HumanaDental Advantage Plus 1D Plan

Use your HumanaDental benefits

The HumanaDental Advantage Plus D plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- · No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus D plan benefits which are described in detail in your certificate. You can find your certificate at **Humana.com** or call 1-800-979-4760. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus 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 1-800-979-4760.
- Life without claim forms! With HumanaDental Advantage Plus D plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network in not covered.
- You may receive up to a 25 percent discount by using certain participating dentists from our network. Visit Humana.com to find a participating dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to MyDentalIQ.com and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at MyDentalIQ.com takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out Humana.com

Call 1-800-979-4760 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

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HumanaDental Advantage Plus 1D Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. D plan copayments for listed procedures are applicable only at participating General Dentist. To find a dentist, call 1-800-979-4760 or look on **Humana.com**.

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 HumanaDental Advantage Plus D plans, members may receive up to a 25 percent discount by visiting certain participating specialists. Visit **Humana.com** to find a participating specialist.

Office visit copay	_	□ \$10	
Annual maximum	1		
□ \$1,000	□ \$1,500	□ \$2,000	☐ No annual maximum

Summary of services

Juili	irriary or services			
Preven	<u> </u>	D1515	Space maintainer—fixed, bilateral	70.00
D0140a	Periodic oral examination	D1520	(limited to child <14) \$ Space maintainer—removable, unilateral (limited to child <14) \$	
D0145	Oral evaluation for a patient under three years of age and counseling with primary	D1525	Space maintainer—removable, bilateral (limited to child <14)	
D0150	caregiver (limit 1 every 12 months) no charge Comprehensive oral evaluation—new/ established patient (limit 1 every 24 months) . no charge	D1550 D2140 D2150	Re-cement or re-bond space maintainer \$ Amalgam—one surface primary or permanent \$ Amalgam—two surfaces primary or	12.00
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) . no charge	D2160	permanent	31.00
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)no charge		permanent	3 / .()()
D0180	Comprehensive periodontal eval—new/ established patient (limit 1 every 24 months) . no charge	D2161	Amalgam—four/more surfaces primary/permanent\$	46.00
D0210	X-ray intraoral—complete series (limit 1 every 3 years) no charge	D2330	Resin based composite—one surface, anterior\$	24.00
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230) no charge	D2331	Resin based composite—two surfaces, anterior\$	31.00
D0230	X-ray intraoral—periapical, each additional	D2332	Resin based composite—three surfaces, anterior\$	
502/0	radiographic image (limit 9 every 12 months includes D0220) no charge	D2335	Resin based composite —four or more surfaces, involving incisal angle\$	
D0240 D0250	X-ray intraoral—occlusal radiographic image no charge Extra-oral – 2D projection radiographic image created using a stationary radiation	D2390 D2391	Resin based composite—crown anterior \$ Resin based composite—one surface,	49.00
D0260	source, and detector no charge X-ray extraoral, each additional	D2392	posterior\$ Resin based composite—two surfaces,	
D0270°	radiographic imageno charge Bitewing—single radiographic imageno charge	D2393	posterior	
D0272a	Bitewings—two radiographic images no charge Bitewings—three radiographic images no charge	D2394	posterior	
D0274 ^a D0277 ^a D0330	Bitewings—four radiographic images no charge	D4341	surfaces, posterior\$ Periodontal scaling and root planing—per quadrant, four or more teeth	
D0470	every 3 years) no charge Diagnostic casts no charge	D4342	(limit 1 per quad every 12 months)\$ Periodontal scaling and root planing—per quadrant, 1-3 teeth	39.00
D1110° D1120° D1203°	Topical fluoride varnish (for child <16) no charge	D4355	(limit 1 per quad every 12 months)\$ Full mouth debridement to enable comprehensive evaluation and diagnosis	21.00
D1206°	Topical application of fluoride varnish (for child <16) no charge	D4910	(limit 1 every 5 years)\$ Periodontal maintenance (limit 1 every 6	26.00
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) . no charge		months, inclusive of D1110 and D1120)\$	
Basic	Member pays	D7111 D7140	Extraction coronal remnants deciduous tooth. \$ Extraction erupted tooth or exposed root \$	26.00
D1510	Space maintainer—fixed, unilateral (limited to child <14)	2 . 3		
CNISOS	(IIITIILEU LO CITIU < 14)		Do	igo 2 of

