Humana Dental
Prepaid HD405 Plan with Ortho

FLORIDA

Feel good about choosing a Humana Dental plan

The Humana Dental 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 Humana Dental.

- 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 Dental 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 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**.

Using your Humana Dental benefits

You must select an in-network primary care dentist to access care on this plan. Simply visit **Humana.com/findadentist** to find a dentist.

Register or sign in to **MyHumana** at **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** 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**.

Humana®

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

Humana Dental
Prepaid HD405 Plan with Ortho

FLORIDA

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 only at a participating general dentist. Procedures not listed on this document are not covered under the plan.

Specialists services: This plan does not include coverage for services performed by a specialist (i.e., endodontist, oral surgeon, periodontist, pediatric dentist). Members may be eligible to receive up to a 25 percent discount by visiting a participating specialist. Visit **Humana.com/findadentist** to find a participating specialist.

Summary of services

Services marked with a single asterisk (*) below also require separate payment of laboratory charges, not to exceed $200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments		Member pays
D9310	Consultation (Normally Not The Same Dentist Who Provides The Treatment)	$5.00
D9430	Office Visit (normal hours)	no charge
D9440	Office Visit - After Regularly Scheduled Hours	$35.00
D9986	Missed Appointment	$10.00
D9987	Cancelled Appointment	$10.00
D9999	Emergency visit during regularly scheduled hours	$20.00
Diagnostic		**Member pays**
D0120	Periodic Oral Evaluation - established patient (two per year)	no charge
D0140	Limited Oral Evaluation - Problem Focused	no charge
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	no charge
D0150	Comprehensive Oral Evaluation - New or Established Patient (two per year)	no charge
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	no charge
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	no charge
D0171	Re-evaluation – post-operative office visit	no charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (two per year)	$15.00
D0190	Screening of a patient	no charge
D0191	Assessment of a patient	no charge
D0210	Intraoral - comprehensive series of radiographic images (Limit 1 D0210 or D0709 every 3 years)	no charge
D0220	Intraoral - Periapical first radiographic image	no charge
D0230	Intraoral - periapical each additional radiographic image	no charge
D0240	Intraoral - occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0251	Extra-oral posterior dental radiographic image (Limited to one D0251 or D0705 per year)	no charge
D0270	Bitewing - Single radiographic image (Two per year)	no charge
D0272	Bitewings - Two radiographic images (Two per year)	no charge
D0273	Bitewings - Three radiographic images (Two per year)	no charge
D0274	Bitewings - Four radiographic images (Two per year)	no charge
D0277	Vertical Bitewings - 7 To 8 radiographic images (Two per year)	no charge
D0310	Sialography	$105.00
D0320	Temporomandibular joint arthrogram, including injection	$175.00
D0321	Other temporomandibular joint radiographic images, by report	$105.00
D0322	Tomographic survey	$105.00
D0330	Panoramic radiographic image (Limited to 1 D0330 or D0701 every 3 years	no charge
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	$30.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	no charge
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$140.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per year)	$125.00
D0369	Maxillofacial MRI capture and interpretation	$125.00
D0370	Maxillofacial ultrasound capture and interpretation	$110.00
D0371	Sialoendoscopy capture and interpretation	$110.00

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

D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	$100.00
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	$90.00
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	$90.00
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	$120.00
D0384	Cone beam CT image capture for tmj series including two or more exposures	$90.00
D0385	Maxillofacial MRI image capture	$110.00
D0386	Maxillofacial ultrasound image capture	$110.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	no charge
D0393	Virtual treatment simulation using 3D image volume or surface scan	no charge
D0394	Digital subtraction of two or more images or image volumes of the same modality	no charge
D0395	Fusion of two or more 3D image volumes of one or more modalities	no charge
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	no charge
D0415	Collection of microorganisms for culture and sensitivity	no charge
D0419	Assessment of salivary flow by measurement	no charge
D0425	Caries susceptibility tests	no charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp Vitality Tests (Not covered if root canal is performed)	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
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	no charge
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	no charge
D0502	Other oral pathology procedures, by report	no charge
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	no charge
D0601	Caries risk assessment and documentation, with a finding of low risk	no charge
D0602	Caries risk assessment and documentation, with a finding of moderate risk	no charge
D0603	Caries risk assessment and documentation, with a finding of high risk	no charge
D0701	Panoramic radiographic image – image capture only (limited to one D0330 or D0701 every 3 years)	no charge
D0702	2-D cephalometric radiographic image – image capture only	$30.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$5.00
D0705	Extra-oral posterior dental radiographic image – image capture only (limited to one D0251 or D0705 per year)	no charge
D0706	Intraoral – occlusal radiographic image – image capture only	no charge
D0707	Intraoral – periapical radiographic image – image capture only	$5.00
D0708	Intraoral – bitewing radiographic image – image capture only	no charge
D0709	Intraoral – complete series of radiographic images – image capture only (limit one D0210 or D0709 every 3 years)	no charge

