FEDVIP

Humana Dental Standard Advantage EPO Plan 2027

Basic services		
Diagnostic		**Member pays**
D0120	Periodic oral evaluation – established patient (limited to 3 per calendar year)	No charge
D0140	Limited oral evaluation – problem focused (limit 1 every 12 months)	No charge
D0145	Oral evaluation – for children under age of 3 and counseling with primary caregiver (limit 2 per 12 months)	No charge
D0150	Comprehensive oral evaluation – new or established patient (limit 1 every 12 months)	No charge
D0180	Comprehensive periodontal evaluation – new or established patient (limit 1 every 12 months)	No charge
D0210	Intraoral – comprehensive series of radiographic images (limit 1 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	Extraoral – first 2D radiographic image	No charge
D0251	Extraoral – posterior radiographic image	No charge
D0270	Bitewing – single radiographic image	No charge
D0272	Bitewing – two radiographic images	No charge
D0273	Bitewing – three radiographic images	No charge
D0274	Bitewing – four radiographic images	No charge
D0277	Vertical bitewing – 7 to 8 radiographic images	No charge
D0330	Panoramic radiographic image	No charge
D0340	Cephalometric film	No charge
D0350	Oral/facial images (including intra and extraoral images)	No charge
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images	No charge
D0373	Intraoral tomosynthesis – bitewing radiographic image	No charge
D0374	Intraoral tomosynthesis – periapical radiographic image	No charge
D0425	Caries susceptibility tests	No charge
D0470	Diagnostic casts	No charge
Preventive		**Member pays**
D1110	Prophylaxis – adult (limited to 3 per calendar year)	No charge
D1120	Prophylaxis – child (limited to 3 per calendar year)	No charge
D1206	Application of medicament - topical fluoride varnish; full mouth (limited to 2 per calendar year)	No charge
D1208	Application of medicament - topical fluoride - excluding varnish; full mouth (limited to 2 per calendar year)	No charge
D1351	Sealant – per tooth (limit 1 per non-carious permanent molar every 3 years under age 18)	No charge
D1352	Preventive resin restoration in a moderate high caries risk patient – permanent tooth (limit 1 per non-carious permanent molar every 3 years under age 18)	No charge
D1353	Sealant repair – per permanent tooth (limited to 1 every 3 years)	No charge
D1354	Application of caries arresting medicament without surgical intervention - per tooth (limited to 1 every 3 years)	No charge
D1510	Space maintainer – fixed – unilateral (limited to children under age 19)	No charge
D1516	Space maintainer – fixed – bilateral, maxillary (limited to children under age 19)	No charge
D1517	Space maintainer – fixed – bilateral, mandibular (limited to children under age 19)	No charge
D1520	Space maintainer – removable – unilateral (limited to children under age 19)	No charge

Preventive (continued)		Member pays
D1526	Space maintainer – removable – bilateral, maxillary (limited to children under age 19)	No charge
D1527	Space maintainer – removable – bilateral, mandibular (limited to children under age 19)	No charge
D1551	Re-cement or re-bond bilateral space maintainer, maxillary (limited to children under age 19)	No charge
D1552	Re-cement or re-bond bilateral space maintainer, mandibular (limited to children under age 19)	No charge
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant (limited to children under age 19)	No charge
D1556	Removal of fixed unilateral space maintainer – per quadrant (limited to children under age 19)	No charge
D1557	Removal of fixed bilateral space maintainer – maxillary (limited to children under age 19)	No charge
D1558	Removal of fixed bilateral space maintainer – mandibular (limited to children under age 19)	No charge
D1575	Distal shoe space maintainer – fixed – unilateral (limited to children under age 19)	No charge
Additional procedures covered as basic services		**Member pays**
D9110	Palliative treatment of dental pain – minor procedure	No charge
D9310	Consultation (diagnostic service provided by dentist or physician other than the requesting dentist or physician)	No charge
D9311	Consultation with a medical health care professional	No charge
D9440	Office visit after regularly scheduled hours	No charge

