# Humana Dental

## DHMO/Prepaid HS415 Plan with Implants

## Feel good about choosing a Humana Dental plan

The Humana Dental 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 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 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 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**.

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The Humana Dental DHMO/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** 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) | $45.00 |
| D9430 | Office Visit (normal hours) | $15.00 |
| D9440 | Office Visit - After Regularly Scheduled Hours | $55.00 |
| 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) | $35.00 |
| 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 | $195.00 |
| D0320 | Temporomandibular joint arthrogram, including injection | $325.00 |
| D0321 | Other temporomandibular joint radiographic images, by report | $195.00 |
| D0322 | Tomographic survey | $195.00 |
| D0330 | Panoramic radiographic image (Limited to 1 D0330 or D0701 every 3 years | no charge |
| D0340 | 2D Cephalometric radiographic image – acquisition, measurement and analysis | $50.00 |
| 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) | $230.00 |
| 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) | $230.00 |
| 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) | $230.00 |
| 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) | $260.00 |
| D0368 | Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per year) | $235.00 |
| D0369 | Maxillofacial MRI capture and interpretation | $235.00 |
| D0370 | Maxillofacial ultrasound capture and interpretation | $205.00 |
| D0371 | Sialoendoscopy capture and interpretation | $205.00 |

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| D0380 | Cone beam CT image capture with limited field of view – less than one whole jaw | $180.00 |
| D0381 | Cone beam CT image capture with field of view of one full dental arch – mandible | $170.00 |
| D0382 | Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium | $170.00 |
| D0383 | Cone beam CT image capture with field of view of both jaws; with or without cranium | $230.00 |
| D0384 | Cone beam CT image capture for tmj series including two or more exposures | $170.00 |
| D0385 | Maxillofacial MRI image capture | $205.00 |
| D0386 | Maxillofacial ultrasound image capture | $205.00 |
| 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 | $70.00 |
| 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 | $50.00 |
| 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) | $20.00 |
| 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 | $15.00 |
| D1510* | Space Maintainer - fixed unilateral - per quadrant (Through age 14) | $95.00 |
| D1516* | Space maintainer – fixed – bilateral, maxillary (Through age 14) | $135.00 |
| D1517* | Space maintainer – fixed – bilateral, mandibular (Through age 14) | $135.00 |
| D1520* | Space Maintainer - Removable - Unilateral - per quadrant (Through age 14) | $105.00 |

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| D1526* | Space maintainer - removable - bilateral, maxillary (Through age 14) | $115.00 |
| D1527* | Space maintainer - removable - bilateral, mandibular (Through age 14) | $115.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer – maxillary | $20.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer – mandibular | $20.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer – per quadrant | $20.00 |
| 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 (Through age 14; primary teeth only) | $205.00 |

