary radiographs). | \$90.00 |
| D3353 | Apexificat/Recalcificat-Final Visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) | \$90.00 |
| D3410 | Apicoectomy - Anterior | \$100.00 |
| D3421 | Apicoectomy – Premolar (First Root) | \$315.00 |
| D3425 | Apicoectomy - Molar (First Root) | \$340.00 |
| D3426 | Apicoectomy (Each Additional Root) | \$95.00 |
| D3430 | Retrograde Filling - Per Root | \$75.00 |
| D3450 | Root Amputation - Per Root | \$110.00 |
| D3470 | Intentional reimplantation (including necessary splinting) | \$175.00 |
| D3910 | Surgical procedure for isolation of tooth with rubber dam | \$95.00 |
| D3920 | Hemisection (including any root removal), not including root canal therapy | \$90.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$75.00 |
| Periodontics (gum treatment) | | Member pays |
| D4210 | Gingivectomy Or Gingivoplasty - 4 Or More Teeth, Per Quadrant | \$175.00 |
| D4211 | Gingivectomy Or Gingivoplasty - 1 To 3 Teeth, Per Quadrant | \$81.00 |
| D4240 | Gingival Flap, Including Root Planing - 4 Or More Teeth, Per Quadrant | \$195.00 |
| D4241 | Gingival Flap, Including Root Planing - 1 To 3 Teeth, Per Quadrant | \$185.00 |
| D4245 | Apically Positioned Flap | \$150.00 |
| D4249 | Clinical crown lengthening – hard tissue | \$230.00 |
| D4260 | Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | \$375.00 |
| 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 | \$450.00 |

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| D4264 | Bone replacement graft - retained natural tooth - each additional site in quadrant | \$325.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | \$95.00 |
| D4266 | Guided Tissue Regeneration - Resorbable Barrier, Per Site | \$325.00 |
| D4267 | Guided Tissue Regeneration - Nonresorbable Barrier, Per Site (Includes Membrane Removal) | \$325.00 |
| D4270 | Pedicle Soft Tissue Graft Procedure | \$250.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites), first tooth, implant, or edentulous tooth position in graft | \$335.00 |
| D4274 | Mesial/distal or proximal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$125.00 |
| 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 | \$245.00 |
| 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 | \$120.00 |
| 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 | \$75.00 |
| 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 | \$380.00 |
| 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 Or Bounded Teeth Spaces Per Quadrant | \$50.00 |
| D4342 | Periodontal Scaling And Root Planing- One To Three Teeth, Per Quadrant | \$43.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation | \$50.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit | \$50.00 |
| D4381 | Localized Delivery of Chemotherapeutic Agents, Per Tooth (following active periodontal therapy) | \$60.00 |
| D4381 | Localized Delivery of Chemotherapeutic Agents, Per Tooth (for an additional tooth treated in the same quadrant following active periodontal therapy) | \$65.00 |
| D4910 | Periodontal Maintenance | no charge |
| D4920 | "Unscheduled dressing change (by someone other than the treating dentist or their staff)" | \$25.00 |