Preventive		Member pays
D1110	Prophylaxis - Adult (Two per year, by primary care dentist)	no charge
D1120	Prophylaxis - Child (Two per year)	no charge
D1206	Topical application of Fluoride Varnish (Two per year; for child <16)	no charge
D1208	Topical application of Flouride - Excluding varnish (Two per year; for child <16)	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 Instructions	no charge
D1351	Sealant - Per Tooth (Permanent teeth only through age 15)	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$5.00
D1353	Sealant repair – per tooth	$5.00
D1354	Interim caries arresting medicament application – per tooth	$5.00
D1355	Caries preventive medicament application – per tooth	$5.00
D1510*	Space Maintainer - fixed unilateral - per quadrant (Through age 14)	$50.00
D1516*	Space maintainer – fixed – bilateral, maxillary (Through age 14)	$70.00
D1517*	Space maintainer – fixed – bilateral, mandibular (Through age 14)	$70.00
D1520*	Space Maintainer - Removable - Unilateral - per quadrant (Through age 14)	$85.00

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

D1526*	Space maintainer - removable - bilateral, maxillary (Through age 14)	$90.00
D1527*	Space maintainer - removable - bilateral, mandibular (Through age 14)	$90.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$10.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$10.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$10.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	$5.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$5.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$5.00
D1575	Distal shoe space maintainer – fixed unilateral - per quadrant (Through age 14; primary teeth only)	$130.00

Restorative		**Member pays**
D2140	Amalgam - One Surface, Primary or Permanent	$5.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	$5.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	$5.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$5.00
D2410	Gold foil – one surface	$45.00
D2420	Gold foil – two surfaces	$60.00
D2430	Gold foil – three surfaces	$85.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	$20.00
D2940	Placement of Interim direct restoration	$10.00
D2949	Restorative foundation for an indirect restoration	$25.00
D2975	Coping	$70.00
D2990	Resin infiltration of incipient smooth surface lesions	$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	$40.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	$45.00
D2335	Resin-Based Composite - four or more surfaces (Anterior)	$65.00
D2390	Resin-Based Composite Crown, Anterior	$70.00
D2391	Resin-Based Composite - One Surface, Posterior	$45.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	$55.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	$80.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$90.00
D2510*	Inlay - Metallic - One Surface	$225.00
D2520*	Inlay - Metallic - Two Surfaces	$235.00
D2530*	Inlay - Metallic - Three or More Surfaces	$245.00
D2542*	Onlay - Metallic - Two Surfaces	$250.00
D2543*	Onlay - Metallic - Three Surfaces	$260.00
D2544*	Onlay - Metallic - Four or More Surfaces	$270.00
D2610*	Inlay - Porcelain/ceramic, one surface	$250.00
D2620*	Inlay - Porcelain/ceramic, two surfaces	$260.00
D2630*	Inlay - Porcelain/ceramic, three or more surfaces	$270.00
D2642*	Onlay - Porcelain/ceramic, two surfaces	$275.00
D2643*	Onlay - Porcelain/ceramic, three surfaces	$285.00
D2644*	Onlay - Porcelain/ceramic, four or more surfaces	$295.00
D2650*	Inlay - Resin based composite, one surface	$225.00
D2651*	Inlay - Resin based composite, two surfaces	$235.00
D2652*	Inlay - Resin based composite, three or more surfaces	$245.00
D2662*	Onlay - Resin based composite, two surfaces	$250.00
D2663*	Onlay - Resin based composite, three surfaces	$260.00
D2664*	Onlay - Resin based composite, four or more surfaces	$270.00
Crown and bridge (limited to one per tooth every five years)		**Member pays**
D2710*	Crown - resin-based composite (indirect)	$270.00
D2712*	Crown - ¾ resin-based composite (indirect)	$270.00
D2720*	Crown - Resin with High Noble Metal	$270.00
D2721	Crown - Resin with Predominantly Base Metal	$270.00
D2722*	Crown - Resin with Noble Metal	$270.00
D2740*	Crown - Porcelain/Ceramic	$270.00
D2750*	Crown - Porcelain Fused to High Noble Metal	$270.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$270.00
D2752*	Crown - Porcelain Fused to Noble Metal	$270.00
D2753*	Crown - Porcelain fused to titanium and titanium alloys	$270.00
D2780*	Crown - 3/4 Cast High Noble Metal	$270.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	$270.00
D2782*	Crown - 3/4 Cast Noble Metal	$270.00
D2783*	Crown - 3/4 porcelain/ceramic	$270.00
D2790*	Crown - Full Cast High Noble Metal	$270.00
D2791	Crown - Full Cast Predominantly Base Metal	$270.00
D2792*	Crown - Full Cast Noble Metal	$270.00
D2794*	Crown - Titanium and titanium alloy	$270.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	no charge
D2910	Re-cement or re-bond inlay, onlay, venner or partial coverage restoration	$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	$15.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	$75.00
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	$75.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$75.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$25.00