| **Restorative** | | **Member pays** |
|---|---|---|
| D2140 | Amalgam - One Surface, Primary or Permanent | $30.00 |
| D2150 | Amalgam - Two Surfaces, Primary or Permanent | $35.00 |
| D2160 | Amalgam - Three Surfaces, Primary or Permanent | $40.00 |
| D2161 | Amalgam - Four or More Surfaces, Primary or Permanent | $45.00 |
| D2410 | Gold foil – one surface | $85.00 |
| D2420 | Gold foil – two surfaces | $120.00 |
| D2430 | Gold foil – three surfaces | $155.00 |
| D2921 | Reattachment of tooth fragment, incisal edge or cusp | $40.00 |
| D2940 | Placement of Interim direct restoration | $25.00 |
| D2949 | Restorative foundation for an indirect restoration | $45.00 |
| D2975 | Coping | $130.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions | $25.00 |
| **Resin restorative** (inlays and onlays limited to one per tooth every five years) | | **Member pays** |
| D2330 | Resin-Based Composite - One Surface, Anterior | $45.00 |
| D2331 | Resin-Based Composite - Two Surfaces, Anterior | $60.00 |
| D2332 | Resin-Based Composite - Three Surfaces, Anterior | $75.00 |
| D2335 | Resin-Based Composite - four or more surfaces (Anterior) | $95.00 |
| D2390 | Resin-Based Composite Crown, Anterior | $90.00 |
| D2391 | Resin-Based Composite - One Surface, Posterior | $70.00 |
| D2392 | Resin-Based Composite - Two Surfaces, Posterior | $90.00 |
| D2393 | Resin-Based Composite - Three Surfaces, Posterior | $110.00 |
| D2394 | Resin-Based Composite - Four or More Surfaces, Posterior | $130.00 |
| D2510* | Inlay - Metallic - One Surface | $345.00 |
| D2520* | Inlay - Metallic - Two Surfaces | $355.00 |
| D2530* | Inlay - Metallic - Three or More Surfaces | $365.00 |
| D2542* | Onlay - Metallic - Two Surfaces | $370.00 |
| D2543* | Onlay - Metallic - Three Surfaces | $380.00 |
| D2544* | Onlay - Metallic - Four or More Surfaces | $390.00 |
| D2610* | Inlay - Porcelain/ceramic, one surface | $370.00 |
| D2620* | Inlay - Porcelain/ceramic, two surfaces | $380.00 |
| D2630* | Inlay - Porcelain/ceramic, three or more surfaces | $390.00 |
| D2642* | Onlay - Porcelain/ceramic, two surfaces | $395.00 |
| D2643* | Onlay - Porcelain/ceramic, three surfaces | $405.00 |
| D2644* | Onlay - Porcelain/ceramic, four or more surfaces | $415.00 |
| D2650* | Inlay - Resin based composite, one surface | $345.00 |
| D2651* | Inlay - Resin based composite, two surfaces | $355.00 |
| D2652* | Inlay - Resin based composite, three or more surfaces | $365.00 |
| D2662* | Onlay - Resin based composite, two surfaces | $370.00 |
| D2663* | Onlay - Resin based composite, three surfaces | $380.00 |
| D2664* | Onlay - Resin based composite, four or more surfaces | $410.00 |
| **Crown and bridge** (limited to one per tooth every five years) | | **Member pays** |
| D2710* | Crown - resin-based composite (indirect) | $410.00 |
| D2712* | Crown - ¾ resin-based composite (indirect) | $410.00 |
| D2720* | Crown - Resin with High Noble Metal | $410.00 |
| D2721 | Crown - Resin with Predominantly Base Metal | $410.00 |
| D2722* | Crown - Resin with Noble Metal | $410.00 |
| D2740* | Crown - Porcelain/Ceramic | $410.00 |
| D2750* | Crown - Porcelain Fused to High Noble Metal | $410.00 |
| D2751 | Crown - Porcelain Fused to Predominantly Base Metal | $410.00 |
| D2752* | Crown - Porcelain Fused to Noble Metal | $410.00 |
| D2753* | Crown - Porcelain fused to titanium and titanium alloys | $410.00 |
| D2780* | Crown - 3/4 Cast High Noble Metal | $410.00 |
| D2781 | Crown - 3/4 Cast Predominantly Base Metal | $410.00 |
| D2782* | Crown - 3/4 Cast Noble Metal | $410.00 |
| D2783* | Crown - 3/4 porcelain/ceramic | $410.00 |
| D2790* | Crown - Full Cast High Noble Metal | $410.00 |
| D2791 | Crown - Full Cast Predominantly Base Metal | $410.00 |
| D2792* | Crown - Full Cast Noble Metal | $410.00 |
| D2794* | Crown - Titanium and titanium alloy | $410.00 |
| D2799 | Interim crown - further treatment or completion of diagnosis necessary prior to final impression | no charge |
| D2910 | Re-cement or re-bond inlay, onlay, venner or partial coverage restoration | $25.00 |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | no charge |
| D2920 | Re-cement or re-bond crown | $25.00 |
| D2928 | Prefabricated porcelain/ceramic crown – Permanent tooth | $110.00 |
| D2929 | Prefabricated Porcelain/Ceramic Crown - Primary Tooth | $110.00 |
| D2930 | Prefabricated Stainless Steel Crown - Primary Tooth | $110.00 |
| D2931 | Prefabricated Stainless Steel Crown - Permanent Tooth | $35.00 |