Not covered

- Plaque control programs
- Oral hygiene instruction
- Dietary instructions
- Sealants for teeth other than permanent molars
- Over-the-counter dental products, such as teeth whiteners, toothpaste and dental floss

Intermediate services

Restorative		Member pays
D2140	Amalgam – one surface, primary or permanent (limit 1 per tooth every 24 months)	$23
D2150	Amalgam – two surfaces, primary or permanent (limit 1 per tooth every 24 months)	$31
D2160	Amalgam – three surfaces, primary or permanent (limit 1 per tooth every 24 months)	$37
D2161	Amalgam – four or more surfaces, primary or permanent (limit 1 per tooth every 24 months)	$44
D2330	Resin-based composite – one surface, anterior (limit 1 per tooth every 24 months)	$29
D2331	Resin-based composite – two surfaces, anterior (limit 1 per tooth every 24 months)	$36
D2332	Resin-based composite – three surfaces, anterior (limit 1 per tooth every 24 months)	$44
D2335	Resin-based composite – four or more surfaces, anterior (limit 1 per tooth every 24 months)	$52
D2390	Resin-based composite crown - direct - anterior	$90
D2391	Resin-based composite – one surface, posterior (limit 1 per tooth every 24 months)	$43
D2392	Resin-based composite – two surfaces, posterior (limit 1 per tooth every 24 months)	$56
D2393	Resin-based composite – three surfaces, posterior (limit 1 per tooth every 24 months)	$69
D2394	Resin-based composite – four or more surfaces, posterior (limit 1 per tooth every 24 months)	$83
D2910	Recement inlay, onlay, or partial coverage restoration	$24
D2915	Recement cast or prefab post and core	$24
D2920	Recement crown	$24
D2921	Reattachment of tooth fragment – incisal edge or cusp	$50
D2930	Prefabricated stainless steel crown, primary tooth (limit 1 per tooth per lifetime up to age 15 or higher if as a result of accidental injury)	$67
D2931	Prefabricated stainless steel crown, permanent tooth (limit 1 per tooth per lifetime up to age 15 or higher if as a result of accidental injury)	$74
D2951	Pin retention – per tooth, in addition to restoration	$16
Endodontic Services		**Member pays**
D3110	Pulp cap – direct (excluding final restoration) - Limited to 1 per tooth per lifetime	$21
D3120	Pulp cap – indirect (excluding final restoration) - Limited to 1 per tooth per lifetime	$19
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament - Limited to 1 per tooth per lifetime	$46

