HumanaDental DHMO/Prepaid HS205 Plan with Implants

Feel good about choosing a HumanaDental plan

The HumanaDental HS Series dental plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with HumanaDental.

- No waiting periods
- No claims to file
- No annual maximums

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **Humana.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental DHMO/Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

Good health starts with a healthy mouth

Make dental visits a priority

One of the first lines of defense in overall health is dental care. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes, and stroke. The HumanaDental DHMO/Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Tips to ensure a healthy mouth

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

Questions?

Check out **Humana.com**

Call **1-800-233-4013**, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

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HumanaDental DHMO/Prepaid HS205 Plan with Implants

The HumanaDental DHMO/Prepaid plans focus on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. HS plans copayments for listed procedures are applicable at either a participating general dentist or participating specialist.

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

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

Summary of services

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

Appointments		Member pays
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	$ 5.00
D9430	Office visit (normal hours)	no charge
D9440	Office visit (after regularly scheduled hours)	$ 35.00
D9986	Missed appointment	$ 10.00
D9987	Cancelled appointment	$ 10.00
D9999	Emergency visit during regularly scheduled hours, by report	$ 20.00

Diagnostic		Member pays
D0120	Periodic oral examination (limited to twice in any 12 calendar months)	no charge
D0140	Limited oral evaluation—problem focused	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge
D0150	Comprehensive oral evaluation—new or established patient (limited to twice in any 12 calendar months)	no charge
D0160	Detailed and extensive oral evaluation—problem focused, by report	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (limited to twice in any 12 calendar months)	$ 15.00
D0210	X-ray intraoral - comprehensive series of radiographic images (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months)	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months)	no charge
D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months)	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source	$ 50.00
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470	Diagnostic casts	no charge
D0472	Pathology report—gross examination of lesion	no charge
D0473	Pathology report—microscopic examination of lesion	no charge
D0474	Pathology report—microscopic examination of lesion and area	no charge

Preventive		Member pays
D1110	Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist)	no charge
D1120	Prophylaxis—child (limited to twice in any 12 calendar months)	no charge
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge
D1208	Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months)	no charge
D1310	Nutrition counseling for the control of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge

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D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use.	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	$ 10.00
D1510*	Space maintainer—fixed, unilateral—per quadrant (through age 14)	$ 50.00
D1516*	Space maintainer—fixed—bilateral, maxillary (through age 14)	$ 70.00
D1517*	Space maintainer—fixed—bilateral, mandibular (through age 14)	$ 70.00
D1520*	Space maintainer—removable, unilateral—per quadrant (through age 14)	$ 85.00
D1526*	Space maintainer—removable—bilateral, maxillary (through age 14)	$ 90.00
D1527*	Space maintainer—removable—bilateral, mandibular (through age 14)	$ 90.00
D1551	Re-cement or re-bond bilateral space maintainer—maxillary	$ 10.00
D1552	Re-cement or re-bond bilateral space maintainer—mandibular	$ 10.00
D1553	Re-cement or re-bond unilateral space maintainer—per quadrant	$ 10.00
D1575	Distal shoe space maintainer—fixed, unilateral—per quadrant (through age 14; primary teeth only)	$ 130.00

Restorative		**Member pays**
D2140	Amalgam—one surface, primary or permanent	$ 5.00
D2150	Amalgam—two surfaces, primary or permanent	$ 5.00
D2160	Amalgam—three surfaces, primary or permanent	$ 5.00
D2161	Amalgam—four or more surfaces, primary or permanent	$ 5.00
D2940	Placement of interim direct restoration	$ 10.00

Resin restorative
(inlays and onlays limited to one per tooth every five years)

		Member pays
D2330	Resin based composite—one surface, anterior	$ 30.00
D2331	Resin based composite—two surfaces, anterior	$ 40.00
D2332	Resin based composite—three surfaces, anterior	$ 45.00
D2335	Resin based composite—four or more surfaces (anterior)	$ 65.00
D2390	Resin based composite crown, anterior	$ 70.00
D2391	Resin based composite—one surface, posterior	$ 45.00
D2392	Resin based composite—two surfaces, posterior	$ 55.00
D2393	Resin based composite—three surfaces, posterior	$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	$ 90.00
D2510*	Inlay—metallic, one surface	$ 225.00
D2520*	Inlay—metallic, two surfaces	$ 235.00
D2530*	Inlay—metallic, three or more surfaces	$ 245.00
D2542*	Onlay—metallic, two surfaces	$ 250.00
D2543*	Onlay—metallic, three surfaces	$ 260.00
D2544*	Onlay—metallic, four or more surfaces	$ 270.00
D2610*	Inlay—porcelain/ceramic, one surface	$ 250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	$ 260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	$ 270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	$ 275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	$ 285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	$ 295.00
D2650*	Inlay—resin based composite, one surface	$ 225.00
D2651*	Inlay—resin based composite, two surfaces	$ 235.00
D2652*	Inlay—resin based composite, three or more surfaces	$ 245.00
D2662*	Onlay—resin based composite, two surfaces	$ 250.00
D2663*	Onlay—resin based composite, three surfaces	$ 260.00
D2664*	Onlay—resin based composite, four or more surfaces	$ 270.00