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| D2932 | Prefabricated Resin Crown | $110.00 |
| D2933 | Prefabricated Stainless Steel Crown with Resin Window | $110.00 |
| D2934 | Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth | $110.00 |
| D2950 | Core Buildup, Including Any Pins when required | $80.00 |
| D2951 | Pin Retention - per tooth, in addition to restoration | $25.00 |
| D2952* | Post and Core, in addition to crown, indirectly fabricated | $175.00 |
| D2953* | Each additional indirectly fabricated post - same tooth | $140.00 |
| D2954 | Prefabricated Post and Core in addition to crown | $120.00 |
| D2955 | Post Removal | $20.00 |
| D2957 | Each additional Prefabricated Post - same tooth | $45.00 |
| D2960 | Labial Veneer (Resin Laminate) - direct | $290.00 |
| D2961* | Labial Veneer (Resin Laminate) - indirect | $425.00 |
| D2962* | Labial Veneer (porcelain Laminate) - indirect | $475.00 |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | $70.00 |
| D2980 | Crown repair necessitated by restorative material failure | $25.00 |
| D2981 | Inlay repair necessitated by restorative material failure | $25.00 |
| D2982 | Onlay repair necessitated by restorative material failure | $25.00 |
| D2983 | Veneer repair necessitated by restorative material failure | $25.00 |
| D6940 | Stress breaker | $170.00 |
| D6950 | Precision attachment | $220.00 |
| **Prosthodontics (fixed)** (replacement limited to every five years, adjustments once per year) | | **Member pays** |
| D6205 | Pontic - indirect resin based composite | $910.00 |
| D6210* | Pontic - Cast High Noble Metal | $410.00 |
| D6211 | Pontic - Cast Predominantly Base Metal | $410.00 |
| D6212* | Pontic - Cast Noble Metal | $410.00 |
| D6240* | Pontic - Porcelain fused to High Noble Metal | $410.00 |
| D6241 | Pontic - Porcelain fused to Predominantly Base Metal | $410.00 |
| D6242* | Pontic - Porcelain fused to Noble Metal | $410.00 |
| D6243* | Pontic - Porcelain fused to titanium and titanium alloys | $410.00 |
| D6750* | Retainer crown - Porcelain fused to High Noble Metal | $410.00 |
| D6751 | Retainer crown - Porcelain fused to Predominantly Base Metal | $410.00 |
| D6752* | Retainer crown - Porcelain fused to Noble Metal | $410.00 |
| D6753* | Retainer crown - Porcelain fused to Titanium and Titanium alloys | $410.00 |
| D6790* | retainer crown - Full Cast High Noble Metal | $410.00 |
| D6791 | Retainer crown - Full Cast Predominantly Base Metal | $410.00 |
| D6792* | Retainer crown - Full Cast Noble Metal | $410.00 |
| D6793 | Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression | $160.00 |
| D6794* | Retainer crown Titanium and titanium alloys | $410.00 |
| D6930 | Re-cement or re-bond fixed partial denture | $45.00 |
| D6980 | Fixed partial denture repair necessitated by restorative material failure | $80.00 |
| **Prosthodontics (fixed)** (replacement limited to every five years) | | **Member pays** |
| D5110* | Complete denture - maxillary | $550.00 |
| D5120* | Complete denture - mandibular | $550.00 |
| D5130* | Immediate denture - maxillary | $550.00 |
| D5140* | Immediate denture - mandibular | $550.00 |
| D5211* | Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth) | $495.00 |
| D5212* | Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth) | $495.00 |
| D5213* | Maxillary Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $525.00 |
| D5214* | Mandibular Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $525.00 |
| D5221* | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) | $385.00 |
| D5222* | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | $385.00 |
| D5223* | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $605.00 |
| D5224* | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | $605.00 |
| D5225* | Maxillary Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) | $525.00 |
| D5226* | Mandibular Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) | $525.00 |
| D5227* | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | $525.00 |
| D5228* | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | $525.00 |
| D5282* | Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary | $445.00 |
| D5283* | Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular | $445.00 |
| D5284* | Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant | $445.00 |
| D5286* | Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | $445.00 |
| D5410 | Adjust complete denture - maxillary | $25.00 |
| D5411 | Adjust complete denture - mandibular | $25.00 |
| D5421 | Adjust partial denture - maxillary | $25.00 |
| D5422 | Adjust partial denture - mandibular | $25.00 |

