

Feel good about choosing a HumanaDental plan

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

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

Use your HumanaDental benefits

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

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental DHMO/Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.
- If you need a specialty dentist, you may receive up to a 25 percent discount by using certain participating specialty dentists from our network. Visit **Humana.com** to find a participating specialist.

Good health starts with a healthy mouth

Make dental visits a priority

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

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

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



Questions?

Check out **Humana.com**

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

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

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

Member costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. A PCD may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HD plans, and benefits for procedures not listed on the schedule, members may be eligible to receive up to a 25 percent discount by visiting a participating specialist. Visit Humana.com to find a participating specialist.

Summary of services

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

Appointments	Member pays
D9310 Consultation (diagnostic service provided by dentist other than practitioner providing treatment).....	\$ 5.00
D9430 Office visit (normal hours)	no charge
D9440 Office visit (after regularly scheduled hours)	\$ 35.00
D9986 Missed appointment	\$ 10.00
D9987 Cancelled appointment.....	\$ 10.00
D9999 Emergency visit during regularly scheduled hours, by report.....	\$ 20.00
Diagnostic	Member pays
D0120 Periodic oral examination (limited to twice in any 12 calendar months).....	no charge
D0140 Limited oral evaluation—problem focused	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver ...	no charge
D0150 Comprehensive oral evaluation - new or established patient (limited to twice in any 12 calendar months).....	no charge
D0160 Detailed and extensive oral evaluation—problem focused, by report	no charge
D0170 Re-evaluation—problem focused (not post-operative visit).....	no charge
D0180 Comprehensive periodontal evaluation (limited to twice in any 12 calendar months)....	\$ 15.00
D0210 X-ray intraoral - comprehensive series of radiographic images (once per three calendar years)	no charge
D0220 X-ray intraoral—periapical, first radiographic image	no charge
D0230 X-ray intraoral—periapical, each additional radiographic image	no charge
D0240 X-rays intraoral—occlusal radiographic image ..	no charge
D0250 Extra-oral—2D projection radiographic image created using a stationary radiation source, and detector.....	no charge
D0270 X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months)....	no charge
D0272 X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months)....	no charge
D0273 X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months)....	no charge
D0274 Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277 X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months).....	no charge
D0330 Panoramic radiographic image (once per three calendar years).....	no charge
D0350 Oral/facial photography images	no charge
D0415 Collect microorganisms culture & sensitivity	no charge
D0425 Caries susceptibility tests.....	no charge
D0431 Oral cancer screening using a special light source	\$ 50.00
D0460 Pulp vitality tests (not covered if a root canal is performed)	no charge
D0470 Diagnostic casts	no charge
D0472 Pathology report—gross examination of lesion. .	no charge
D0473 Pathology report—microscopic examination of lesion	no charge
D0474 Pathology report—microscopic examination of lesion and area.....	no charge
Preventive	Member pays
D1110 Prophylaxis—adult, routine (limited to twice in any 12 calendar months, by primary care dentist).....	no charge
D1120 Prophylaxis—child (limited to twice in any 12 calendar months).....	no charge
D1206 Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge
D1208 Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months)	no charge
D1310 Nutrition counseling for the control of dental disease	no charge

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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 instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D1510*	Space maintainer—fixed, unilateral—per quadrant (through age 14)	\$ 50.00
D1516*	Space maintainer—fixed—bilateral, maxillary (through age 14)	\$ 70.00
D1517*	Space maintainer—fixed—bilateral, mandibular (through age 14)	\$ 70.00
D1520*	Space maintainer—removable, unilateral—per quadrant (through age 14)	\$ 85.00
D1526*	Space maintainer—removable—bilateral, maxillary (through age 14)	\$ 90.00
D1527*	Space maintainer—removable—bilateral, mandibular (through age 14)	\$ 90.00
D1551	Re-cement or re-bond bilateral space maintainer—maxillary	\$ 10.00
D1552	Re-cement or re-bond bilateral space maintainer—mandibular	\$ 10.00
D1553	Re-cement or re-bond unilateral space maintainer—per quadrant	\$ 10.00
D1575	Distal shoe space maintainer—fixed, unilateral—per quadrant (through age 14; primary teeth only)	\$ 130.00