Crown and bridge
(limited to one per tooth every five years)

		Member pays
D2710*	Crown—resin based composite, indirect	$ 270.00
D2712*	Crown—3/4 resin based composite, indirect	$ 270.00
D2720*	Crown—resin with high noble metal	$ 270.00
D2721	Crown—resin with predominantly base metal	$ 270.00
D2722*	Crown—resin with noble metal	$ 270.00
D2740*	Crown—porcelain/ceramic	$ 270.00
D2750*	Crown—porcelain fused to high noble metal	$ 270.00
D2751	Crown—porcelain fused to predominantly base metal	$ 270.00
D2752*	Crown—porcelain fused to noble metal	$ 270.00
D2753*	Crown—porcelain fused to titanium and titanium alloys	$ 270.00
D2780*	Crown—3/4 cast high noble metal	$ 270.00
D2781	Crown—3/4 cast predominantly base metal	$ 270.00
D2782*	Crown—3/4 cast noble metal	$ 270.00
D2783*	Crown—3/4 porcelain/ceramic	$ 270.00
D2790*	Crown—full cast high noble metal	$ 270.00
D2791	Crown—full cast predominantly base metal	$ 270.00
D2792*	Crown—full cast noble metal	$ 270.00
D2794*	Crown—titanium and titanium alloy	$ 270.00
D2799	Interim crown – further treatment or completion of diagnosis necessary prior to final impression	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$ 15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	$ 15.00
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$ 75.00
D2929	Crown—prefabricated porcelain/ceramic crown—primary tooth	$ 75.00
D2930	Prefabricated stainless steel crown—primary tooth	$ 75.00

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D2931	Prefabricated stainless steel crown—permanent tooth	$ 25.00
D2932	Prefabricated resin crown	$ 50.00
D2933	Prefabricated stainless steel crown with resin window	$ 50.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth	$ 50.00
D2950	Core buildup, including any pins	$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	$ 15.00
D2952*	Cast post and core in addition to crown	$ 95.00
D2953*	Each additional cast post—same tooth	$ 100.00
D2954	Prefabricated post and core in addition to crown	$ 85.00
D2955	Post removal (not in conjunction with endodontic therapy)	$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	$ 35.00
D2960	Labial Veneer (Resin Laminate) - direct	$ 250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	$ 300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	$ 350.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	$ 50.00
D2980	Crown repair, necessitated by restorative material failure	no charge
D2981	Inlay repair, necessitated by restorative material failure	no charge
D2982	Onlay repair, necessitated by restorative material failure	no charge
D2983	Veneer repair, necessitated by restorative material failure	no charge
D6940	Stress breaker	$ 150.00
D6950	Precision attachment, separate from prosthesis	$ 195.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)		**Member pays**
D6210*	Pontic—cast high noble metal	$ 270.00
D6211	Pontic—cast predominantly base metal	$ 270.00
D6212*	Pontic—cast noble metal	$ 270.00
D6240*	Pontic—porcelain fused to high noble metal	$ 270.00
D6241	Pontic—porcelain fused to predominantly base metal	$ 270.00
D6242*	Pontic—porcelain fused to noble metal	$ 270.00
D6243*	Pontic—porcelain fused to titanium and titanium alloys	$ 270.00
D6750*	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*	Crown—porcelain fused to titanium and titanium alloys	$ 270.00
D6790*	Retainer crown—full cast high noble metal	$ 270.00
D6791	Retainer crown—full cast predominantly base metal	$ 270.00
D6792*	Retainer crown—full cast noble metal	$ 270.00
D6794*	Retainer crown—titanium and titanium alloy	$ 270.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	$ 15.00