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| D5660* | Add clasp to existing partial denture - per tooth | $110.00 |
| D5862 | Precision attachment, by report | $195.00 |
| D5875 | Modification of removable prosthesis following implant surgery | $70.00 |
| D5876 | Add metal substructure to acrylic complete denture - per arch | $60.00 |
| 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) | $25.00 |
| D3120 | Pulp Cap - Indirect (Excluding Final Restoration) | $20.00 |
| D3220 | Therapeutic Pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament | $65.00 |
| D3221 | Pulpal debridement, primary and permanent teeth | $135.00 |
| D3222 | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development | $50.00 |
| D3230 | Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration) | $65.00 |
| D3240 | Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration) | $100.00 |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | $175.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) | $270.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | $390.00 |
| D3331 | Treatment of Root Canal Obstruction; Non-Surgical Access | $110.00 |
| D3332 | Incomplete Endodontic Therapy; Inoperable or Fractured Tooth | $110.00 |
| D3333 | Internal Root Repair of Perforation Defects | $120.00 |
| D3346 | Retreatment of previous root canal therapy - anterior | $215.00 |
| D3347 | Retreatment of previous root canal therapy - premolar | $300.00 |
| D3348 | Retreatment of previous root canal therapy - molar | $410.00 |
| D3351 | Apexification/recalcification - Intial Visit (Apical closure / calcific repair of perforations, root resorption, etc.) | $140.00 |
| D3352 | Apexification/recalcification - Interim Medication replacement (includes any necessary radiographs) | $100.00 |
| D3353 | Apexification/recalcification - Final Visit (includes any necessary radiographs) | $140.00 |
| D3410 | Apicoectomy - anterior | $210.00 |
| D3421 | Apicoectomy - premolar (first root) | $220.00 |
| D3425 | Apicoectomy - molar (first root) | $220.00 |
| D3426 | Apicoectomy (each additional root) | $90.00 |
| D3428 | Bone graft in conjunction with periradicular surgery – per tooth, single site | $40.00 |
| D3429 | Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site | $30.00 |
| D3430 | Retrograde Filling - Per Root | $55.00 |
| D3431 | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery | $195.00 |
| D3432 | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery | $195.00 |
| D3450 | Root Amputation - Per Root (Not covered in conjunction with procedure D3920) | $130.00 |
| D3460 | Endodontic endosseous implant | $910.00 |
| D3470 | Intentional reimplantation (including necessary splinting) | $230.00 |
| D3471 | Surgical repair of root resorption – anterior | $130.00 |
| D3472 | Surgical repair of root resorption – premolar | $215.00 |
| D3473 | Surgical repair of root resorption – molar | $155.00 |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | $130.00 |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | $130.00 |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | $130.00 |
| D3910 | Surgical Procedure to isolate tooth with rubber dam | $50.00 |
| D3911 | Intraorifice barrier | no charge |
| D3920 | Hemisection (including any root removal), not including root canal therapy | $120.00 |
| D3921 | Decoronation or submergence of an erupted tooth | $110.00 |
| D3950 | Canal Preparation and fitting of performed dowel or post | $25.00 |
| **Periodontics** (gum treatment) | | **Member pays** |
| D4210 | Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant | $195.00 |
| D4211 | Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant | $100.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | $80.00 |
| D4240 | Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant | $220.00 |
| D4241 | Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant | $150.00 |
| D4245 | Apically Positioned Flap | $225.00 |
| D4249 | Clinical crown lengthening – hard tissue | $220.00 |
| D4260 | Osseous Surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant | $425.00 |
| D4261 | Osseous Surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant | $400.00 |
| D4263 | Bone Replacement Graft - retained natural tooth - first site in quadrant | $290.00 |