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

Resin restorative (inlays and onlays limited to one per tooth) every five years)		Member pays
D2330	Resin based composite—one surface, anterior	\$ 30.00
D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D2335	Resin based composite—four or more surfaces (anterior)	\$ 65.00
D2390	Resin based composite crown, anterior	\$ 70.00
D2391	Resin based composite—one surface, posterior	\$ 45.00
D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D2393	Resin based composite—three surfaces, posterior	\$ 80.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 90.00
D2510*	Inlay—metallic, one surface	\$ 225.00

D2520*	Inlay—metallic, two surfaces	\$ 235.00
D2530*	Inlay—metallic, three or more surfaces	\$ 245.00
D2542*	Onlay—metallic, two surfaces	\$ 250.00
D2543*	Onlay—metallic, three surfaces	\$ 260.00
D2544*	Onlay—metallic, four or more surfaces	\$ 270.00
D2610*	Inlay—porcelain/ceramic, one surface	\$ 250.00
D2620*	Inlay—porcelain/ceramic, two surfaces	\$ 260.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D2642*	Onlay—porcelain/ceramic, two surfaces	\$ 275.00
D2643*	Onlay—porcelain/ceramic, three surfaces	\$ 285.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$ 295.00
D2650*	Inlay—resin based composite, one surface	\$ 225.00
D2651*	Inlay—resin based composite, two surfaces	\$ 235.00
D2652*	Inlay—resin based composite, three or more surfaces	\$ 245.00
D2662*	Onlay—resin based composite, two surfaces	\$ 250.00
D2663*	Onlay—resin based composite, three surfaces	\$ 260.00
D2664*	Onlay—resin based composite, four or more surfaces	\$ 270.00

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

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

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)

	Member pays
D6210* Pontic—cast high noble metal	\$ 270.00
D6211 Pontic—cast predominantly base metal	\$ 270.00
D6212* Pontic—cast noble metal	\$ 270.00
D6240* Pontic—porcelain fused to high noble metal	\$ 270.00
D6241 Pontic—porcelain fused to predominantly base metal	\$ 270.00
D6242* Pontic—porcelain fused to noble metal	\$ 270.00
D6243* Pontic—porcelain fused to titanium and titanium alloys	\$ 270.00
D6750* Crown—porcelain fused to high noble metal	\$ 270.00
D6751 Crown—porcelain fused to predominantly base metal	\$ 270.00
D6752* Crown—porcelain fused to noble metal	\$ 270.00
D6753* Crown—porcelain fused to titanium and titanium alloys	\$ 270.00
D6790* Retainer crown—full cast high noble metal	\$ 270.00
D6791 Retainer crown—full cast predominantly base metal	\$ 270.00
D6792* Retainer crown—full cast noble metal	\$ 270.00
D6794* Retainer crown—titanium and titanium alloy	\$ 270.00

D6930 Re-cement or re-bond fixed partial denture (per unit)	\$ 15.00
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Prosthodontics

(replacement limited to every five years)

Member pays

D5110* Complete denture—maxillary	\$ 375.00
D5120* Complete denture—mandibular	\$ 375.00
D5130* Immediate denture—maxillary	\$ 375.00
D5140* Immediate denture—mandibular	\$ 375.00
D5211* Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 400.00
D5212* Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 400.00
D5213* Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$ 425.00
D5214* Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	\$ 425.00
D5221 Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5222 Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	\$ 263.00
D5223 Immediate maxillary partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5224 Immediate mandibular partial denture—cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$ 413.00
D5225* Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5226* Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	\$ 425.00
D5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 425.00
D5282* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$ 350.00
D5283* Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$ 350.00
D5284* Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 350.00
D5286* Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	\$ 350.00
D5410 Adjust complete denture—maxillary	\$ 15.00
D5411 Adjust complete denture—mandibular	\$ 15.00
D5421 Adjust partial denture—maxillary	\$ 15.00
D5422 Adjust partial denture—mandibular	\$ 15.00

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D5660* Add clasp to existing partial denture—per tooth\$ 90.00