Prosthodontics

(replacement limited to every five years)		**Member pays**
D5110*	Complete denture—maxillary	$ 375.00
D5120*	Complete denture—mandibular	$ 375.00
D5130*	Immediate denture—maxillary	$ 375.00
D5140*	Immediate denture—mandibular	$ 375.00
D5211*	Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	$ 400.00
D5212*	Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	$ 400.00
D5213*	Maxillary partial denture—cast metal (Including retentive/clasping materials, rests and teeth)	$ 425.00
D5214*	Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	$ 425.00
D5221	Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	$ 263.00
D5222	Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	$ 263.00
D5223	Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$ 413.00
D5224	Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$ 413.00
D5225*	Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$ 425.00
D5226*	Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$ 425.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$ 425.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$ 425.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	$ 350.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$ 350.00
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$ 350.00
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$ 350.00
D5410	Adjust complete denture—maxillary	$ 15.00
D5411	Adjust complete denture—mandibular	$ 15.00

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D5421	Adjust partial denture—maxillary	$ 15.00
D5422	Adjust partial denture—mandibular	$ 15.00
D5660*	Add clasp to existing partial denture—per tooth	$ 90.00

Endodontics
(each procedure limited to once per tooth per life)

		Member pays
D3110	Pulp cap—direct (excluding final restoration)	$ 15.00
D3120	Pulp cap—indirect (excluding final restoration)	$ 10.00
D3220	Therapeutic pulpotomy (excluding final restoration)	$ 40.00
D3221	Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)	$ 85.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	$ 45.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	$ 50.00
D3310	Root canal therapy—anterior tooth (excluding final restoration)	$ 110.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$ 195.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$ 250.00
D3331	Treatment of root canal obstruction—non-surgical access	$ 80.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	$ 80.00
D3333	Internal root repair of perforation defects	$ 90.00
D3351	Apexification/recalcification—initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$ 90.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	$ 80.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs)	$ 90.00
D3410	Apicoectomy—anterior	$ 135.00
D3421	Apicoectomy—premolar (first root)	$ 120.00
D3425	Apicoectomy—molar (first root)	$ 120.00
D3426	Apicoectomy—(each additional root)	$ 60.00
D3430	Retrograde filling—per root	$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	$ 20.00
D3920	Hemisection not included in root canal therapy	$ 90.00
D3950	Canal preparation and fitting of preformed dowel or post	$ 15.00

Periodontics (gum treatment)

		Member pays
D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	$ 120.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	$ 55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	$ 150.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	$ 120.00
D4245	Apically positioned flap	$ 175.00
D4249	Clinical crown lengthening—hard tissue	$ 150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant	$ 350.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant	$ 325.00
D4263	Bone replacement graft—retained natural tooth—first site in quadrant	$ 180.00
D4264	Bone replacement graft—retained natural tooth—each additional site in quadrant	$ 95.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	$ 95.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	$ 230.00
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site	$ 275.00
D4270	Pedicle soft tissue graft procedure	$ 260.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$ 350.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$ 90.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$ 380.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$ 265.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$ 130.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)—each additional contiguous tooth, implant or edentulous tooth position in same graft site	$ 210.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site.	$ 228.00
D4322	Splint – intra-coronal; natural teeth or prosthetic crowns	$ 95.00
D4323	Splint – extra-coronal; natural teeth or prosthetic crowns	$ 85.00

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D4341	Periodontal scaling and root planing – four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	$ 55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months)	$ 50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	$ 55.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per five years)	$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	$ 45.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction, coronal remnants – primary tooth	no charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$ 40.00
D7220	Removal of impacted tooth—soft tissue	$ 55.00
D7230	Removal of impacted tooth—partially bony	$ 70.00
D7240	Removal of impacted tooth—completely bony	$ 85.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	$ 110.00
D7250	Surgical removal of residual tooth roots	$ 40.00
D7260	Oroantral fistula closure	$ 350.00
D7261	Primary closure of a sinus perforation	$ 225.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$ 55.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	$ 100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$ 350.00
D7286	Incisional biopsy of oral tissue-soft (all others)	$ 120.00
D7287	Exfoliative cytological sample collection	$ 50.00
D7288	Brush biopsy—transepithelial sample collection	$ 55.00
D7310	Alveoloplasty in conjunction with extractions—per quadrant	$ 40.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	$ 15.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	$ 75.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	$ 30.00
D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm	$ 160.00
D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm	$ 235.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$ 90.00
D7472	Removal of torus palatinus	$ 65.00
D7473	Removal of torus mandibularis	$ 65.00
D7485	Reduction of osseous tuberosity	$ 60.00
D7510	Incision and drainage of abscess—intraoral soft tissue	$ 35.00
D7970	Excision hyperplastic tissue—per arch	$ 85.00
D7971	Excision of pericoronal gingival	$ 55.00