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| | | |
|---|---|---|
| D4264 | Bone Replacement Graft - retained natural tooth - each additional site in quadrant | $200.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site | $135.00 |
| D4266 | Guided Tissue Regeneration, natural teeth - resorbable barrier, per site | $360.00 |
| D4267 | Guided Tissue Regeneration, natural teeth - nonresorbable barrier, per site | $425.00 |
| D4268 | Surgical revision procedure, per tooth | no charge |
| D4270 | Pedicle Soft Tissue Graft Procedure | $335.00 |
| D4273 | Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | $425.00 |
| D4274 | Mesial/Distal or Proximal Wedge Procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | $120.00 |
| D4275 | Non-Autogenous Connective Tissue Graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft | $460.00 |
| D4276 | Combined connective tissue and double pedicle graft, per tooth | $85.00 |
| D4277 | Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | $340.00 |
| D4278 | Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site | $170.00 |
| D4283 | Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | $255.00 |
| D4285 | Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | $276.00 |
| D4322 | Splint – Intra-Coronal; natural teeth or prosthetic crowns | $135.00 |
| D4323 | Splint – Extra-Coronal; natural teeth or prosthetic crowns | $115.00 |
| D4341 | Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4342, per 2 years) | $85.00 |
| 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) | $70.00 |
| 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) | $80.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (one per 5 years) | $80.00 |
| 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.) | $70.00 |
| D4910 | Periodontal Maintenance (Covered only after active periodontal therapy) | $70.00 |
| D4920 | Unscheduled dressing change (by someone other than treating dentist or their staff) | $25.00 |
| 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) | $55.00 |
| D7210 | Extraction, Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | $60.00 |
| D7220 | Removal of Impacted Tooth - Soft Tissue | $75.00 |
| D7230 | Removal of Impacted Tooth - Partially Bony | $95.00 |
| D7240 | Removal of Impacted Tooth - Completely Bony | $135.00 |
| D7241 | Removal of Impacted Tooth - Completely Bony, with unusual surgical complications | $175.00 |
| D7250 | Removal of residual tooth roots (cutting procedure) | $50.00 |
| D7251 | Coronectomy – intentional partial tooth removal, impacted teeth only | $195.00 |
| D7260 | Oroantral Fistula Closure | $450.00 |
| D7261 | Primary Closure of a Sinus Perforation | $275.00 |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | $95.00 |
| D7272 | Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization) | $130.00 |
| D7280 | Exposure of an unerupted tooth | $160.00 |
| D7282 | Mobilization of Erupted or Malposed tooth to aid eruption | $120.00 |
| D7283 | Placement of device to facilitate eruption of impacted tooth | $80.00 |
| D7284 | Excisional Biopsy of minor salivary glands | $155.00 |
| D7285 | Incisional Biopsy of Oral Tissue-hard (bone, tooth) | $450.00 |
| D7286 | Incisional Biopsy of Oral Tissue-soft | $155.00 |
| D7287 | Exfoliative Cytological Sample Collection | $70.00 |
| D7288 | Brush Biopsy - Transepithelial Sample Collection | $75.00 |
| D7291 | Transseptal fiberotomy/supra crestal fiberotomy, by report | $40.00 |
| D7310 | Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | $50.00 |
| D7311 | Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | $25.00 |
| D7320 | Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant | $90.00 |

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# Humana Dental
## DHMO/Prepaid HS415 Plan with Implants

