



## 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).



## 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).



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](http://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

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



# Humana Dental

## Prepaid Open Access Plan

FLORIDA

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
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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
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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 - Porceln/Ceramic - One surface	\$325.00
D2620	Inlay - Porceln/Ceramic - Two surfaces	\$350.00
D2630	Inlay - Porceln/Ceramic - Three or more surfaces	\$375.00
D2642	Onlay - Porceln/Ceramic - Two surfaces	\$410.00

D2643	Onlay - Porceln/Ceramic - Three surfaces	\$440.00
D2644	Onlay - Porceln/Ceram - 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
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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 eestoration	\$15.00
D2952	Cast Post and Core, In addition to crown	\$88.00
D2953	Each additional Cast Post - Same tooth	\$95.00



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
<b>Prosthodontics (fixed)</b> (replacement limited to every five years, adjustments once per year)		<b>Member pays</b>
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
<b>Prosthodontics (fixed)</b> (replacement limited to every five years)		<b>Member pays</b>
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

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
<b>Endodontics</b> (each procedure limited to once per tooth per life)		<b>Member pays</b>
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



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
<b>Periodontics (gum treatment)</b>		<b>Member pays</b>
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

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



<b>Extractions/oral and maxillofacial surgery</b>		<b>Member pays</b>
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	Alveoplasty with Extractions - Per Quadrant	\$40.00
D7311	Alveoplasty with Extractions - Localized, Per Quadrant	\$15.00
D7320	Alveoplasty not in conjunction with extractions -per Quadrant	\$60.00
D7321	Alveoplasty 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

D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	\$20.00
D7963	Frenuloplasty	\$50.00
D7970	Excision of hyperplastic tissue - per arch	\$140.00
D7971	Excision of pericoronal gingiva	\$40.00
<b>Repairs to prosthetics</b>		<b>Member pays</b>
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



# Humana Dental

## Prepaid Open Access Plan

FLORIDA

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
<b>Adjunctive general services</b>		<b>Member pays</b>
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
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
<b>Bleaching</b>		<b>Member pays</b>
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
<b>Orthodontics</b>		<b>Member pays</b>
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



# Humana Dental

## Prepaid Open Access Plan

FLORIDA

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 And Placement 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**.
- 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.

Offered and Administered by CompBenefits Company, a Humana company



**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):** Չանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնությունները առանվար 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.