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DS250 Incomposition DS260 Incomposition DS26	Major	Membe		D4249	Clinical crown lengthening – hard tissue	\$481.00
2025/49 Contiguous teeth or toath bounded spaces 2020 2025/49 Contiguous teeth or toath bounded spaces 2025/49 Contiguous te			.3.00	D4260		
December		Inlay—metallic, two surfaces\$35	55.00			
252449 Onlay—metallic, the partners. \$420.00						¢ (00 00
books				D/261		\$680.00
Discriptor Incorporation/commic, two surfaces \$38,00 Discriptor Incorporation/commic, two surfaces \$380,00 Discriptor Incorporation/commic, two surfaces \$414,00 Discriptor Discri		Onlay—metallic, three surfaces\$42	.0.00	D4261		
D2630						
		Inlay—porcelain/ceramic, one surface \$36	8.00		contiguous teeth or tooth bounded spaces	¢257.00
Surfaces		Inlay—porcelain/ceramic, two surfaces \$38	39.00	D = 4 4 0 d	per quadrant	\$354.00
192649 Onloy-porcelain/ceramic, through surfaces \$43.00 192649 Onloy-porcelain/ceramic, from surfaces \$44.00 192114 Onloy-porcelain/ceramic, from surfaces \$44.00 192519 Indy-resin based composite, one surface \$242.00 192519 Indy-resin based composite, the surfaces \$242.00 192659 Indy-resin based composite, three or more surfaces \$242.00 192669 Onloy-resin based composite, three or more surfaces \$242.00 192669 Onloy-resin based composite, the surfaces \$263.00 192700 Crown-resin based composite, four or more surfaces \$10.00 192701 Crown-resin based composite, fuel surfaces \$10.00 192702 Crown-resin with high noble metal \$466.00 192703 Crown-resin with high noble metal \$466.00 192704 Crown-resin with high noble metal \$466.00 192705 Crown-porcelain fused brigh noble metal \$466.00 192706 Crown-porcelain fused brigh noble metal \$466.00 192707 Crown-porcelain fused brigh noble metal \$466.00 192709 Crown-porcelain fused bright noble metal \$466.00 1	D2630 ^b	Inlay—porcelain/ceramic, three or more		D5110 ^a	Complete denture—maxillary	\$642.00
D26449 Onlay—porcelain/ceromic, four ormore surfaces S43.00 D51140 Immediated enture—mandibular S700.00 D5219 Mandibular partial denture—resin base S522.00 D5259 Inlay—resin based composite, two surfaces S288.00 D5259 Inlay—resin based composite, two surfaces S288.00 D5259 Inlay—resin based composite, two surfaces S288.00 D52659 Inlay—resin based composite, two surfaces S288.00 D52669 Onlay—resin based composite, two surfaces S288.00 D52669 Onlay—resin based composite, two surfaces S280.00 D52669 Onlay—resin based composite, two surfaces S280.00 D5409 Onlay—resin based composite, indirect S187.00 D5509 D5409		surfaces\$41		D5120°	Complete denture—mandibular	\$642.00
D3214		Onlay—porcelain/ceramic, two surfaces \$40				
Surfaces						
D2559 Inlay—resin based composite, two surfaces \$340.00 D2562 Inlay—resin based composite, two surfaces \$330.00 D2562 Inlay—resin based composite, two surfaces \$330.00 D2563 Onlay—resin based composite, two surfaces \$330.00 D2663 Onlay—resin based composite, two surfaces \$350.00 D2664 Onlay—resin based composite, two surfaces \$350.00 D2665 Onlay—resin based composite, four or more Surfaces \$330.00 D2766 Convo—resin based composite, indirect \$187.00 D2770 Convo—resin with high poble metal \$461.00 D2771 Convo—resin with high poble metal \$441.00 D2772 Convo—resin with high poble metal \$441.00 D2774 Convo—porcelain fused by the predominantly base metal \$445.00 D2775 Convo—porcelain fused predominantly D3776 Convo—porcelain fused predominantly D3779 Convo—porcelain fused predominantly D3790 Convo—porcelain fused predominantly D3791 Convo—porcelain fused to hable metal \$445.00 D3791 Convo—porcelain fused to noble metal \$445.00 D3791 Convo—porcelain fused to noble metal \$445.00 D3792 Convo—porcelain fused to noble metal \$450.00 D3793 Convo—porcelain fused predominantly D3794 Convo—porcelain fused predominantly D3795 Convo—porcelain fused predominantly D3790 Convo—porcelain fused predominantly D3791 Convo—porcelain fused predominantly D3791 Convo—porcelain fused predominantly D3791 Convo—porcelain fused predominantly D3792 Convo—porcelain fused predominantly D3793 Convo—porcelain fused predominantly D3794 Convo—porcelain fused predominantly D3795 Convo—porcelain fused predominantly D3796 Convo—porcelain fused to noble metal D3797 Convo—porcelain fused predominantly D3798 Convo—porcelain fused D3799 Convo—porcelain fused D3790 Convo—porcelain fused D3790 Convo—	D2644 ^b	Onlay—porcelain/ceramic, four or more				
D25512 Inlay—resin based composite, two surfaces S288.00	50050		1.00	D5212 ^a	Mandibular partial denture—resin base	\$629.00
D2512 Inlay—resin based composite, three or more surfaces S303.00 D2663º Onloy—resin based composite, two surfaces S263.00 D2664º Onloy—resin based composite, two surfaces S303.00 D26664º Onloy—resin based composite, two surfaces S303.00 D26664º Onloy—resin based composite, four or more surfaces S310.00 D2706664º Onloy—resin based composite, indirect S400.00 D2710 Crown—resin based composite, indirect S400.00 D2711 Crown—resin with high noble metal S461.00 D2712 Crown—resin with predominantly base metal. S432.00 D2712 Crown—resin with noble metal S441.00 D2713 Crown—porcelain fused to high noble metal S445.00 D2750 Crown—porcelain fused to roble metal S445.00 D2790 Crown—porcelain fused to make the surfaces S445.00 D27910 Crown—porcelain fused to m				D5213°	Maxillary partial denture—cast metal—	470000