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|---|---|---|
| D7321 | Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant | $65.00 |
| D7340 | Vestibuloplasty - ridge extension (secondary epithelialization) | $455.00 |
| D7350 | Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue) | $1,300.00 |
| D7410 | Excision of benign lesion up to 1.25 cm | $30.00 |
| D7411 | Excision of benign lesion greater than 1.25 cm | $65.00 |
| D7412 | Excision of benign lesion, complicated | $65.00 |
| D7450 | Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm | $210.00 |
| D7451 | Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm | $285.00 |
| D7471 | Removal of Lateral Exostosis (Maxilla or Mandible) | $130.00 |
| D7472 | Removal of Torus Palatinus | $80.00 |
| D7473 | Removal of Torus Mandibularis | $80.00 |
| D7485 | Reduction of Osseous Tuberosity | $75.00 |
| D7510 | Incision and Drainage of Abscess - Intraoral Soft Tissue | $45.00 |
| D7511 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | $30.00 |
| D7520 | Incision and drainage of abscess - extraoral soft tissue | $30.00 |
| D7521 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) | $30.00 |
| D7880 | Occlusal orthotic device, by report (1 per 2 years) | $195.00 |
| D7881 | Occlusal orthotic device adjustment | $15.00 |
| D7910 | Suture of recent small wounds up to 5 cm | $40.00 |
| D7921 | Collection and application of autologous blood concentrate product | $160.00 |
| 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 | $455.00 |
| D7951 | Sinus augmentation with bone or bone substitutes via a lateral open approach | $1,040.00 |
| D7952 | Sinus augmentation via a vertical approach | $650.00 |
| D7961 | Buccal / labial frenectomy (frenulectomy) | $40.00 |
| D7962 | Lingual frenectomy (frenulectomy) | $40.00 |
| D7963 | Frenuloplasty | $65.00 |
| D7970 | Excision Hyperplastic Tissue - per arch | $100.00 |
| D7971 | Excision of Pericoronal Gingival | $65.00 |
| D7972 | Surgical reduction of fibrous tuberosity | $160.00 |
| D7994 | Surgical placement: Zygomatic implant | $1,560.00 |
| **Repairs to prosthetics** | | **Member pays** |
| D5511* | Repair broken complete denture base, mandibular | $65.00 |
| D5512* | Repair broken complete denture base, maxillary | $65.00 |
| D5520* | Replace Missing or Broken Teeth - Complete Denture - per tooth | $65.00 |
| D5611* | Repair resin partial denture base, mandibular | $65.00 |
| D5612* | Repair resin partial denture base, maxillary | $65.00 |
| D5621* | Repair cast partial framework, mandibular | $65.00 |
| D5622* | Repair cast partial framework, maxillary | $65.00 |
| D5630* | Repair or replace broken retentive clasping materials - per tooth | $65.00 |
| D5640* | Replace missing or broken teeth - partial denture - per tooth | $65.00 |
| D5650* | Add tooth to existing partial denture - per tooth | $60.00 |
| D5670* | Replace all teeth and acrylic on cast metal framework -maxillary | $255.00 |
| D5671* | Replace all teeth and acrylic on cast metal framework - mandibular | $350.00 |
| D5710* | Rebase Complete Upper Denture | $230.00 |
| D5711* | Rebase Complete Lower Denture | $230.00 |
| D5720* | Rebase maxillary partial denture | $230.00 |
| D5721* | Rebase mandibular partial denture | $230.00 |
| D5725* | Rebase Hybrid Prosthesis | $230.00 |
| D5730 | Reline Complete Maxillary Denture (direct) | $110.00 |
| D5731 | Reline Complete Mandibular Denture (direct) | $110.00 |
| D5740 | Reline Maxillary Partial Denture (direct) | $110.00 |
| D5741 | Reline Mandibular Partial Denture (direct) | $110.00 |
| D5750* | Reline Complete Maxillary Denture (indirect) | $180.00 |
| D5751* | Reline Complete Mandibular Denture (indirect) | $180.00 |
| D5760* | Reline Maxillary Partial Denture (indirect) | $180.00 |
| D5761* | Reline Mandibular Partial Denture (indirect) | $180.00 |
| D5765* | Soft Liner for complete or partial removable denture – indirect | $180.00 |
| D5810* | Interim Complete Denture (Maxillary) | $300.00 |
| D5811* | Interim Complete Denture (Mandibular) | $300.00 |
| D5820* | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary | $210.00 |
| D5821* | Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - mandibular | $210.00 |
| D5850 | Tissue Conditioning, Maxillary | $45.00 |
| D5851 | Tissue Conditioning, Mandibular | $45.00 |
| D5982* | Surgical stent for soft tissue healing | $130.00 |
| D5987* | Commissure splint | $130.00 |
| D5988* | Surgical splint | $130.00 |
| D6214* | Pontic Titanium and titanium alloys | $410.00 |
| D6245* | Pontic - Porcelain/Ceramic | $410.00 |
| D6250* | Pontic - Resin with High Noble Metal | $410.00 |
| D6251 | Pontic - Resin with Predominantly Base Metal | $410.00 |
| D6252* | Pontic - Resin with Noble Metal | $410.00 |

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# Humana Dental
## DHMO/Prepaid HS415 Plan with Implants