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

D2932	Prefabricated Resin Crown	$50.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	$50.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$50.00
D2950	Core Buildup, Including Any Pins when required	$50.00
D2951	Pin Retention - per tooth, in addition to restoration	$15.00
D2952*	Post and Core, in addition to crown, indirectly fabricated	$95.00
D2953*	Each additional indirectly fabricated post - same tooth	$100.00
D2954	Prefabricated Post and Core in addition to crown	$85.00
D2955	Post Removal	$10.00
D2957	Each additional Prefabricated Post - same tooth	$35.00
D2960	Labial Veneer (Resin Laminate) - direct	$250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	$300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	$350.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	$50.00
D2980	Crown repair necessitated by restorative material failure	no charge
D2981	Inlay repair necessitated by restorative material failure	no charge
D2982	Onlay repair necessitated by restorative material failure	no charge
D2983	Veneer repair necessitated by restorative material failure	no charge
D6940	Stress breaker	$150.00
D6950	Precision attachment	$195.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)		**Member pays**
D6205	Pontic - indirect resin based composite	$490.00
D6210*	Pontic - Cast High Noble Metal	$270.00
D6211	Pontic - Cast Predominantly Base Metal	$270.00
D6212*	Pontic - Cast Noble Metal	$270.00
D6240*	Pontic - Porcelain fused to High Noble Metal	$270.00
D6241	Pontic - Porcelain fused to Predominantly Base Metal	$270.00
D6242*	Pontic - Porcelain fused to Noble Metal	$270.00
D6243*	Pontic - Porcelain fused to titanium and titanium alloys	$270.00
D6750*	Retainer crown - Porcelain fused to High Noble Metal	$270.00
D6751	Retainer crown - Porcelain fused to Predominantly Base Metal	$270.00
D6752*	Retainer crown - Porcelain fused to Noble Metal	$270.00
D6753*	Retainer crown - Porcelain fused to Titanium and Titanium alloys	$270.00
D6790*	retainer crown - Full Cast High Noble Metal	$270.00
D6791	Retainer crown - Full Cast Predominantly Base Metal	$270.00
D6792*	Retainer crown - Full Cast Noble Metal	$270.00
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	$90.00
D6794*	Retainer crown Titanium and titanium alloys	$270.00
D6930	Re-cement or re-bond fixed partial denture	$15.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$40.00
Prosthodontics (fixed) (replacement limited to every five years)		**Member pays**
D5110*	Complete denture - maxillary	$375.00
D5120*	Complete denture - mandibular	$375.00
D5130*	Immediate denture - maxillary	$375.00
D5140*	Immediate denture - mandibular	$375.00
D5211*	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400.00
D5212*	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400.00
D5213*	Maxillary Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$425.00
D5214*	Mandibular Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$425.00
D5221*	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263.00
D5222*	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263.00
D5223*	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413.00
D5224*	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413.00
D5225*	Maxillary Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$425.00
D5226*	Mandibular Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$425.00
D5227*	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$425.00
D5228*	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$425.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	$350.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$350.00
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$350.00
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$350.00
D5410	Adjust complete denture - maxillary	$15.00
D5411	Adjust complete denture - mandibular	$15.00
D5421	Adjust partial denture - maxillary	$15.00
D5422	Adjust partial denture - mandibular	$15.00