Surfaces	D2651 ^b	Inlay—resin based composite, two surfaces . \$28	88.00	550471		\$709.00
D26629	D2652 ^b	Inlay—resin based composite, three or more		D5214 ^a		
D26649 Onloy—resin based composite, three surfaces. S310.00 p. 27102 crown—resin based composite, four or more surfaces. S32.00 p. 27102 crown—resin based composite, indirect s187.00 p. 27212 crown—resin based composite, indirect s187.00 p. 27212 crown—resin with high noble metal s41.00 p. 27212 crown—resin with high noble metal s41.00 p. 27272 crown—precial fused to fish noble metal s41.00 p. 2750 crown—proreclain fused to high noble metal s64.00 p. 2750 crown—proreclain fused to high noble metal s64.00 p. 2750 crown—proreclain fused to noble metal s445.00 p. 2790 crown—full cast high noble metal s445.00 p. 2790 crown—full cast high noble metal s445.00 p. 27912 crown—full cast predominantly base metal s92.00 p. 27912 crown—full cast predominantly base metal s92.00 p. 2792 crown—full cast noble metal s445.00 p. 27920 crown—full cast noble metal s445.00 p. 27930 crown—full cast noble metal s445.00 p. 27930 crown—full cast predominantly base metal s92.00 p. 27930 crown—prefabricated stainless steel, permonent tooth serious set of cast post and core in addition to crown serious set of cast post and core in addition to crown serious social therapy—molar set of serious or addition to crown serious or addition to crown serious set of cast post and core in addition to crown serious set of cast post and core in addition to crown serious received full for the serious post and therapy—molar set of serious conditioning maxillary serious denture serious post cand therapy—molar serious serious post cand therapy—molar serious serious post cand therapy—molar serious serious post	D0.660	surfaces	3.00	55/40	resin base	\$709.00
D8640 Onloy—resin based composite, four or more surfaces S32.00 D27710 Crown—resin with high noble metal S451.00 D27721 Crown—resin with predominantly base metal S452.00 D27722 Crown—resin with predominantly base metal S452.00 D27720 Crown—presin with noble metal S452.00 D27730 Crown—presin fused to high noble metal S460.00 D27512 Crown—porcelain fused to high noble metal S460.00 D27513 Crown—porcelain fused to high noble metal S460.00 D27524 Crown—porcelain fused to noble metal S450.00 D27915 Crown—full cast high noble metal S450.00 D27910 Crown—full cast high noble metal S450.00 D27911 Crown—full cast high noble metal S450.00 D27912 Crown—full cast sholle metal S450.00 D27912 Crown—full cast sholle metal S450.00 D27913 Crown—full cast high noble metal S450.00 D27914 Crown—full cast sholle metal S450.00 D27915 Crown—full cast sholle metal S450.00 D27916 Crown—full cast sholle metal S450.00 D27917 Crown—full cast sholle metal S450.00 D27918 Crown—full cast high noble metal S450.00 D27919 Crown—full cast high noble metal S450.00 D27910 Re-crement or re-bond didnoy, only, veneer or partial denture S460.00 D27910 Crown—full cast high noble metal S450.00 D27910 Crown—full cast high noble metal S450.00 D27910 Crown—full cast high noble					Adjust complete denture—maxillary	\$ 35.00
surfaces Safe		Onlay—resin based composite, three surfaces \$31				
027210	D2664 ^b	Onlay—resin based ccomposite, four or more				
D2721º Crown—resin with high noble metal	50740	surfaces\$33	32.00			
D2721° Crown—resin with predominantly base metal. \$443.00 D2736° Crown—porcelain fused brother metal. \$446.00 D2757° Crown—porcelain fused brother metal. \$466.00 D2758° Crown—porcelain fused brother metal. \$466.00 D2759° Crown—full cast high noble metal. \$450.00 D2759° Crown—full cast high noble metal. \$450.00 D2791° Crown—full cast high noble metal. \$450.00 D2792° Crown—full cast high noble metal. \$450.00 D2793° Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$410.00 D2930° Re-cement or re-bond coverage restoration \$410.00 D2930° Crown—prefabricated stainless steel, primary tooth \$150.00 D2931° Crown—prefabricated stainless steel, primary tooth \$150.00 D2932° Crown—prefabricated stainless steel, primary tooth \$150.00 D2933° Crown—prefabricated stainless steel, primary tooth \$150.00 D2934° Profective restoration \$142.00 D2935° Crown—prefabricated stainless steel, primary tooth \$150.00 D2936° Crown—prefabricated stainless steel, primary tooth \$150.00 D29390° Crown—prefabricated stainless steel, primary tooth \$150.00 D2940° Profective restoration \$140.00 D2951° Crown—prefabricated stainless steel, primary tooth \$150.00 D2952° Crown—prefabricated stainless steel, primary tooth \$150.00 D2953° Crown—prefabricated stainless steel, primary tooth \$150.00 D2954° Prefabricated post and core in addition to crown \$150.00 D2955° Crown—prefabricated post and core in addition to crown \$150.00 D29560° Reline maxillary partial denture \$193.00 D2957 Reline complete maxillary denture \$193.00 D2958° Crown—prefabricated post and core in addition to crown \$150.00 D2959 Reline maxillary denture \$150.00 D2950° Crown—prefabricated post and core in addition to crown \$150.00						\$ 70.00