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| D6253* | Interim Pontic - further treatment or completion of diagnosis necessary prior to final impression | no charge |
| D6545* | Retainer - cast metal, resin bonded fixed prosthesis | $300.00 |
| D6548* | Retainer - porcelain/ceramic, resin bonded fixed prosthesis | $300.00 |
| D6549 | Retainer – for resin bonded fixed prosthesis | $300.00 |
| D6600* | Retainer Inlay - porcelain/ceramic, two surfaces | $410.00 |
| D6601* | Retainer Inlay - porcelain/ceramic, three or more surfaces | $410.00 |
| D6602* | Retainer Inlay - cast high noble metal, two surfaces | $410.00 |
| D6603* | Retainer Inlay - cast high noble metal, three or more surfaces | $410.00 |
| D6604 | Retainer Inlay - cast predominantly base metal, two surfaces | $410.00 |
| D6605 | Retainer Inlay - cast predominantly base metal, three or more surfaces | $410.00 |
| D6606* | Retainer Inlay - cast noble metal, two surfaces | $410.00 |
| D6607* | Retainer Inlay - cast noble metal, three or more surfaces | $410.00 |
| D6608* | Retainer Onlay - porcelain/ceramic, two surfaces | $410.00 |
| D6609* | Retainer Onlay - porcelain/ceramic, three or more surfaces | $410.00 |
| D6610* | Retainer Onlay - cast high noble metal, two surfaces | $410.00 |
| D6611* | Retainer Onlay - cast high noble metal, three or more surfaces | $410.00 |
| D6612 | Retainer Onlay - cast predominantly base metal, two surfaces | $410.00 |
| D6613 | Retainer Onlay - cast predominantly base metal, three or more surfaces | $410.00 |
| D6614* | Retainer Onlay - cast noble metal, two surfaces | $410.00 |
| D6615* | Retainer Onlay - cast noble metal, three or more surfaces | $410.00 |
| D6624* | Retainer Inlay - titanium | $410.00 |
| D6634* | Retainer Onlay - titanium | $410.00 |
| D6710* | Retainer Crown - indirect resin based composite | $410.00 |
| D6720* | Retainer Crown - resin with high noble metal | $410.00 |
| D6721 | Retainer Crown - resin with predominantly base metal | $410.00 |
| D6722* | Retainer Crown - resin with noble metal | $410.00 |
| D6740* | Retainer Crown - porcelain/ceramic | $410.00 |
| D6780* | Retainer Crown - 3/4 cast high noble metal | $410.00 |
| D6781 | Retainer Crown - 3/4 cast predominantly base metal | $410.00 |
| D6782* | Retainer Crown - 3/4 cast noble metal | $410.00 |
| D6783* | Retainer Crown - 3/4 porcelain/ceramic | $410.00 |
| D6784* | Retainer Crown ¾ - titanium and titanium alloys | $410.00 |
| **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 | $102.00 |
| D9223 | Administration of deep sedation/general anesthesia - each subsequent 15 minute increment, or any portion thereof | $87.00 |
| D9230 | Administration of nitrous oxide | $45.00 |
| D9239 | Administration of moderate sedation - intravenous - first 15 minute increment, or any portion thereof | $102.00 |
| D9243 | Administration of moderate sedation - intravenous - each subsequent 15 minute increment, or any portion thereof | $87.00 |
| 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 | $20.00 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | $30.00 |
| D9613 | Infiltration of sustained release therapeutic drug, per quadrant | $65.00 |
| D9630 | Drugs or medicaments dispensed in the office for home use | $20.00 |
| D9910 | Application of desensitizing medicament | $20.00 |
| 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) | $130.00 |
| D9942 | Repair and/or reline of occlusal guard | $50.00 |

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# Humana Dental
## DHMO/Prepaid HS415 Plan with Implants

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| D9943 | Occlusal guard adjustment | $15.00 |
| D9944 | Occlusal guard – hard appliance, full arch (1 per 2 years) | $170.00 |
| D9945 | Occlusal guard – soft appliance, full arch (1 per 2 years) | $155.00 |
| D9946 | Occlusal guard – hard appliance, partial arch (1 per 2 years) | $155.00 |
| D9950 | Occlusion analysis – mounted case | $100.00 |
| D9951 | Occlusal Adjustment - Limited | $45.00 |
| D9952 | Occlusal Adjustment - Complete | $205.00 |
| D9961 | Duplicate/copy patient's records | no charge |
| D9973 | External bleaching – per tooth | $40.00 |
| 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 | $210.00 |
| D9975 | External Bleaching peformed at home - Per Arch | $210.00 |
| **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 |

**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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| D6010 | Surgical Placement of Implant body: Endosteal Implant |
| D6010 | Surgical access to an implant body (second stage implant surgery) (Limit 1 per 5 years) |
| D6012 | Surgical placement of interim implant body for transitional prosthesis: endosteal implant |
| D6013 | Surgical placement of mini implant |
| D6040 | Surgical placement: eposteal implant |

Insured or administered by HumanaDental Insurance Company, or offered by The Dental Concern, Inc., or Humana Health Plan of Ohio, Inc.

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# Humana Dental
## DHMO/Prepaid HS415 Plan with Implants