Endodontic Services (continued)		Member pays
D3221	Pulpal debridement, primary and permanent teeth - Limited to 1 per tooth per lifetime	$60
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development - Limited to 1 per tooth per lifetime	$64
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) – Limited to 1 per tooth per lifetime up to age 11	$53
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) – Limited to 1 per tooth per lifetime up to age 11	$60
Periodontal		**Member pays**
D4341	Periodontal scaling and root planning – four or more teeth, per quadrant (limit 1 per quadrant every 24 months)	$51
D4342	Periodontal scaling and root planning – one to three teeth, per quadrant (limit 1 per quadrant every 24 months)	$33
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (limited to 1 every 36 months)	$39
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limit 1 every 12 months, to maximum of 3 tooth sites per quadrant)	$17
D4910	Periodontal maintenance (limit 4 every 12 months)	$32
Prosthodontic		**Member pays**
D5410	Adjust complete denture – maxillary	$22
D5411	Adjust complete denture – mandibular	$22
D5421	Adjust partial denture – maxillary	$22
D5422	Adjust partial denture – mandibular	$22
D5511	Repair complete denture base, mandibular	$44
D5512	Repair complete denture base, maxillary	$44
D5520	Replace missing or broken teeth – complete denture (each tooth)	$41
D5611	Repair resin partial denture base, mandibular	$46
D5612	Repair resin partial denture base, maxillar	$46
D5621	Repair cast partial framework, mandibular	$49
D5622	Repair cast partial framework, maxillary	$49
D5630	Repair or replace broken clasp, per tooth	$56
D5640	Replace broken teeth, per tooth	$42
D5650	Add tooth to existing partial denture	$52
D5660	Add clasp to existing partial denture, per tooth	$57
D5670	Replace all teeth and acrylic on cast metal framework, maxillary (limit 1 every 5 years)	$78
D5671	Replace all teeth and acrylic on cast metal framework, mandibular (limit 1 every 5 years)	$171
D5710	Rebase complete maxillary denture	$138
D5711	Rebase complete mandibular denture	$133
D5720	Rebase maxillary partial denture	$127
D5721	Rebase mandibular partial denture	$124
D5730	Reline complete maxillary denture (chairside)	$82
D5731	Reline complete mandibular denture (chairside)	$82
D5740	Reline maxillary partial denture (chairside)	$77
D5741	Reline mandibular partial denture (chairside)	$75
D5750	Reline complete maxillary denture (laboratory)	$114
D5751	Reline complete mandibular denture (laboratory)	$114
D5760	Reline maxillary partial denture (laboratory)	$112
D5761	Reline mandibular partial denture (laboratory)	$112
D5850	Tissue conditioning (maxillary)	$36
D5851	Tissue conditioning (mandibular)	$36
D5876	Add metal substructure to acrylic full denture (per arch)	$44

Prosthodontic (continued)		Member pays
D6930	Recement fixed partial denture	$33
D6980	Fixed partial denture repair, necessitated by restorative material failure	$63
Oral surgery		**Member pays**
D7111	Extraction, coronal remnants – deciduous tooth	$38
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$32
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$53
D7220	Removal of impacted tooth – soft tissue	$68
D7230	Removal of impacted tooth – partially bony	$89
D7240	Removal of impacted tooth – completely bony	$105
D7241	Removal of impacted tooth – completely bony – with unusual surgical complications	$152
D7250	Surgical removal of residual tooth roots (cutting procedure)	$73
D7251	Coronectomy – intentional partial tooth removal, impacted tooth only (limited to 1 per tooth per lifetime)	$186
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$154
D7280	Surgical access of an unerupted tooth	$171
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$84
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$68
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$155
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$124
D7471	Removal of lateral exostosis (maxilla or mandible)	$259
D7510	Incision and drainage of abscess – intraoral soft tissue	$73
D7910	Suture of recent small wounds up to 5 cm	$110
D7921	Collection and application of autologous blood concentrate product (limit 1 per tooth per lifetime)	$450
D7971	Excision of pericoronal gingiva	$61
Additional procedures covered as intermediate services		**Member pays**
D6092	Recement implant/abutment supported crown	$24
D6093	Recement implant/abutment supported fixed partial denture	$33

Not covered

- Gold foil restorations
- Restorations for cosmetic purposes only

Major services

Restorative		Member pays
D2510	Inlay – metallic – one surface – an alternate benefit will be provided (limit 1 per tooth every 5 years)	$353
D2520	Inlay – metallic – two surfaces – an alternate benefit will be provided (limit 1 per tooth every 5 years)	$341
D2530	Inlay – metallic – three surfaces – an alternate benefit will be provided (limit 1 per tooth every 5 years)	$432
D2542	Onlay – metallic – two surfaces (limit 1 per tooth every 5 years)	$315
D2543	Onlay – metallic – three surfaces (limit 1 per tooth every 5 years)	$342
D2544	Onlay – metallic – four or more surfaces (limit 1 per tooth every 5 years)	$362
D2610	Inlay – porcelain/ceramic, one surface (limited to 1 per tooth every 5 years)	$335
D2620	Inlay – porcelain/ceramic, two surfaces (limited to 1 per tooth every 5 years)	$324
D2630	Inlay – porcelain/ceramic, three or more surfaces (limited to 1 per tooth every 5 years)	$410
D2740	Crown – porcelain/ceramic substrate (limit 1 per tooth every 5 years)	$430
D2750	Crown – porcelain fused to high noble metal (limit 1 per tooth every 5 years)	$432
D2751	Crown – porcelain fused predominantly base metal (limit 1 per tooth every 5 years)	$396
D2752	Crown – porcelain fused to noble metal (limit 1 per tooth every 5 years)	$408
D2753	Crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$437
D2780	Crown – 3/4 cast high noble metal (limit 1 per tooth every 5 years)	$447