D2722° Crown—preclain fused to high noble metal \$445.00 D5610 Repair resin denture bose \$76.00 D2751° Crown—porcelain fused to high noble metal \$466.00 D5620 Repair cast framework. \$82.00 D2751° Crown—porcelain fused to noble metal \$445.00 D5620	D2720b	Crown—resin with high noble metal \$46	51.00	D5520		
D2750b Crown—porcelain fused to high noble metal \$460.0 D2751b Crown—porcelain fused to high noble metal \$440.0 D2752b Crown—porcelain fused to noble metal \$450.0 D279b Crown—porcelain fused to noble metal \$450.0 D279b Crown—full cast high noble metal \$450.0 D279b Crown—full cast high noble metal \$450.00 D279b Crown—full cast predominantly bose metal \$450.00 D279b Crown—full cast noble metal \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or predominantly base metal \$450.00 D279b Re-cement or re-bond rown \$42.00 D279b Re-cement or re-bond crown \$42.00 D279b Re-cement or re-bond crown \$42.00 D279b Re-cement or re-bond crown \$42.00 D279b Re-cement or re-bond inlay, onlay, renear or predominantly base metal \$450.00 D279b Re-cement or re-bond districts steel, perimary tooth \$42.00 D279b Re-cement or re-bond inlay, onlay, renear or prefabricated stainless steel, perimary tooth \$42.00 D279b Re-cement or re-bond inlay onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay, onlay, renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay onlay renear or \$450.00 D279b Re-cement or re-bond inlay renear or \$450.00 D279b Re-ceme	D2721 ^b	Crown—resin with predominantly base metal. \$43			complete denture	\$ 59.00
D2750b Crown—porcelain fused predominantly base metal. \$44.00 base metal. \$445.00 base	D2/22°	Crown—resin with noble metal			Repair resin denture base	\$ 76.00
D2751b Crown—porcelain fused predominantly base metal. \$434.00 D2750b Crown—porcelain fused to noble metal. \$445.00 D2790b Crown—full cast high noble metal. \$445.00 D2791b Crown—full cast predominantly base metal. \$426.00 D2792b Re-cernent or re-bond inloy, onlay, veneer or partial coverage restoration \$41.00 D2791b Crown—purfabricated stainless steel, primary tooth. \$115.00 D2930 Crown—prefabricated stainless steel, primary tooth. \$115.00 D2940 Protective restoration. \$44.00 D2940 Protective restoration. \$142.00 D2950 Protective restoration. \$44.00 D2951 Prin retention—per tooth addition to crown. \$131.00 D2951 Prin retention—per tooth addition to crown. \$150.00 D2951 Prin retention—per tooth addition to crown. \$150.00 D2951 Prefabricated stainless steel, primary tooth. \$131.00 D2952 Crown—prefabricated resin. \$142.00 D2954 Protective restoration. \$44.00 D2955 Prin retention—per tooth addition to crown. \$139.00 D2951 Prin retention—per tooth addition to crown. \$139.00 D2952 Cast post and core in addition to crown. \$139.00 D2953 Prefabricated post and core in addition to crown. \$139.00 D2954 Prefabricated post and core in addition to crown. \$139.00 D2954 Previous root cand therapy—materior. \$3315.00 D3330 Root canal therapy—materior. \$3315.00 D33340 Root canal therapy—materior. \$424.00 D3347 Previous root canal therapy—materior. \$424.00 D3348 Previous root canal therapy—materior. \$424.00 D3348 Previous root canal therapy—materior. \$425.00 D3425 Apicoectomy/periradicular surgery—materior. \$445.00 D3426 Gingivectomy/geriradicular surgery—bicuspid. \$394.00 D3426 Apicoectomy/periradicular surgery—bicuspid. \$394.00 D3427 Gingivectomy/geriradicular surgery—bicuspid. \$394.00 D3427 Gingivectomy/gingivoplasty—fur or more streeth, quad. \$400.00 D34216 Gingivectomy/gingivoplasty—fur or more streeth, quad. \$400.00 D3421						
base metal. \$434.00 D2791b Crown—proclain fused to noble metal. \$445.00 D2791b Crown—full cast high noble metal. \$450.00 D2791b Crown—full cast predominantly base metal. \$426.00 D2791b Re-cement or re-bond inloy, onloy, veneer or partial coverage restoration. \$41.00 D2920 Re-cement or re-bond crown. \$42.00 D2931 Crown—prefabricated stainless steel, permanent tooth. \$115.00 D2932 Crown—prefabricated stainless steel, permanent tooth. \$131.00 D2932 Crown—prefabricated stainless steel, permanent tooth. \$131.00 D2932 Crown—prefabricated resin. \$142.00 D2934 D2950 Crown—prefabricated resin. \$142.00 D2951 Pin retention—per tooth addition restoration. \$23.00 D2952 Cost post and core in addition to crown. \$105.00 D2953 Root canal therapy—anterior. \$315.00 D33310 Root canal therapy—molar. \$497.00 D3347 Previous root canal therapy—molar. \$497.00 D3348 Previous root canal therapy—icuspid. \$385.00 D33426 Apicoectomy/periradicular surgery—each addit on. \$242.00 D34216 Gingivectomy/gingivoplasty—fur or more teeth, quad. \$242.00 D4210 Gingivectomy/gingivoplasty—fur or more teeth, quad. \$242.00 D4210 Gingivectomy/gingivoplasty—1 to 3 teeth, quad. \$242.00 D4240 Gingivectomy/gingivoplasty—1 t						