Repairs to prosthetics		Member pays
D5511*	Repair broken complete denture base, mandibular	$ 35.00
D5512*	Repair broken complete denture base, maxillary	$ 35.00
D5520*	Replace missing or broken teeth—complete denture - per tooth	$ 35.00
D5611*	Repair resin partial denture base, mandibular	$ 35.00
D5612*	Repair resin partial denture base, maxillary	$ 35.00
D5621*	Repair cast partial framework, mandibular	$ 35.00
D5622*	Repair cast partial framework, maxillary	$ 35.00
D5630*	Repair or replace broken retentive clasping materials—per tooth	$ 35.00
D5640*	Replace missing or broken teeth - partial denture - per tooth	$ 35.00
D5650*	Add tooth to existing partial denture - per tooth	$ 35.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary	$ 210.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular	$ 225.00
D5710*	Rebase complete maxillary denture	$ 200.00
D5711*	Rebase complete mandibular denture	$ 200.00
D5720*	Rebase maxillary partial denture	$ 200.00
D5721*	Rebase mandibular partial denture	$ 200.00
D5725*	Rebase hybrid prosthesis	$ 200.00
D5730	Reline complete maxillary denture (direct)	$ 60.00
D5731	Reline complete mandibular denture (direct)	$ 60.00
D5740	Reline Maxillary Partial Denture (direct)	$ 60.00
D5741	Reline Mandibular Partial Denture (direct)	$ 60.00
D5750*	Reline Complete Maxillary Denture (indirect)	$ 95.00
D5751*	Reline Complete Mandibular Denture (indirect)	$ 95.00
D5760*	Reline Maxillary Partial Denture (indirect)	$ 95.00
D5761*	Reline Mandibular Partial Denture (indirect)	$ 95.00
D5765*	Soft liner for complete or partial removable denture – indirect	$ 95.00
D5810*	Interim complete denture (maxillary)	$ 250.00
D5811*	Interim complete denture (mandibular)	$ 250.00
D5820*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary	$ 80.00

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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
D6214*	Pontic—titanium and titanium alloy	$ 270.00
D6245*	Pontic—porcelain/ceramic	$ 270.00
D6250*	Pontic—resin with high noble metal	$ 270.00
D6251	Pontic—resin with predominantly base metal	$ 270.00
D6252*	Pontic—resin with noble metal	$ 270.00
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	$ 250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	$ 250.00
D6549	Resin retainer—for resin bonded fixed prosthesis	$ 250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	$ 270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	$ 270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	$ 270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	$ 270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	$ 270.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	$ 270.00
D6606*	Retainer inlay—cast noble metal, two surfaces	$ 270.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	$ 270.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	$ 270.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	$ 270.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	$ 270.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	$ 270.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	$ 270.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	$ 270.00
D6614*	Retainer onlay—cast noble metal, two surfaces	$ 270.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	$ 270.00
D6624*	Retainer inlay titanium	$ 270.00
D6634*	Retainer onlay titanium	$ 270.00
D6710*	Retainer crown—indirect resin based composition	$ 270.00
D6720*	Retainer crown—resin with high noble metal	$ 270.00
D6721	Retainer crown—resin with predominantly base metal	$ 270.00
D6722*	Retainer crown—resin with noble metal	$ 270.00
D6740*	Retainer crown—porcelain/ceramic	$ 280.00
D6780*	Retainer crown—3/4 cast high noble metal	$ 270.00
D6781	Retainer crown—3/4 cast predominantly base metal	$ 270.00
D6782*	Retainer crown—3/4 cast noble metal	$ 270.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	$ 270.00
D6784	Retainer crown—3/4 titanium and titanium alloys	$ 270.00

Adjunctive general service		**Member pays**
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	$ 83.00
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	$ 71.00
D9230	Administration of nitrous oxide	$ 15.00
D9239	Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof	$ 83.00
D9243	Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof	$ 71.00
D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	$ 35.00
D9952	Occlusal adjustment—complete	$ 165.00

Bleaching		**Member pays**
D9972	External bleaching in office—per arch	$ 175.00
D9975	External bleaching in home—per arch	$ 175.00

Orthodontics		**Member pays**
D8070 or D8080—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation	no charge
	Evaluation	$ 45.00
	Records/treatment planning	$ 250.00
	Orthodontic treatment	$1,900.00
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation	no charge
	Evaluation	$ 45.00
	Records/treatment planning	$ 250.00
	Orthodontic treatment	$1,900.00
D8680	Orthodontic retention	$ 455.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

Implants (available for groups 10+ enrolled)

Coverage for implants:

- Implants and implant supported prostheses covered at a 50% coinsurance
- Annual Maximum Benefit of $1,500
- Lifetime Maximum Benefit of $10,000

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NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional $75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

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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**.