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

D5660*	Add clasp to existing partial denture - per tooth	$90.00
D5862	Precision attachment, by report	$105.00
D5875	Modification of removable prosthesis following implant surgery	$40.00
D5876	Add metal substructure to acrylic complete denture - per arch	$30.00
D5899	Unspecified removable prosthodontic procedure, by report	no charge

Endodontics (each procedure limited to once per tooth per life)		**Member pays**
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$15.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$10.00
D3220	Therapeutic Pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$40.00
D3221	Pulpal debridement, primary and permanent teeth	$85.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$30.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	$45.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$110.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$195.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$250.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	$80.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	$80.00
D3333	Internal Root Repair of Perforation Defects	$90.00
D3346	Retreatment of previous root canal therapy - anterior	$115.00
D3347	Retreatment of previous root canal therapy - premolar	$160.00
D3348	Retreatment of previous root canal therapy - molar	$220.00
D3351	Apexification/recalcification - Intial Visit (Apical closure / calcific repair of perforations, root resorption, etc.)	$90.00
D3352	Apexification/recalcification - Interim Medication replacement (includes any necessary radiographs)	$80.00
D3353	Apexification/recalcification - Final Visit (includes any necessary radiographs)	$90.00
D3410	Apicoectomy - anterior	$135.00
D3421	Apicoectomy - premolar (first root)	$120.00
D3425	Apicoectomy - molar (first root)	$120.00
D3426	Apicoectomy (each additional root)	$60.00
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	$20.00
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$18.00
D3430	Retrograde Filling - Per Root	$40.00
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$105.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	$105.00
D3450	Root Amputation - Per Root (Not covered in conjunction with procedure D3920)	$95.00
D3460	Endodontic endosseous implant	$490.00
D3470	Intentional reimplantation (including necessary splinting)	$120.00
D3471	Surgical repair of root resorption – anterior	$70.00
D3472	Surgical repair of root resorption – premolar	$115.00
D3473	Surgical repair of root resorption – molar	$85.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$70.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$70.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$70.00
D3910	Surgical Procedure to isolate tooth with rubber dam	$20.00
D3911	Intraorifice barrier	no charge
D3920	Hemisection (including any root removal), not including root canal therapy	$90.00
D3921	Decoronation or submergence of an erupted tooth	$60.00
D3950	Canal Preparation and fitting of performed dowel or post	$15.00

Periodontics (gum treatment)		**Member pays**
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$55.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$40.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$150.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4245	Apically Positioned Flap	$175.00
D4249	Clinical crown lengthening – hard tissue	$150.00
D4260	Osseous Surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$350.00
D4261	Osseous Surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$325.00
D4263	Bone Replacement Graft - retained natural tooth - first site in quadrant	$180.00