D2750° Crown—porcelain fused to noble metal	D2/51º	Crown—porcelain fused predominantly			Replace broken teeth—per tooth	\$ 64.00
D2790° Crown—full cast predominantly base metal. \$450.00 D2791° Crown—full cast predominantly base metal. \$426.00 D2792° Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$42.00 D2791° Crown—prefobricated stainless steel, permanent tooth. \$115.00 D27931° Crown—prefobricated stainless steel, permanent tooth. \$131.00 D27932° Crown—prefobricated resin. \$142.00 D27930 Crown—prefobricated ersin. \$142.00 D27940 Protective restoration. \$44.00 D27950 Core buildup including any pins \$110.00 D27951° In retention—per tooth addition restoration. \$230.00 D27952 Cast post and core in addition to crown \$168.00 D27954 Prefobricated post and core in addition to crown \$139.00 D27955 Previous root canal therapy—anterior \$345.00 D27956 Previous root canal therapy—bicuspid \$385.00 D27957 Previous root canal therapy—molar \$497.00 D27958 Apicoectomy/periradicular surgery—incuspid \$500.00 D27959 Apicoectomy/periradicular surgery—bicuspid \$500.00 D27959 Apicoectomy/periradicular surgery—each addit root \$140.00 D27950 Apicoectomy/periradicular surgery—each addit root \$140.00 D27950 Apicoectomy/periradicular surgery—bicuspid \$394.00 D27950 Apicoectomy/periradicular su	Dazrah	base metal\$43			Add tooth to existing partial denture	\$ 88.00
D2791b Crown—full cast prédominantly base metal. \$426.00 D279c Crown—full cast noble metal. \$436.00 D279c Pariol coverage restoration se de l'accement or re-bond inlay, onlay, vener or partial coverage restoration \$41.00 D5711c Partial Coverage restoration \$41.00 D572c Partial Coverage restoration \$41.00 D573c Partial Coverage restoration \$42.00 D2930 Partial Crown—prefabricated stainless steel, primary tooth \$115.00 D2931 Crown—prefabricated est ainless steel, permanent tooth \$115.00 D2932 Partial Crown—prefabricated est ainless steel, permanent tooth \$142.00 D2932 Partial Crown—prefabricated est ainless steel, permanent tooth \$142.00 D2940 Protective restoration \$142.00 D5751c Partial Partial Crown—prefabricated est ainless steel, permanent tooth \$142.00 D2950 Partial P				D5660		
D2910 Crown—full cast noble metal. \$42.00 D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$42.00 D2920 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$42.00 D2930 Crown—prefabricated stainless steel, primary tooth \$115.00 D2931 Crown—prefabricated stainless steel, primary tooth \$115.00 D2932 Crown—prefabricated resin \$115.00 D2933 Crown—prefabricated resin \$115.00 D2934 Protective restoration \$42.00 D2935 Crown—prefabricated resin \$142.00 D2936 Crown—prefabricated resin \$142.00 D2937 Crown—prefabricated resin \$142.00 D2938 Protective restoration \$142.00 D2939 Crown—prefabricated resin \$142.00 D2930 Crown—prefabricated resin \$142.00 D2930 Crown—prefabricated resin \$142.00 D2931 Protective restoration \$142.00 D2932 Crown—prefabricated resin \$142.00 D2933 Roat canal therapy—prefabricated resin \$110.00 D2954 Prefabricated post and core in addition to crown \$168.00 D2954 Prefabricated post and core in addition to crown \$135.00 D2955 Roat canal therapy—incursid \$150.00 D2956 Previous root canal therapy—molar \$497.00 D3310 Root canal therapy—molar \$497.00 D3310 Root canal therapy—molar \$497.00 D3340 Previous root canal therapy—molar \$497.00 D3341 Previous root canal therapy—molar \$497.00 D3342 Apicoectomy/periradicular surgery—each addit root \$100.00 D3441 Apicoectomy/periradicular surgery—molar \$445.00 D3410 Apicoectomy/periradicular surgery—molar \$445.00 D3410 Gingivectomy/gingivoplasty—fuor or more teeth, quad \$421.00 D3421 Gingivectomy/gingivoplasty—fuor or more teeth, quad \$421.00 D3421 Gingivectomy/gingivoplasty—fuor or more teeth, quad \$421.00 D3421 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$421.00 D3422 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$421.00 D3423 Cinch and therapy—molar \$420.00 D2950 Cinch and the					tooth	\$105.00
Posticle coverage restoration sectoration			/ 00		Rebase complete maxillary denture	\$261.00