Restorative (continued)		Member pays
D2781	Crown – 3/4 cast predominantly base metal (limit 1 per tooth every 5 years)	$419
D2782	Crown – 3/4 cast noble metal (limit 1 per tooth every 5 years)	$431
D2783	Crown – 3/4 porcelain/ceramic (limit 1 per tooth every 5 years)	$456
D2790	Crown – full cast high noble metal (limit 1 per tooth every 5 years)	$412
D2791	Crown – full cast predominantly base metal (limit 1 per tooth every 5 years)	$381
D2792	Crown – full cast noble metal (limit 1 per tooth every 5 years)	$389
D2794	Crown – titanium (limit 1 per tooth every 5 years)	$417
D2950	Core buildup, including any pins	$90
D2954	Prefabricated post and core, in addition to crown	$109
D2980	Crown repair, necessitated by restorative material failure	$70
D2981	Inlay repair, necessitated by restorative material failure	$141
D2982	Onlay repair, necessitated by restorative material failure	$141
D2983	Veneer repair, necessitated by restorative material failure	$141
D2990	Resin infiltration of incipient smooth surface lesions	$45
Endodontic		**Member pays**
D3310	Endodontic therapy, anterior tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	$328
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	$400
D3330	Endodontic therapy, molar tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	$508
D3346	Retreatment of previous root canal therapy – anterior	$426
D3347	Retreatment of previous root canal therapy – bicuspid	$502
D3348	Retreatment of previous root canal therapy – molar	$600
D3351	Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection etc.)	$175
D3352	Apexification/recalcification/pulpal regeneration – interim medication replacement	$87
D3353	Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)	$250
D3355	Pulpal regeneration – initial visit (limited to 1 tooth per lifetime)	$210
D3356	Pulpal regeneration – interim medication replacement (limited to 1 tooth per lifetime)	$100
D3357	Pulpal regeneration – completion of treatment (limited to 1 tooth per lifetime)	$260
D3410	Apicoectomy/periradicular surgery – anterior	$342
D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	$359
D3425	Apicoectomy/periradicular surgery – molar (first root)	$420
D3426	Apicoectomy/periradicular surgery (each additional root)	$146
D3430	Retrograde filling, per root	$115
D3450	Root amputation, per root	$208
D3471	Surgical repair of root resorption – anterior	$270
D3472	Surgical repair of root resorption – premolar	$270
D3473	Surgical repair of root resorption – molar	$270
D3920	Hemisection (including any root removal) – not including root canal therapy	$165
Periodontal		**Member pays**
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	$226
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces, per quadrant	$81
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$91
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant (limit 1 every 36 months)	$298
D4241	Gingival flap procedure, including root planning – one to three teeth or tooth bounded spaces per quadrant (limit 1 every 36 months)	$236
D4249	Clinical crown lengthening – hard tissue	$332
D4260	Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant (limit 1 every 24 months)	$510