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

D4264	Bone Replacement Graft - retained natural tooth - each additional site in quadrant	$95.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	$95.00
D4266	Guided Tissue Regeneration, natural teeth - resorbable barrier, per site	$230.00
D4267	Guided Tissue Regeneration, natural teeth - nonresorbable barrier, per site	$275.00
D4268	Surgical revision procedure, per tooth	no charge
D4270	Pedicle Soft Tissue Graft Procedure	$260.00
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$350.00
D4274	Mesial/Distal or Proximal Wedge Procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$90.00
D4275	Non-Autogenous Connective Tissue Graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$380.00
D4276	Combined connective tissue and double pedicle graft, per tooth	$45.00
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$265.00
D4278	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$130.00
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$210.00
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$228.00
D4322	Splint – Intra-Coronal; natural teeth or prosthetic crowns	$95.00
D4323	Splint – Extra-Coronal; natural teeth or prosthetic crowns	$85.00
D4341	Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4342, per 2 years)	$55.00
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4341, per 2 years)	$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (Limited to 1 per year cross reduces D1110, D1120)	$55.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (one per 5 years)	$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limited to one per tooth per year to a maximum of three(3) tooth sites per quardrant, and performed no less than three(3) months following active periodontal therapy.)	$60.00
D4910	Periodontal Maintenance (Covered only after active periodontal therapy)	$45.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$15.00
D4921	Gingival irrigation with a medicinal agent – per quadrant	$5.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction of Coronal Remnants - Primary Tooth	no charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	no charge
D7210	Extraction, Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$40.00
D7220	Removal of Impacted Tooth - Soft Tissue	$55.00
D7230	Removal of Impacted Tooth - Partially Bony	$70.00
D7240	Removal of Impacted Tooth - Completely Bony	$85.00
D7241	Removal of Impacted Tooth - Completely Bony, with unusual surgical complications	$110.00
D7250	Removal of residual tooth roots (cutting procedure)	$40.00
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$105.00
D7260	Oroantral Fistula Closure	$350.00
D7261	Primary Closure of a Sinus Perforation	$225.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$55.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$70.00
D7280	Exposure of an unerupted tooth	$100.00
D7282	Mobilization of Erupted or Malposed tooth to aid eruption	$90.00
D7283	Placement of device to facilitate eruption of impacted tooth	$40.00
D7284	Excisional Biopsy of minor salivary glands	$120.00
D7285	Incisional Biopsy of Oral Tissue-hard (bone, tooth)	$350.00
D7286	Incisional Biopsy of Oral Tissue-soft	$120.00
D7287	Exfoliative Cytological Sample Collection	$50.00
D7288	Brush Biopsy - Transepithelial Sample Collection	$55.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$20.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$40.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$15.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$75.00