partial coverage restoration \$41.00 D2930 Re-cement or re-bond crown \$42.00 D2930 Crown—prefabricated stainless steel, primary tooth \$15.00 D2931 Crown—prefabricated stainless steel, permanent tooth \$131.00 D2932 Crown—prefabricated resin \$142.00 D2940 Protective restoration \$142.00 D2950 Core buildup including any pins \$110.00 D2951 Pin retention—per tooth addition to crown \$180.00 D2952 Cast post and core in addition to crown \$180.00 D2954 Prefabricated post and core in addition to crown \$139.00 D3320 Therapeutic pulpotomy. \$75.00 D3330 Root canal therapy—molar \$345.00 D3346 Previous root canal therapy—bicuspid \$385.00 D3348 Previous root canal therapy—bicuspid \$500.00 D3410 Apicoectomy/periradicular surgery—each addit root \$140.00 D3421 Apicoectomy/periradicular surgery—each addit root \$140.00 D3420 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$42.00 D4210 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$52.00 D4210 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4240 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingivectomy/gingivoplasty—1 to 3 fingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four or more teeth, quad \$52.00 D4210 Gingly all flap proc—four						
D2920 Re-cement or re-bond crown	D2910	Re-cement or re-bond inlay, onlay, veneer or				
D2930 Crown—prefabricated stainless steel, primary tooth \$115.00 D2931 Crown—prefabricated stainless steel, permanent tooth \$131.00 D2932 Crown—prefabricated resin \$142.00 D2940 Protective restoration \$44.00 D2950 Core buildup including any pins \$110.00 D2951 Pin retention—per tooth addition restoration \$23.00 D2952 Cast post and core in addition to crown \$168.00 D2954 Cast post and core in addition to crown \$139.00 D2954 Prefabricated post and core in addition to stand therapy—anterior \$315.00 D3310 Root canal therapy—anterior \$315.00 D3346 Previous root canal therapy—anterior \$424.00 D3347 Previous root canal therapy—molar \$497.00 D3410 Apicoectomy/periradicular surgery—anterior \$424.00 D3421 Apicoectomy/periradicular surgery—bicuspid \$394.00 D3426 Apicoectomy/periradicular surgery—molar \$445.00 D3420 Root canal/periradicular surgery—molar \$445.00 D3421 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D62401 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D62401 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D66001 Retaine complete mandibular denture \$135.00 D5751e Reline complete mandibular denture \$135.00 D5751e Reline complete mandibular denture \$135.00 D5751e Reline complete mandibular denture \$196.00 D5751e Reline danxillary partial denture \$196.00 D5751e Reline maxillary partial denture \$196.00 D5761e Reline maxillary partial dent	D2020	partial coverage restoration	2 00	D5721e	Rebase mandibular partial denture	\$246.00
primary tooth				D5730e	Reline complete maxillary denture	\$147.00
D2931 Crown—prefabricated stainless steel, permanent tooth	D2930	primary tooth \$11				
permanent tooth. \$131.00 D2932 Crown—prefabricated resin. \$142.00 D2940 Protective restoration. \$44.00 D2950 Core buildup including any pins \$110.00 D2951 Pin retention—per tooth addition restoration. \$23.00 D2952 Cast post and core in addition to crown \$168.00 D2954 Prefabricated post and core in addition to crown \$168.00 D2955 Reline complete maxillary partial denture. \$193.00 D5761e Reline dxillary partial denture. \$193.00 D5761e Reline dxillary partial denture. \$193.00 D5761e Reline dxillary partial denture. \$193.00 D	D2021	Crown profabricated stainless steel				
D2932 Crown—prefabricated resin. \$142.00 D2940 Protective restoration. \$44.00 D2950 Core buildup including any pins \$110.00 D2951 Pin retention—per tooth addition restoration. \$23.00 D2952 Cast post and core in addition to crown \$168.00 D2954 Prefabricated post and core in addition to crown \$139.00 D2954 Prefabricated post and core in addition to crown \$139.00 D2954 Prefabricated post and core in addition to crown \$139.00 D2955 Root canal therapy—anterior \$75.00 D3320 Root canal therapy—anterior \$315.00 D3330 Root canal therapy—molar \$497.00 D3346 Previous root canal therapy—bicuspid \$500.00 D3447 Previous root canal therapy—bicuspid \$500.00 D3448 Previous root canal therapy—molar \$601.00 D3440 Apicoectomy/periradicular surgery—anterior \$361.00 D3425 Apicoectomy/periradicular surgery—anterior \$445.00 D3426 Apicoectomy/periradicular surgery—molar \$445.00 D3427 Apicoectomy/periradicular surgery—molar \$445.00 D3428 Retrograde filling—per root \$148.00 D3429 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4211 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4240 Gingivectomy/gingivoplasty—four or more teeth, quad \$421.00 D4240 Gingivectomy/gingivoplasty—four or more teeth, quad \$421.00 D4240 Gingivectomy/gingivoplasty—to 3 D4240 Gingivectomy/gingivoplasty—four or more teeth, quad \$421.00 D4240 Gingivectomy/gingivoplasty—to 3 D4240 Gingivectomy/gingivoplasty—four or more teeth, quad \$421.00 D4240 Gingivectomy/gingivoplasty—four or more teeth, q	D2331	normanont tooth \$13				