Periodontal (continued)		Member pays
D4261	Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces per quadrant (limit 1 every 24 months)	$285
D4268	Surgical revision procedure, per tooth	$130
D4270	Pedicle soft tissue graft procedure (limit 1 every 36 months)	$363
D4273	Autogenous connective tissue graft procedures (including donor and recipient surgical sites) – (limited to 1 every 36 months)	$421
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) – (limited to 1 every 36 months)	$447
D4276	Combined connective tissue and double pedicle graft, per tooth (limit 1 every 36 months)	$475
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth, implant or edentulous tooth position in a graft (limit 1 every 36 months)	$560
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth, implant or edentulous tooth position in same graft site (limit 1 every 36 months)	$280
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	$253
D4285	Non-autogenous connective tissue graft (including recipient surgical site and donor material), each additional contiguous tooth, implant or edentulous tooth position in same graft site	$268
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis (limit 1 per lifetime)	$51
Prosthodontic		**Member pays**
D5110	Complete denture – maxillary (limited 1 per 5 years)	$510
D5120	Complete denture – mandibular (limited 1 per 5 years)	$510
D5130	Immediate denture – maxillary (limited 1 per 5 years)	$544
D5140	Immediate denture – mandibular (limited 1 per 5 years)	$544
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	$407
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	$435
D5213	Maxillary partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	$559
D5214	Mandibular partial denture – cast metal framework with resin denture base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	$559
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) – (limited 1 per 5 years)	$407
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) – (limited 1 per 5 years)	$435
D5223	Immediate maxillary partial denture – cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited 1 per 5 years)	$559
D5224	Immediate mandibular partial denture – cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited 1 per 5 years)	$559
D5225	Maxillary partial denture – flexible base (including any retentive/clasping materials, rests, and teeth) – (limited 1 per 5 years)	$575
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth) – (limited 1 per 5 years)	$584
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$575
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$584
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary - (limited to 1 per arch every 5 years)	$295
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular - (limited to 1 per arch every 5 years)	$295
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests, and teeth), per quadrant (limited to 1 per quadrant every 5 years)	$295
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth), per quadrant (limited to 1 per quadrant every 5 years)	$295

Prosthodontic (continued)		Member pays
D5725	Rebase hybrid prosthesis	$124
D5765	Soft liner for complete or partial removable denture – indirect	$112
D6010	Surgical placement of implant body: endosteal implant (limit 1 per tooth per lifetime)	$980
D6013	Surgical placement of mini implant (limited to 1 per tooth per lifetime)	$600
D6040	Subperiosteal implant (limited to 1 per tooth per lifetime)	$980
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	$110
D6050	Transosseous mandibular implant (limited to 1 per tooth per lifetime)	$895
D6055	Connecting bar – implant supported or abutment supported (limited to 1 per tooth every 5 years)	$300
D6056	Prefabricated abutment – includes modification and placement (limited to 1 per tooth every 5 years)	$280
D6057	Custom fabricated abutment – includes placement (limited to 1 per tooth every 5 years)	$390
D6058	Abutment supported porcelain/ceramic crown (limited to 1 per tooth every 5 years)	$680
D6059	Abutment supported porcelain fused to metal crown – high noble metal (limited to 1 per tooth every 5 years)	$630
D6060	Abutment supported porcelain fused to metal crown – predominantly based metal (limited to 1 per tooth every 5 years)	$560
D6061	Abutment supported porcelain fused to metal crown – noble metal (limited to 1 per tooth every 5 years)	$630
D6062	Abutment supported cast metal crown – high noble metal (limited to 1 per tooth every 5 years)	$650
D6063	Abutment supported cast metal crown – predominantly based metal (limited to 1 per tooth every 5 years)	$630
D6064	Abutment supported cast metal crown – noble metal (limited to 1 per tooth every 5 years)	$680
D6065	Implant supported porcelain/ceramic crown (limited to 1 per tooth every 5 years)	$680
D6066	Implant supported porcelain fused to metal crown – titanium, titanium alloy, high noble metal (limited to 1 per tooth every 5 years)	$731
D6067	Implant supported metal crown – titanium, titanium alloy, high noble metal (limited to 1 per tooth every 5 years)	$635
D6068	Abutment supported retainer for porcelain/ceramic FPD (limited to 1 per tooth every 5 years)	$500
D6069	Abutment supported retainer for porcelain fused to metal FPD – high noble metal (limited to 1 per tooth every 5 years)	$650
D6070	Abutment supported retainer for porcelain fused to metal FPD – predominantly base metal (limited to 1 per tooth every 5 years)	$590
D6071	Abutment supported retainer for porcelain fused to metal FPD – noble metal (limited to 1 per tooth every 5 years)	$620
D6072	Abutment supported retainer for cast metal FPD – high noble metal (limit 1 every 5 years)	$610
D6073	Abutment supported retainer for cast metal FPD – predominantly base metal (limit 1 every 5 years)	$540
D6074	Abutment supported retainer for cast metal FPD – noble metal (limit 1 every 5 years)	$690
D6075	Implant supported retainer for ceramic FPD (limit 1 every 5 years)	$690
D6076	Implant supported retainer for porcelain fused to metal FPD – titanium, titanium alloy, or high noble metal (limit 1 every 5 years)	$604
D6077	Implant supported retainer for cast metal FPD – titanium, titanium alloy, or high noble metal (limit 1 every 5 years)	$466
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis (limit 1 every 5 years)	$50
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surface, without flap entry and closure (limited to 1 per tooth every 3 years)	$110
D6082	Implant supported crown – porcelain fused to predominantly base alloys (limited to 1 per tooth every 5 years)	$676
D6083	Implant supported crown – porcelain fused to predominantly base alloys (limited to 1 per tooth every 5 years)	$690
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$740
D6086	Implant supported crown – predominantly base alloys (limited to 1 per tooth every 5 years	$588