Endodontics

(each procedure limited to once per tooth per life) **Member pays**

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

Periodontics (gum treatment)

Member pays

D4210 Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant \$ 120.00
 D4211 Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant \$ 55.00
 D4240 Gingival flap, including root planing—four or more teeth, per quadrant \$ 150.00
 D4241 Gingival flap, including root planing—one to three teeth, per quadrant \$ 120.00

D4245 Apically positioned flap \$ 175.00
 D4249 Clinical crown lengthening—hard tissue \$ 150.00
 D4260 Osseous surgery (including elevation of a full thickness flap and closure)—four or more contiguous teeth or tooth bounded spaces per quadrant \$ 350.00
 D4261 Osseous surgery (including elevation of a full thickness flap and closure)—one to three contiguous teeth or tooth bounded spaces per quadrant \$ 325.00
 D4263 Bone replacement graft—retained natural tooth—first site in quadrant \$ 180.00
 D4264 Bone replacement graft—retained natural tooth—each additional site in quadrant \$ 95.00
 D4265 Biologic materials to aid in soft and osseous tissue regeneration, per site \$ 95.00
 D4266 Guided tissue regeneration, natural teeth - resorbable barrier, per site \$ 230.00
 D4267 Guided tissue regeneration, natural teeth - nonresorbable barrier, per site \$ 275.00
 D4270 Pedicle soft tissue graft procedure \$ 260.00
 D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$ 350.00
 D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) \$ 90.00
 D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft \$ 380.00
 D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft . . . \$ 265.00
 D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site . . . \$ 130.00
 D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites)—each additional contiguous tooth, implant or edentulous tooth position in same graft site . . . \$ 210.00
 D4285 Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)—each additional contiguous tooth, implant or edentulous tooth position in same graft site \$ 228.00
 D4322 Splint - intra-coronal; natural teeth or prosthetic crowns \$ 95.00
 D4323 Splint - extra-coronal; natural teeth or prosthetic crowns \$ 85.00
 D4341 Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months) \$ 55.00

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D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months)	\$ 50.00	D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm	\$ 160.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	\$ 55.00	D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm	\$ 235.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per five years)	\$ 50.00	D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 90.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 60.00	D7472	Removal of torus palatinus	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 45.00	D7473	Removal of torus mandibularis	\$ 65.00
Extractions/oral and maxillofacial surgery Member pays			D7485	Reduction of osseous tuberosity	\$ 60.00
D7111	Extraction, coronal remnants—primary tooth	no charge	D7510	Incision and drainage of abscess—extraoral soft tissue	\$ 35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge	D7970	Excision hyperplastic tissue—per arch	\$ 85.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$ 40.00	D7971	Excision of pericoronal gingival	\$ 55.00
D7220	Removal of impacted tooth—soft tissue	\$ 55.00	Repairs to prosthetics Member pays		
D7230	Removal of impacted tooth—partially bony	\$ 70.00	D5511*	Repair broken complete denture base, mandibular	\$ 35.00
D7240	Removal of impacted tooth—completely bony	\$ 85.00	D5512*	Repair broken complete denture base, maxillary	\$ 35.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$ 110.00	D5520*	Replace missing or broken teeth—complete denture - per tooth	\$ 35.00
D7250	Surgical removal of residual tooth roots	\$ 40.00	D5611*	Repair resin partial denture base, mandibular	\$ 35.00
D7260	Oroantral fistula closure	\$ 350.00	D5612*	Repair resin partial denture base, maxillary	\$ 35.00
D7261	Primary closure of a sinus perforation	\$ 225.00	D5621*	Repair cast partial framework, mandibular	\$ 35.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 55.00	D5622*	Repair cast partial framework, maxillary	\$ 35.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$ 100.00	D5630*	Repair or replace broken retentive clasping materials—per tooth	\$ 35.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 90.00	D5640*	Replace missing or broken teeth - partial denture - per tooth	\$ 35.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$ 350.00	D5650*	Add tooth to existing partial denture - per tooth	\$ 35.00
D7286	Incisional biopsy of oral tissue-soft (all others)	\$ 120.00	D5670*	Replace all teeth and acrylic on cast metal framework—maxillary	\$ 210.00
D7287	Exfoliative cytological sample collection	\$ 50.00	D5671*	Replace all teeth and acrylic on cast metal framework—mandibular	\$ 225.00
D7288	Brush biopsy—transepithelial sample collection	\$ 55.00	D5710*	Rebase complete maxillary denture	\$ 200.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 40.00	D5711*	Rebase complete mandibular denture	\$ 200.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 15.00	D5720*	Rebase maxillary partial denture	\$ 200.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 75.00	D5721*	Rebase mandibular partial denture	\$ 200.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 30.00	D5725*	Rebase hybrid prosthesis	\$ 200.00
			D5730	Reline complete maxillary denture (direct)	\$ 60.00
			D5731	Reline complete mandibular denture (direct)	\$ 60.00
			D5740	Reline Maxillary Partial Denture (direct)	\$ 60.00
			D5741	Reline Mandibular Partial Denture (direct)	\$ 60.00
			D5750*	Reline Complete Maxillary Denture (indirect)	\$ 95.00
			D5751*	Reline Complete Mandibular Denture (indirect)	\$ 95.00
			D5760*	Reline Maxillary Partial Denture (indirect)	\$ 95.00
			D5761*	Reline Mandibular Partial Denture (indirect)	\$ 95.00
			D5765*	Soft liner for complete or partial removable denture - indirect	\$ 95.00
			D5810*	Interim complete denture (maxillary)	\$ 250.00
			D5811*	Interim complete denture (mandibular)	\$ 250.00
			D5820*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary	\$ 80.00
			D5821*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular	\$ 80.00