D2940 Protective restoration. \$ 44.00 D2950 Core buildup including any pins \$110.00 D2951 Pin retention—per tooth addition restoration. \$ 23.00 D2952 Cast post and core in addition to crown \$168.00 D2954 Prefabricated post and core in addition to crown \$139.00 D3220 Therapeutic pulpotomy. \$ 75.00 D3310 Root canal therapy—anterior. \$315.00 D3330 Root canal therapy—molar. \$497.00 D3346 Previous root canal therapy—anterior. \$424.00 D3347 Previous root canal therapy—bicuspid. \$500.00 D3410 Apicoectomy/periradicular surgery—anterior \$501.00 D3410 Apicoectomy/periradicular surgery—anterior \$109.00 D3421 Apicoectomy/periradicular surgery—bicuspid \$394.00 D3422 Apicoectomy/periradicular surgery—each addtl root. \$148.00 D3430 Retrograde filling—per root. \$109.00 D3410 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$153.00 D4210 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$153.00 D4240 Gingivectomy/gingivoplasty—1 to 3 D4240 Gingi	רצמנח	Crown—profabricated resin \$1/	2.00			
D2950 Core buildup including any pins		Protective restoration \$ //	/ ₁			
D2951 Pin retention—per tooth addition restoration. \$ 23.00 D2952 Cast post and core in addition to crown \$ 168.00 D2954 Prefabricated post and core in addition to crown \$ 139.00 D3220 Therapeutic pulpotomy. \$ 75.00 D3310 Root canal therapy—anterior \$ 315.00 D3320 Root canal therapy—bicuspid. \$ 385.00 D3330 Root canal therapy—bicuspid. \$ 385.00 D3346 Previous root canal therapy—anterior. \$ 497.00 D3347 Previous root canal therapy—molar. \$ 601.00 D3410 Apicoectomy/periradicular surgery—molar. \$ 601.00 D3421 Apicoectomy/periradicular surgery—bicuspid \$ 394.00 D3425 Apicoectomy/periradicular surgery—each addit root. \$ 148.00 D3430 Retrograde filling—per root. \$ 109.00 D4210° Gingivectomy/gingivoplasty—four or more teeth, quad \$ 358.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D340° Gingivactomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D340° Apicoectomy/periradicular surgery—four or more teeth, quad \$ 5153.00 D4240° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 420.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$ 6 Gingival flap proc—four or more teeth, quad \$ 6 Gingival flap proc—four o				D5760e	Reline maxillary partial denture	\$193.00
D2952 Cast post and core in addition to crown \$168.00 D2954 Prefabricated post and core in addition to crown \$139.00 D3220 Therapeutic pulpotomy. \$75.00 D3310 Root canal therapy—anterior. \$315.00 D3320 Root canal therapy—bicuspid. \$385.00 D3330 Root canal therapy—molar. \$497.00 D3346 Previous root canal therapy—anterior. \$424.00 D3347 Previous root canal therapy—bicuspid. \$500.00 D3410 Apicoectomy/periradicular surgery—anterior \$409.00 D3421 Apicoectomy/periradicular surgery—bicuspid. \$394.00 D3425 Apicoectomy/periradicular surgery—each addtl root. \$148.00 D3430 Retrograde filling—per root. \$109.00 D4210c Gingivectomy/gingivoplasty—four or more teeth, quad. \$358.00 D4211c Gingivectomy/gingivoplasty—four or more teeth, quad. \$153.00 D4240c Gingivectomy/gingivoplasty—1 to 3 teeth, quad. \$153.00 D4240c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$153.00 D4240c Gingival flap proc—four or more teeth, quad. \$421.00 D4240c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4240c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more teeth, quad. \$421.00 D4211c Gingival flap proc—four or more tee		Din rotantian—nor tooth addition rostoration \$ 2	0.00	D5761e	Reline mandibular partial denture	\$193.00
D2954 Prefabricated post and core in addition to crown \$139.00 D3220 Therapeutic pulpotomy\$75.00 D3310 Root canal therapy—anterior\$315.00 D3320 Root canal therapy—bicuspid\$385.00 D3330 Root canal therapy—molar\$497.00 D3346 Previous root canal therapy—bicuspid\$500.00 D3347 Previous root canal therapy—bicuspid\$601.00 D3410 Apicoectomy/periradicular surgery—bicuspid. \$394.00 D3425 Apicoectomy/periradicular surgery—molar\$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root\$148.00 D3430 Retrograde filling—per root\$148.00 D4211° Gingivectomy/gingivoplasty—four or more teeth, quad\$358.00 D4210° Gingivectomy/gingivoplasty—four or more teeth, quad\$358.00 D4210° Gingivectomy/gingivoplasty—1 to 3 teeth, quad\$139.00 D4240° Gingival flap proc—four or more teeth, quad\$373.00		Cast post and coro in addition to crown \$16	.3.00 .8.00	D5850	Tissue conditioning maxillary	\$ 61.00
D3207 Therapeutic pulpotomy				D5851	Tissue conditioning mandibular	\$ 61.00
D3310 Root canal therapy—anterior				D6092	Recement implant/abutment supported crown.	\$ 42.00
D3320 Root canal therapy—bicuspid. \$385.00 D3330 Root canal therapy—molar. \$497.00 D3346 Previous root canal therapy—anterior. \$424.00 D3347 Previous root canal therapy—bicuspid. \$500.00 D3348 Previous root canal therapy—bicuspid. \$500.00 D3410 Apicoectomy/periradicular surgery—anterior. \$361.00 D3421 Apicoectomy/periradicular surgery—bicuspid. \$394.00 D3425 Apicoectomy/periradicular surgery—molar. \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root. \$148.00 D3430 Retrograde filling—per root. \$109.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad. \$153.00 D4211 Gingivectomy/gingivoplasty—1 to 3 teeth, quad. \$153.00 D4240 Gingival flap proc—four or more teeth, quad. \$421.00 Sapported fixed partial denture. \$57.00 D6210 Pontic—cast high noble metal. \$404.00 D6211 Pontic—cast noble metal. \$404.00 D6212 Pontic—cast noble metal. \$426.00 D6241 Pontic—porcelain fused to high noble metal. \$426.00 D6241 Pontic—porcelain fused to noble metal. \$439.00 D6242 Pontic—porcelain fused to noble metal. \$439.00 D6245 Pontic—porcelain/ceramic. \$439.00 D6245 Pontic—resin with high noble metal. \$439.00 D6241 Pontic—cast predominantly base metal. \$426.00 D6241 Pontic—cast noble metal. \$426.00 D6242 Pontic—cast noble metal. \$426.00 D6241 Pontic—cast noble metal. \$426.00 D6245 Pontic—c		Poot canal therapy—anterior \$31	5.00	D6093	Re-cement or re-bond implant/abutment	