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| Extractions/oral and maxillofacial surgery | | Member pays |
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| D7111 | Extraction of Coronal Remnants - primary Tooth | \$50.00 |
| D7140 | Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal) | \$20.00 |
| D7210 | Surgical removal of extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$30.00 |
| D7220 | Removal of Impacted Tooth - Soft Tissue | \$50.00 |
| D7230 | Removal of Impacted Tooth - Partially Bony | \$65.00 |
| D7240 | Removal of Impacted Tooth - Completely Bony | \$80.00 |
| D7241 | Removal of Impacted Tooth - Completely Bony, Unusual Complications By Report | \$135.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$40.00 |
| D7260 | Oroantral Fistula Closure | \$160.00 |
| D7270 | Tooth Stabilization Of Accidentally Evulsed or Displaced Tooth | \$50.00 |
| D7280 | Surgical access exposure of an unerupted tooth (Excluding wisdom teeth) | \$125.00 |
| D7282 | Mobilization of erupted or malpositioned tooth to air eruption | \$125.00 |
| D7283 | Placement of Device to Facilitate Eruption of Impacted Tooth | \$90.00 |
| D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$125.00 |
| D7286 | Incisional biopsy of oral tissue-soft (all others) | \$85.00 |
| D7287 | Exfoliative Cytological Sample Collection | \$50.00 |
| D7288 | Brush Biopsy - Transepithelial Sample Collection | \$50.00 |
| D7310 | Alveoloplasty with Extractions - Per Quadrant | \$40.00 |
| D7311 | Alveoloplasty with Extractions - Localized, Per Quadrant | \$15.00 |
| D7320 | Alveoloplasty not in conjunction with extractions -per Quadrant | \$60.00 |
| D7321 | Alveoloplasty not in conjunction with extractions- Localized, per quadrant | \$25.00 |
| D7450 | Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm | \$65.00 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$95.00 |
| D7471 | Removal of Lateral Exostosis (Maxilla Or Mandible) | \$80.00 |
| D7472 | Removal of Torus Palatinus | \$60.00 |
| D7473 | Removal of Torus Mandibularis | \$60.00 |
| D7485 | Surgical reduction of osseous tuberosity | \$60.00 |
| D7510 | Incision and Drainage of Abscess - Intraoral Soft Tissue | \$20.00 |
| D7451 | Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm | \$95.00 |
| D7471 | Removal Of Lateral Exostosis (Maxilla Or Mandible) | \$80.00 |
| D7472 | Removal Of Torus Palatinus | \$60.00 |
| D7473 | Removal Of Torus Mandibularis | \$60.00 |
| D7485 | Surgical reduction of osseous tuberosity | \$60.00 |

| Repairs to prosthetics | | Member pays |
|------------------------|--|-------------|
| D5511 | Repair Broken Complete Denture Base, Mandibular | \$75.00 |
| D5512 | Repair Broken Complete Denture Base, maxillary | \$75.00 |
| D5520 | Replace Missing Or Broken Teeth - Complete Denture - per tooth | \$75.00 |
| D5611 | Repair Resin Denture Base, mandibular | \$75.00 |
| D5612 | Repair Resin Denture Base, maxillary | \$75.00 |
| D5621 | Repair Cast Partial Framework, mandibular | \$75.00 |
| D5622 | Repair Cast Partial Framework, maxillary | \$75.00 |
| D5630 | Repair or replace broken retentive clasping materials - per tooth | \$75.00 |
| D5640 | Replace missing or broken teeth - partial denture - per tooth | \$75.00 |
| D5650 | Add tooth to existing partial denture - per tooth | \$75.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (maxillary) | \$205.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (mandibular) | \$205.00 |
| D5710 | Rebase Complete Upper Denture | \$175.00 |
| D5711 | Rebase Complete Lower Denture | \$175.00 |
| D5720 | Rebase Upper Partial Denture | \$195.00 |
| D5721 | Rebase Lower Partial Denture | \$195.00 |
| D5725 | rebase hybrid prosthesis | \$195.00 |
| D5730 | Reline Complete Upper Denture (direct) | \$105.00 |
| D5731 | Reline Complete Lower Denture (direct) | \$105.00 |
| D5740 | Reline Upper Partial Denture (direct) | \$105.00 |
| D5741 | Reline Lower Partial Denture (direct) | \$105.00 |
| D5750 | Reline Complete Upper Denture (indirect) | \$125.00 |
| D5751 | Reline Complete Lower Denture (indirect) | \$125.00 |
| D5760 | Reline Upper Partial Denture (indirect) | \$125.00 |
| D5761 | Reline Lower Partial Denture (indirect) | \$125.00 |
| D5765 | Soft liner for complete or partial removable denture - indirect | \$125.00 |
| D5810 | Interim Complete Denture (Upper) | \$450.00 |
| D5811 | Interim Complete Denture (Lower) | \$450.00 |
| D5820 | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - Upper | \$375.00 |
| D5821 | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - Lower | \$375.00 |
| D5850 | Tissue conditioning, upper | \$20.00 |
| D5851 | Tissue Conditioning, lower | \$20.00 |
| D5862 | Precision Attachment, by report | \$150.00 |