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| D6049 | Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure (Limit 1 per implant per 3 years not performed in conjunction with D1110, D4910 or D4346) |
| D6050 | Surgical placement: transosteal implant |
| D6055 | Connecting bar – implant supported or abutment supported |
| D6056 | Prefabricated abutment – includes modification and placement |
| D6057 | Custom fabricated abutment – includes placement |
| D6058 | Abutment supported porcelain/ceramic crown |
| D6059 | Abutment supported porcelain fused to metal crown (high noble metal) |
| D6060 | Abutment supported porcelain fused to metal crown (predominantly base metal) |
| D6061 | Abutment supported porcelain fused to metal crown (noble metal) |
| D6062 | Abutment supported cast metal crown (high noble metal) |
| D6063 | Abutment supported cast metal crown (predominantly base metal) |
| D6064 | Abutment supported cast metal crown (noble metal) |
| D6065 | Implant supported porcelain/ceramic crown |
| D6066 | Implant supported crown - porcelain fused to high noble alloys |
| D6067 | Implant supported crown - high noble alloys |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD |
| D6069 | Abutment supported retainer for porcelain fused to wzmetal FPD (high noble metal) |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) |
| D6072 | Abutment supported retainer for cast metal FPD (high noble metal) |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) |
| D6075 | Implant supported retainer for ceramic FPD |
| D6076 | Implant supported retainer for FPD - porcelain fused to high noble alloys |
| D6077 | Implant supported retainer for metal FPD - high noble alloys |
| D6080 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is removed and reinserted, including cleansing of prosthesis and abutments (Limit 1 per year) |
| D6081 | Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure (Limit 1 per implant per 3 years not performed in conjunction with D1110, D4910 or D4346) |
| D6082 | Implant supported crown - porcelain fused to predominantly base alloys |
| D6083 | Implant supported crown - porcelain fused to noble alloys |
| D6084 | Implant supported crown - porcelain fused to titanium and titanium alloys |
| D6086 | Implant supported crown - predominantly base alloys |
| D6087 | Implant supported crown - noble alloys |
| D6088 | Implant supported crown - titanium and titanium alloys |
| D6089 | Accessing and retorquing loose implant screw- per screw (Limit 1 per 5 years) |
| D6090 | Repair of implant/abutment supported prosthesis, by report (Limit 1 per 5 years) |
| D6091 | Replacement of replaceable part of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment (Limit 1 per 3 years) |
| D6092 | Re-cement or re-bond implant/abutment supported crown (Limit 1 per 5 years) |
| D6093 | Re-cement or re-bond implant/abutment supported fixed partial denture (Limit 1 per 5 years) |
| D6094 | Abutment supported crown - titanium and titanium alloys |
| D6096 | Remove broken implant retaining screw (Limit 1 per 5 years) |
| D6097 | Abutment supported crown - porcelain fused to titanium and titanium alloys |
| D6098 | Implant supported retainer - porcelain fused to predominantly base alloys |
| D6099 | Implant supported retainer for FPD - porcelain fused to noble alloys |
| D6100 | Surgical removal of implant body (Limit 1 per 5 years) |
| D6101 | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure (Limit 1 per 5 years) |
| D6102 | Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure (Limit 1 per 5 years) |
| D6103 | Bone graft for repair of peri-implant defect – does not include flap entry and closure (Limit 1 per 5 years) |
| D6104 | Bone graft at time of implant placement (Limit 1 per 5 years) |
| D6110 | Implant /abutment supported removable denture for edentulous arch – maxillary |
| D6111 | Implant /abutment supported removable denture for edentulous arch – mandibular |
| D6112 | Implant /abutment supported removable denture for partially edentulous arch – maxillary |
| D6113 | Implant /abutment supported removable denture for partially edentulous arch – mandibular |
| D6114 | Implant /abutment supported fixed denture for edentulous arch – maxillary |
| D6115 | Implant /abutment supported fixed denture for edentulous arch – mandibular |
| D6116 | Implant /abutment supported fixed denture for partially edentulous arch – maxillary |

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# Humana Dental
## DHMO/Prepaid HS415 Plan with Implants

| | |
|---|---|
| D6117 | Implant /abutment supported fixed denture for partially edentulous arch – mandibular |
| D6118 | Implant/abutment supported interim fixed denture for edentulous arch – mandibular |
| D6119 | Implant/abutment supported interim fixed denture for edentulous arch – maxillary |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys |
| D6122 | Implant supported retainer for metal FPD – noble alloys |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys |
| D6180 | Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis abutments (Limit 1 per calendar yer) |
| D6190 | Radiographic/surgical implant index, by report (Limit 1 per 5 years) |
| D6191 | Semi-precision abutment - Placement |
| D6192 | Semi-precision attachment - Placement |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys |
| D6195 | Abutment supported retainer - porcelain fused to titanium and titanium alloys |
| D6198 | Remove interim implant component (Limit 1 per 5 years) |
| D6280 | Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch (Limit 1 per year) |
| D7996 | Implant - mandible |
| D7953 | Bone Replacement Graft for Ridge Preservation (Limit 1 per 5 years) |
| D6085 | Provisional Implant Crown |

**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**.

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**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.

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**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.

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