Prosthodontic (continued)		Member pays
D6087	Implant supported crown – noble alloys (limited to 1 per tooth every 5 years)	$600
D6088	Implant supported crown – titanium and titanium alloys (limited to 1 per tooth every 5 years)	$643
D6089	Accessing and retorquing loose implant screw – per screw (1 per tooth every 5 years)	$55
D6090	Repair implant supported prosthesis, by report (limit 1 every 5 years)	$80
D6091	Replacement of replaceable part of semi-precision attachment of implant/abutment retained prosthesis, per attachment (limit 1 every 5 years)	$30
D6094	Abutment supported crown – titanium (limit 1 every 5 years)	$630
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$638
D6098	Implant supported retainer – porcelain fused to predominantly base alloys (limited to 1 per tooth every 5 years)	$558
D6099	Implant supported retainer FPD – porcelain fused to noble alloys (limited to 1 per tooth every 5 years)	$570
D6100	Implant removal (limit 1 every 5 years)	$180
D6102	Debridement of peri-implant defect (limited to 1 per tooth every 5 years)	$375
D6105	Removal of implant body not requiring bone removal or flap elevation	$118
D6110	Implant /abutment retained removable denture for edentulous arch – Maxillary (limit 1 every 5 years)	$1,020
D6111	Implant /abutment retained removable denture for edentulous arch – Mandibular (limit 1 every 5 years)	$1,020
D6112	Implant /abutment retained removable denture for partially edentulous arch (limit 1 every 5 years)	$930
D6113	Implant /abutment retained removable denture for partially edentulous arch – Mandibular (limit 1 every 5 years)	$930
D6114	Implant/abutment supported fixed denture for edentulous arch – Maxillary (limit 1 every 5 years)	$1,130
D6115	Implant/abutment supported fixed denture for edentulous arch – Mandibular (limit 1 every 5 years)	$1,130
D6116	Implant/abutment supported fixed denture for partially edentulous arch – Maxillary (limit 1 every 5 years)	$570
D6117	Implant/abutment supported fixed denture for partially edentulous arch – Mandibular (limit 1 every 5 years)	$570
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$611
D6121	Implant supported retainer for metal FPD – predominantly base alloys (limited to 1 per tooth every 5 years)	$431
D6122	Implant supported retainer for metal FPD – noble alloys (limited to 1 per tooth every 5 years)	$440
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys (limited to 1 per tooth every 5 years)	$472
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	$45
D6191	Placement of semi-precision abutment - implant body	$300
D6192	Semi precision attachment – placement	$300
D6194	Abutment supported retainer crown for FPD – titanium (limit 1 every 5 years)	$630
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$630
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	$47
D6210	Pontic – cast high noble metal (limit 1 per tooth every 5 years)	$399
D6211	Pontic – cast predominantly base metal (limit 1 per tooth every 5 years)	$375
D6212	Pontic – cast noble metal (limit 1 per tooth every 5 years)	$391
D6214	Pontic – titanium (limit 1 per tooth every 5 years)	$405
D6240	Pontic – porcelain fused to high noble metal (limit 1 per tooth every 5 years)	$407
D6241	Pontic – porcelain fused to predominantly base metal (limit 1 per tooth every 5 years)	$373
D6242	Pontic – porcelain fused to noble metal (limit 1 per tooth every 5 years)	$388
D6243	Pontic - porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$416
D6245	Pontic – porcelain/ceramic (limit 1 per tooth every 5 years)	$384
D6280	Implant maintenance procedures when a full arch removable implant/abutment retained denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	$40