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

D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$30.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	$245.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$700.00
D7410	Excision of benign lesion up to 1.25 cm	$18.00
D7411	Excision of benign lesion greater than 1.25 cm	$35.00
D7412	Excision of benign lesion, complicated	$35.00
D7450	Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm	$160.00
D7451	Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm	$235.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$90.00
D7472	Removal of Torus Palatinus	$65.00
D7473	Removal of Torus Mandibularis	$65.00
D7485	Reduction of Osseous Tuberosity	$60.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$35.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18.00
D7520	Incision and drainage of abscess - extraoral soft tissue	$18.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18.00
D7880	Occlusal orthotic device, by report (1 per 2 years)	$105.00
D7881	Occlusal orthotic device adjustment	$5.00
D7910	Suture of recent small wounds up to 5 cm	$20.00
D7921	Collection and application of autologous blood concentrate product	$90.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	no charge
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	$245.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$560.00
D7952	Sinus augmentation via a vertical approach	$350.00
D7961	Buccal / labial frenectomy (frenulectomy)	$20.00
D7962	Lingual frenectomy (frenulectomy)	$20.00
D7963	Frenuloplasty	$35.00
D7970	Excision Hyperplastic Tissue - per arch	$85.00
D7971	Excision of Pericoronal Gingival	$55.00
D7972	Surgical reduction of fibrous tuberosity	$90.00
D7994	Surgical placement: Zygomatic implant	$840.00
Repairs to prosthetics		**Member pays**
D5511*	Repair broken complete denture base, mandibular	$35.00
D5512*	Repair broken complete denture base, maxillary	$35.00
D5520*	Replace Missing or Broken Teeth - Complete Denture - per tooth	$35.00
D5611*	Repair resin partial denture base, mandibular	$35.00
D5612*	Repair resin partial denture base, maxillary	$35.00
D5621*	Repair cast partial framework, mandibular	$35.00
D5622*	Repair cast partial framework, maxillary	$35.00
D5630*	Repair or replace broken retentive clasping materials - per tooth	$35.00
D5640*	Replace missing or broken teeth - partial denture - per tooth	$35.00
D5650*	Add tooth to existing partial denture - per tooth	$35.00
D5670*	Replace all teeth and acrylic on cast metal framework -maxillary	$210.00
D5671*	Replace all teeth and acrylic on cast metal framework - mandibular	$225.00
D5710*	Rebase Complete Upper Denture	$200.00
D5711*	Rebase Complete Lower Denture	$200.00
D5720*	Rebase maxillary partial denture	$200.00
D5721*	Rebase mandibular partial denture	$200.00
D5725*	Rebase Hybrid Prosthesis	$200.00
D5730	Reline Complete Maxillary Denture (direct)	$60.00
D5731	Reline Complete Mandibular Denture (direct)	$60.00
D5740	Reline Maxillary Partial Denture (direct)	$60.00
D5741	Reline Mandibular Partial Denture (direct)	$60.00
D5750*	Reline Complete Maxillary Denture (indirect)	$95.00
D5751*	Reline Complete Mandibular Denture (indirect)	$95.00
D5760*	Reline Maxillary Partial Denture (indirect)	$95.00
D5761*	Reline Mandibular Partial Denture (indirect)	$95.00
D5765*	Soft Liner for complete or partial removable denture – indirect	$95.00
D5810*	Interim Complete Denture (Maxillary)	$250.00
D5811*	Interim Complete Denture (Mandibular)	$250.00
D5820*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary	$80.00
D5821*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - mandibular	$80.00
D5850	Tissue Conditioning, Maxillary	$30.00
D5851	Tissue Conditioning, Mandibular	$30.00
D5982*	Surgical stent for soft tissue healing	$70.00
D5987*	Commissure splint	$70.00
D5988*	Surgical splint	$70.00
D6214*	Pontic Titanium and titanium alloys	$270.00
D6245*	Pontic - Porcelain/Ceramic	$270.00
D6250*	Pontic - Resin with High Noble Metal	$270.00
D6251	Pontic - Resin with Predominantly Base Metal	$270.00
D6252*	Pontic - Resin with Noble Metal	$270.00