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D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular	\$ 30.00
D6214*	Pontic—titanium and titanium alloy	\$ 270.00
D6245*	Pontic—porcelain/ceramic	\$ 270.00
D6250*	Pontic—resin with high noble metal	\$ 270.00
D6251	Pontic—resin with predominantly base metal	\$ 270.00
D6252*	Pontic—resin with noble metal	\$ 270.00
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$ 250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$ 250.00
D6549	Resin retainer—for resin bonded fixed prosthesis	\$ 250.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$ 270.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$ 270.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$ 270.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$ 270.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$ 270.00
D6606*	Retainer inlay—cast noble metal, two surfaces	\$ 270.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$ 270.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$ 270.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$ 270.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$ 270.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$ 270.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$ 270.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$ 270.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$ 270.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$ 270.00
D6624*	Retainer inlay titanium	\$ 270.00
D6634*	Retainer onlay titanium	\$ 270.00
D6710*	Retainer crown—indirect resin based composition	\$ 270.00
D6720*	Retainer crown—resin with high noble metal	\$ 270.00
D6721	Retainer crown—resin with predominantly base metal	\$ 270.00
D6722*	Retainer crown—resin with noble metal	\$ 270.00
D6740*	Retainer crown—porcelain/ceramic	\$ 280.00
D6780*	Retainer crown—3/4 cast high noble metal	\$ 270.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$ 270.00

D6782*	Retainer crown—3/4 cast noble metal	\$ 270.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$ 270.00
D6784	Retainer crown—3/4 titanium and titanium alloys	\$ 270.00

Adjunctive general service

Member pays

D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia—first 15 minutes	\$ 83.00
D9223	Deep sedation/general anesthesia—each subsequent 15 minute increment	\$ 71.00
D9230	Inhalation of nitrous oxide/analgesia, anxietyolysis	\$ 15.00
D9239	Intravenous moderate (conscious) sedation/analgesia—first 15 minutes	\$ 83.00
D9243	Intravenous moderate (conscious) sedation/analgesia—each subsequent 15 minute increment	\$ 71.00
D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 35.00
D9952	Occlusal adjustment—complete	\$ 165.00

Bleaching

Member pays

D9972	External bleaching in office—per arch	\$ 175.00
D9975	External bleaching in home—per arch	\$ 175.00

Orthodontics

Member pays

NOTE: Members may receive up to a 25 percent discount by visiting an in-network orthodontist. Visit [Humana.com](https://www.humana.com) to find a participating orthodontist.

NOTE:

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

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