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| D5899 | Unspecified removable prosthodontic procedure, by report | no charge |
| D6214 | Pontic Titanium and titanium alloy | \$500.00 |
| D6245 | Retainer - cast metal for resin bonded fixed prosthesis | \$605.00 |
| D6250 | Pontic - Resin with high noble metal | \$505.00 |
| D6251 | Pontic - Resin with predominantly base metal | \$430.00 |
| D6252 | Pontic - Resin with noble metal | \$485.00 |
| D6253 | Interim pontic - further treatment or completion of diagnosis necessary prior to final impression | no charge |
| D6545 | Retainer - cast metal for resin bonded fixed prosthesis | \$230.00 |
| D6548 | Retainer - Porcelain/ceramic for resin bonded fixed prosthesis | \$275.00 |
| D6549 | Retainer - resin for resin bonded fixed prosthesis | \$150.00 |
| D6600 | Retainer inlay - porcelain/ceramic, two surfaces | \$445.00 |
| D6601 | Retainer inlay - porcelain/ceramic, three or more surfaces | \$445.00 |
| D6602 | Retainer inlay - cast high noble metal, two surfaces | \$445.00 |
| D6603 | Retainer inlay - cast high noble metal, three or more surfaces | \$445.00 |
| D6604 | Retainer inlay - cast predominantly base metal, two surfaces | \$245.00 |
| D6605 | Retainer inlay - cast predominantly base metal, three or more surfaces | \$245.00 |
| D6606 | Retainer inlay - cast noble metal, two surfaces | \$445.00 |
| D6607 | Retainer inlay - cast noble metal, three or more surfaces | \$445.00 |
| D6608 | Retainer onlay - porcelain/ceramic, two surfaces | \$445.00 |
| D6609 | Retainer onlay - porcelain/ceramic, three or more surfaces | \$445.00 |
| D6610 | Retainer onlay - cast high noble metal, two surfaces | \$445.00 |
| D6611 | Retainer onlay - cast high noble metal, three or more surfaces | \$445.00 |
| D6612 | Retainer onlay - cast predominantly base metal, two surfaces | \$245.00 |
| D6613 | Retainer onlay - cast predominantly base metal, three or more surfaces | \$245.00 |
| D6614 | Retainer onlay - cast noble metal, two surfaces | \$445.00 |
| D6615 | Retainer onlay - cast noble metal, three or more surfaces | \$445.00 |
| D6710 | Retainer crown - indirect resin based composite | \$445.00 |
| D6720 | Retainer crown - resin with high noble metal | \$500.00 |
| D6721 | Retainer crown - resin with predominantly base metal | \$425.00 |
| D6722 | Retainer crown - resin with noble metal | \$480.00 |
| D6740 | Retainer crown - porcelain/ceramic | \$500.00 |
| D6750 | Retainer crown - porcelain fused to high noble metal | \$500.00 |
| D6751 | Retainer crown - porcelain fused to predominantly base metal | \$425.00 |
| D6752 | Retainer crown - porcelain fused to noble metal | \$480.00 |
| D6780 | Retainer crown - 3/4 cast high noble metal | \$500.00 |