Prosthodontic (continued)		Member pays
D6545	Retainer – cast metal for resin bonded fixed prosthesis	$178
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis	$196
D6600	Retainer inlay – porcelain/ceramic, two surfaces (limit 1 per tooth every 5 years)	$356
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces (limit 1 per tooth every 5 years)	$389
D6602	Retainer inlay – cast high noble metal, two surfaces (limit 1 per tooth every 5 years)	$342
D6603	Retainer inlay – cast high noble metal, three or more surfaces (limit 1 per tooth every 5 years)	$391
D6604	Retainer inlay – cast predominantly base metal, two surfaces (limit 1 per tooth every 5 years)	$341
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces (limit 1 per tooth every 5 years)	$379
D6606	Retainer inlay – cast noble metal, two surfaces (limit 1 per tooth every 5 years)	$343
D6607	Retainer inlay – cast noble metal, three or more surfaces (limit 1 per tooth every 5 years)	$384
D6608	Retainer onlay – porcelain/ceramic, two surfaces (limit 1 per tooth every 5 years)	$394
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces (limit 1 per tooth every 5 years)	$418
D6610	Retainer onlay – cast high noble metal, two surfaces (limit 1 per tooth every 5 years)	$412
D6611	Retainer onlay – cast high noble metal, three or more surfaces (limit 1 per tooth every 5 years)	$381
D6612	Retainer onlay – cast predominantly base metal, two surfaces (limit 1 per tooth every 5 years)	$409
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces (limit 1 per tooth every 5 years)	$368
D6614	Retainer onlay – cast noble metal, two surfaces (limit 1 per tooth every 5 years)	$408
D6615	Retainer onlay – cast noble metal, three or more surfaces (limit 1 per tooth every 5 years)	$368
D6740	Retainer crown – porcelain/ceramic (limit 1 per tooth every 5 years)	$381
D6750	Retainer crown – porcelain fused to high noble metal (limit 1 per tooth every 5 years)	$435
D6751	Retainer crown – porcelain fused to predominantly base metal (limit 1 per tooth every 5 years)	$401
D6752	Retainer crown – porcelain fused to noble metal (limit 1 per tooth every 5 years)	$411
D6753	Retainer crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years)	$441
D6780	Retainer crown – 3/4 cast high noble metal (limit 1 per tooth every 5 years)	$388
D6781	Retainer crown – 3/4 cast predominantly base metal (limit 1 per tooth every 5 years)	$394
D6782	Retainer crown – 3/4 cast noble metal (limit 1 per tooth every 5 years)	$392
D6783	Retainer crown – 3/4 porcelain/ceramic (limit 1 per tooth every 5 years)	$418
D6784	Retainer crown – 3/4 titanium and titanium alloys (limit to 1 per tooth every 5 years)	$420
D6790	Retainer crown – full cast high noble metal (limit 1 per tooth every 5 years)	$415
D6791	Retainer crown – full cast predominantly base metal (limit 1 per tooth every 5 years)	$389
D6792	Retainer crown – full cast noble metal (limit 1 per tooth every 5 years)	$399
D6794	Retainer crown – titanium (limit 1 per tooth every 5 years)	$416
Additional procedure covered as major service		**Member pays**
D0160	Detailed and extensive oral evaluation – problem focused, by report (limit 1 per patient per lifetime)	$53
D9941	Fabrication of athletic mouth guard	$95
D9943	Occlusal guard adjustment	$60
D9944	Occlusal guard – hard appliance, full arch (limited to 1 arch-maxillary or mandibular every 5 years)	$155
D9945	Occlusal guard – soft appliance, full arch (limited to 1 arch-maxillary or mandibular every 5 years)	$155
D9946	Occlusal guard – hard appliance, partial arch (limited to 1 arch-maxillary or mandibular every 5 years)	$155