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

D6253*	Interim Pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer - cast metal, resin bonded fixed prosthesis	$250.00
D6548*	Retainer - porcelain/ceramic, resin bonded fixed prosthesis	$250.00
D6549	Retainer – for resin bonded fixed prosthesis	$250.00
D6600*	Retainer Inlay - porcelain/ceramic, two surfaces	$270.00
D6601*	Retainer Inlay - porcelain/ceramic, three or more surfaces	$270.00
D6602*	Retainer Inlay - cast high noble metal, two surfaces	$270.00
D6603*	Retainer Inlay - cast high noble metal, three or more surfaces	$270.00
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	$270.00
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	$270.00
D6606*	Retainer Inlay - cast noble metal, two surfaces	$270.00
D6607*	Retainer Inlay - cast noble metal, three or more surfaces	$270.00
D6608*	Retainer Onlay - porcelain/ceramic, two surfaces	$270.00
D6609*	Retainer Onlay - porcelain/ceramic, three or more surfaces	$270.00
D6610*	Retainer Onlay - cast high noble metal, two surfaces	$270.00
D6611*	Retainer Onlay - cast high noble metal, three or more surfaces	$270.00
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	$270.00
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	$270.00
D6614*	Retainer Onlay - cast noble metal, two surfaces	$270.00
D6615*	Retainer Onlay - cast noble metal, three or more surfaces	$270.00
D6624*	Retainer Inlay - titanium	$270.00
D6634*	Retainer Onlay - titanium	$270.00
D6710*	Retainer Crown - indirect resin based composite	$270.00
D6720*	Retainer Crown - resin with high noble metal	$270.00
D6721	Retainer Crown - resin with predominantly base metal	$270.00
D6722*	Retainer Crown - resin with noble metal	$270.00
D6740*	Retainer Crown - porcelain/ceramic	$280.00
D6780*	Retainer Crown - 3/4 cast high noble metal	$270.00
D6781	Retainer Crown - 3/4 cast predominantly base metal	$270.00
D6782*	Retainer Crown - 3/4 cast noble metal	$270.00
D6783*	Retainer Crown - 3/4 porcelain/ceramic	$270.00
D6784*	Retainer Crown ¾ - titanium and titanium alloys	$270.00
Adjunctive general service		**Member pays**
D9110	Palliative treatment of dental pain - per visit	$5.00
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
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	no charge
D9222	Administration of deep sedation/general anesthesia - first 15 minute increment, or any portion thereof	$83.00
D9223	Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof	$71.00
D9230	Administration of nitrous oxide	$15.00
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	$83.00
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	$71.00
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	$59.00
D9247	Administration of moderate sedation - non-intravenous parenteral -each subsequent 15 minute increment, or any portion thereof	$50.00
D9311	Consultation with a medical health care professional	no charge
D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9610	Therapeutic parenteral drug, single administration	$5.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$18.00
D9613	Infiltration of sustained release therapeutic drug, per quadrant	$35.00
D9630	Drugs or medicaments dispensed in the office for home use	$5.00
D9910	Application of desensitizing medicament	$5.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	no charge
D9912	Pre-visit patient screening	no charge
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	no charge
D9932	Cleaning and inspection of removable complete denture, maxillary	no charge
D9933	Cleaning and inspection of removable complete denture, mandibular	no charge
D9934	Cleaning and inspection of removable partial denture, maxillary	no charge
D9935	Cleaning and inspection of removable partial denture, mandibular	no charge
D9941	Fabrication of athletic mouthguard (1 per year)	$70.00
D9942	Repair and/or reline of occlusal guard	$30.00

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

D9943	Occlusal guard adjustment	$5.00
D9944	Occlusal guard – hard appliance, full arch (1 per 2 years)	$90.00
D9945	Occlusal guard – soft appliance, full arch (1 per 2 years)	$85.00
D9946	Occlusal guard – hard appliance, partial arch (1 per 2 years)	$85.00
D9950	Occlusion analysis – mounted case	$50.00
D9951	Occlusal Adjustment - Limited	$35.00
D9952	Occlusal Adjustment - Complete	$165.00
D9961	Duplicate/copy patient's records	no charge
D9973	External bleaching – per tooth	$20.00
D9990	Certified translation or sign-language services – per visit	no charge
D9991	Dental case management – addressing appointment compliance barriers	no charge
D9992	Dental case management – care coordination	no charge
D9993	Dental case management – motivational interviewing	no charge
D9994	Dental case management – patient education to improve oral health literacy	no charge
D9997	Dental case management – patients with special health care needs	no charge
Bleaching		**Member pays**
D9972	External Bleaching peformed in the office - Per Arch	$175.00
D9975	External Bleaching peformed at home - Per Arch	$175.00
Orthodontics		**Member pays**
D8010	Limited orthodontic treatment of the primary dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$850.00
D8020	Limited orthodontic treatment of the transitional dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$850.00
D8030	Limited orthodontic treatment of the adolescent dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$800.00
D8040	Limited orthodontic treatment of the adult dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,000.00
D8070	Comprehensive Orthodontic treatment of the transitional dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8090	Comprehensive Orthodontic treatment of the adult dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8210	Removable appliance therapy	$50.00
D8220	Fixed appliance therapy	$50.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$50.00
D8670	Periodic orthodontic treatment visit	no charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$455.00
D8681	Removable orthodontic retainer adjustment	no charge
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	$140.00
D8698	Re-cement or re-bond fixed retainer – maxillary	no charge
D8699	Re-cement or re-bond fixed retainer – mandibular	no charge
D8701	Repair of fixed retainer, includes reattachment – Upper	no charge
D8702	Repair of fixed retainer, includes reattachment – Lower	no charge

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availabilty of services.
- 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 **Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure**.

Offered by CompBenefits Company

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

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

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

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

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.