| | | |
|------------------------------------|--|--------------------|
| D6781 | Retainer crown - 3/4 cast predominantly base metal | \$425.00 |
| D6782 | Retainer crown - 3/4 cast noble metal | \$480.00 |
| D6783 | Retainer crown - 3/4 porcelain/ceramic | \$500.00 |
| Implants/Implant Services | | Member pays |
| D6010 | Surgical placement of implant body | \$950.00 |
| D6012 | Surgical placement of interim implant body for transitional prosthesis:Endosteal implant | \$950.00 |
| D6055 | Dental implant supported connecting bar | \$1,800.00 |
| D6056 | Prefabricated abutment - includes placement | \$400.00 |
| D6066 | Implant supported crown - porcelain, high noble alloys | \$950.00 |
| D6080 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments | \$180.00 |
| D6090 | Repair of implant/abutment supported prosthesis | \$400.00 |
| D6092 | Recement implant/abutment supported crown | \$45.00 |
| D6093 | Recement implant/abutment supported fixed partial denture | \$65.00 |
| D6100 | Surgical removal of implant body | \$700.00 |
| D6110 | Implant abutment supported removable denture for completely edentulous arch Maxillary | \$1,200.00 |
| D6111 | Implant abutment supported removable denture for completely edentulous arch, Mandibular | \$1,200.00 |
| D6112 | Implant abutment supported removable denture for completely edentulous arch, Maxillary | \$940.00 |
| D6113 | Implant abutment supported removable denture for completely edentulous arch Mandibular | \$940.00 |
| D6114 | Implant abutment supported fixed denture for completely edentulous arch maxillary | \$3,800.00 |
| D6115 | Implant abutment supported fixed denture for completely edentulous arch mandibular | \$3,800.00 |
| D6116 | Implant abutment supported fixed denture for partially edentulous arch, maxillary | \$2,200.00 |
| D6117 | Implant abutment supported fixed denture for partially edentulous arch, mandibular | \$2,200.00 |
| D6190 | Radiographic/surgical index, by report | \$235.00 |
| Adjunctive general services | | Member pays |
| D9110 | Palliative treatment of dental pain - per visit | no charge |
| D9120 | Fixed Partial Denture Sectioning | no charge |
| D9210 | Local Anesthesia Not In Conjunction With Operative Or Surgical Procedures | no charge |
| D9211 | Regional Block Anesthesia | no charge |
| D9212 | Trigeminal Division Block Anesthesia | no charge |
| 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 | \$125.00 |
| D9223 | Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof | \$15.00 |



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| D9230 | Administration of nitrous oxide | \$20.00 |
| D9239 | Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof | \$125.00 |
| D9243 | Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof | \$55.00 |
| D9450 | Case presentation, subsequent detailed and extensive treatment planning | no charge |
| D9610 | Therapeutic parenteral drug, single administration | \$15.00 |
| D9612 | Therapeutic Parenteral Drugs, Two or More Administrations | \$25.00 |
| D9630 | Drugs or Medicaments dispensed in the office for home use (per quad) | \$15.00 |
| D9910 | Application Of Desensitizing Medicament | \$20.00 |
| D9942 | Repair and/or Reline of Occlusal Guard | \$40.00 |
| D9944 | Occlusal guard – hard appliance, full arch | \$250.00 |
| D9945 | Occlusal guard – soft appliance, full arch | \$250.00 |
| D9946 | Occlusal guard – hard appliance, partial arch | \$250.00 |
| D9950 | Occlusion Analysis – Mounted Case | \$75.00 |
| D9951 | Occlusal Adjustment Limited | \$25.00 |
| D9952 | Occlusal Adjustment Complete | \$95.00 |

| Bleaching | | Member pays |
|-----------|--|-------------|
| D9972 | External Bleaching - Per Arch | \$135.00 |
| D9975 | External Bleaching for home application, per arch, includes materials and \$125 fabrication of custom trays. | \$125.00 |