Not covered

- Gold foil restorations
- Restorations for cosmetic purposes only
- Precision attachments, personalization, precious metal bases and other specialized techniques
- Replacement of dentures that have been lost, stolen or misplaced
- Removable or fixed prosthesis initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date

Orthodontic services		Member pays
D8010	Limited orthodontic treatment of the primary dentition (limited to 1 treatment per lifetime)	$685
D8020	Limited orthodontic treatment of the transitional dentition (limited to 1 treatment per lifetime)	$894
D8030	Limited orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime)	$1,007

Orthodontic services (continued)		Member pays
D8040	Limited orthodontic treatment of adult dentition (limited to 1 treatment per lifetime)	$1,143
D8070	Comprehensive orthodontic treatment of the transitional dentition (limited to 1 treatment per lifetime)	$2,765
D8080	Comprehensive orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime)	$2,820
D8090	Comprehensive orthodontic treatment of the adult dentition (limited to 1 treatment per lifetime)	$2,820
D8210	Adjunctive orthodontic therapy - removable appliance (limited to 1 treatment per lifetime)	$583
D8220	Adjunctive orthodontic therapy - fixed appliance (limited to 1 treatment per lifetime)	$662
D8660	Preorthodontic treatment visit (limited to 1 treatment per lifetime)	$35
D8670	Periodic orthodontic treatment visit (as a part of contract)	No charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) (limited to 1 treatment per lifetime)	$286
D8681	Removable orthodontic retainer adjustment (limited to 1 treatment per lifetime)	$75
Not covered		
• Repair of damaged orthodontic appliances • Replacement of lost or missing appliances		

General services

Anesthesia services		Member pays
D9215	Local anesthesia in conjunction with operative or surgical procedures	No charge
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	$30
D9222	Deep sedation/general anesthesia – first 15 minutes	$70
D9223	Deep sedation/general anesthesia – each 15-minute increment	$60
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	$15
Intravenous sedation		**Member pays**
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	$62
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	$53
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof	$44
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof	$38
Medications		**Member pays**
D9610	Therapeutic parenteral drug, single administration	$23
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$38
D9613	Infiltration of sustained release therapeutic drug – single or multiple sites	$38
Post-surgical services		**Member pays**
D9930	Treatment of complications (post-surgical) unusual circumstances, by report	No charge
Miscellaneous services		**Member pays**
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
D9974	Internal bleaching – per tooth	$161
Not covered		
• Oral sedation		

Humana

Insured by Humana Dental Insurance Co., The Dental Concern Inc., Humana Insurance Company

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

GCHM7T3EN 0826

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

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

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

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

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