| Orthodontics | | Member pays |
|--------------|---|-------------|
| D8020 | Limited orthodontic treatment of the transitional dentition – child or adolescent up to 19 | \$1,000.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition – adolescent up to 19 | \$1,000.00 |
| D8040 | Limited orthodontic treatment of the adult dentition –adults including covered dependent adult children 19 years of age and older | \$1,350.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition – child or adolescent up to 19 | \$2,200.00 |
| D8080 | "Comprehensive orthodontic treatment of the adolescent dentition – adolescent up to 19" | \$2,250.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children 19 years of age and older | \$2,350.00 |
| D8210 | Removable appliance therapy | \$103.00 |
| D8220 | Fixed appliance therapy | \$103.00 |
| D8660 | Pre-orthodontic treatment to monitor growth and development | \$35.00 |
| D8680 | Orthodontic Retention (Removal Of Appliances, Construction AndPlacement Of Removable Retainer(S)) | \$300.00 |
| D8999 | Unspecified orthodontic procedure, by report - includes treatment planning session | \$250.00 |

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$35 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).
- All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustments for new dentures made within 12 months are at no fee to the member.
- Copies of X-rays can be obtained for \$2 per periapical film up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- Copayment amounts for listed procedures are applicable at either the Participating General Dentist or Participating Specialist. Specialist services are only available in areas where the dental plan has a Participating Specialist.



Limitations and Exclusions:

Company does not provide coverage for the following services:

- A. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section X, Paragraph C of the Certificate.
- B. Any procedures not specifically listed as a covered benefit in the Schedule of Benefits.
- C. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
- D. Any dental treatment started prior to the Member's effective date for eligibility of benefits. This does not apply to Orthodontic treatment in progress that was covered under the Contractholder's prior plan. To be covered under this Plan, Orthodontic treatment must be shown on your Schedule of Benefits and You must have the subsequent treatment provided by a Participating General Dentist or Participating Specialist.
- E. Services which in the opinion of the Participating General Dentist, Participating Specialist, or Company are not Necessary Treatment to establish and/or maintain the Member's oral health.
- F. Any services that are not appropriate or customarily performed for the given condition, do not have uniform professional endorsement, do not have a favorable prognosis, or are experimental or investigational.
- G. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- H. Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- I. Procedures, appliances or restorations to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ); or replacement of lost, missing or stolen appliances.
- J. Services performed primarily for cosmetic purposes, unless otherwise listed as covered cosmetic services on your Schedule of Benefits.
- K. Services provided by a Participating Specialist who specializes in pediatric dentistry are limited to children through age 16.
- L. Removal of asymptomatic third molars is not covered unless pathology (disease) exists. Examples of symptomatic conditions include decay, cysts, unmanageable periodontal disease, infection, and resorption of adjacent tooth.
- M. Frequency and/or age limitations may apply. See your Schedule of Benefits and Co-payments for details.
- N. Worker's Compensation
 - 1. If we pay benefits but determine that the benefits were for the treatment of bodily injury or sickness that arose from or was sustained in the course of any occupation or employment for compensation, profit or gain, we have the right to recover that payment. We will exercise our right to recover against you.
 - 2. The recovery rights will be applied even though:
 - a. The Workers' Compensation benefits are in dispute or are made by means of settlement or compromise;
 - b. No final determination is made that bodily injury or sickness was sustained in the course of, or resulted from, your employment;
 - c. The amount of Workers' Compensation due to medical or health care is not agreed upon or defined by you or the Workers' Compensation carrier; or
 - d. Medical or health care benefits are specifically excluded from the Workers' Compensation settlement or compromise.
 - 3. You agree that, in consideration for the coverage provided by the Contract, we will be notified of any Workers' Compensation claim that you make, and you agree to reimburse us as described above.
- O. Crowns, inlays, onlays, or veneers for the purpose of:
 - 1. Altering vertical dimension of teeth;
 - 2. Restoration or maintenance of occlusion;
 - 3. Splinting teeth, including multiple abutments; or
 - 4. Replacing tooth structure lost as a result of wear (abrasion, attrition, erosion or abfraction)

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): Ձանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնություն 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.