D3346 Previous root canal therapy—molar		Root canal therapy—direction	25.00		supported fixed partial denture	\$ 57.00
D3346 Previous root can'd therapy—anterior. \$424.00 D3347 Previous root can'd therapy—bicuspid \$500.00 D3348 Previous root can'd therapy—bicuspid \$500.00 D3410 Apicoectomy/periradicular surgery—anterior . \$361.00 D3421 Apicoectomy/periradicular surgery—bicuspid \$394.00 D3425 Apicoectomy/periradicular surgery—molar \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root \$148.00 D3430 Retrograde filling—per root \$148.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4211 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$153.00 D4240 Gingival flap proc—four or more teeth, quad \$421.00 D346 Pontic—cast predominantly base metal \$420.00 D6241 Pontic—cast predominantly base metal \$420.00 D6240 Pontic—porcelain fused to high noble metal \$426.00 D6241 Pontic—porcelain fused to noble metal \$439.00 D6245 Pontic—porcelain/ceramic \$439.00 D6250 Pontic—resin with high noble metal \$420.00 D6251 Pontic—resin with predominantly base metal \$388.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—porcelain/ceramic \$439.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—resin with noble metal \$420.00 D6251 Pontic—resin with predominantly base metal \$420.00 D6251 Pontic—resin with noble metal \$420.00		Root canal therapy—bleaspia	7.00	D6210 ^f	Pontic—cast high noble metal	\$431.00
D3347 Previous root canal therapy—bicuspid \$50.00 D348 Previous root canal therapy—bicuspid \$601.00 D3410 Apicoectomy/periradicular surgery—anterior . \$361.00 D3421 Apicoectomy/periradicular surgery—bicuspid . \$394.00 D3425 Apicoectomy/periradicular surgery—molar \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root \$148.00 D3430 Retrograde filling—per root \$148.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4211 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$358.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$373.00				D6211 ^f		
Previous root canal therapy—molar\$601.00 D3410 Apicoectomy/periradicular surgery—anterior . \$361.00 D3421 Apicoectomy/periradicular surgery—bicuspid . \$394.00 D3425 Apicoectomy/periradicular surgery—molar . \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root \$148.00 D3430 Retrograde filling—per root \$109.00 D4210 Gingivectomy/gingivoplasty—four or more teeth, quad \$358.00 D4211 Gingivectomy/gingivoplasty—1 to 3 teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad \$153.00 D4240c Gingival flap proc—four or more teeth, quad						
D3410 Apicoectomy/periradicular surgery—anterior . \$361.00 D3421 Apicoectomy/periradicular surgery—bicuspid . \$394.00 D3425 Apicoectomy/periradicular surgery—molar . \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root				D6240 ^f		
D3421 Apicoectomy/periradicular surgery—bicuspid. \$394.00 D3425 Apicoectomy/periradicular surgery—molar. \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root				D6241 ^f		
D3425 Apicoectomy/periradicular surgery—molar . \$445.00 D3426 Apicoectomy/periradicular surgery—each addtl root					metal	\$393.00
D3426 Apicoectomy/periradicular surgery—each addtl root				D6242 ^f	Pontic—porcelain fused to noble metal	\$415.00
addtl root					Pontic—porcelain/ceramic	\$439.00
D3430 Retrograde filling—per root\$109.00 D4210° Gingivectomy/gingivoplasty—four or more teeth, quad\$358.00 D4211° Gingivectomy/gingivoplasty—1 to 3 teeth, quad\$153.00 D4240° Gingival flap proc—four or more teeth, quad\$153.00 D4240° Gingival flap proc—four or more teeth, quad\$153.00 D4240° Gingival flap proc—four or more teeth, quad\$153.00 D4251° Pontic—resin with predominantly base metal \$388.00 D6252° Pontic—resin with predominantly base metal \$388.00 D6251° Pontic—resin with predominantly base metal \$388.00 D6251° Pontic—resin with predominantly base metal \$388.00 D6251° Pontic—resin with noble metal\$400.00 Retainer inlay—porcelain/ceramic, two surfaces	23.20	addtl root			Pontic—resin with high noble metal	\$420.00
D4210° Gingivectomy/gingivoplasty—four or more teeth, quad	D3430	Retrograde filling—per root \$10				
teeth, quad		Gingivectomy/gingivonlasty—four or more	.5.00		Pontic—resin with noble metal	\$400.00
D4211° Gingivectomy/gingivoplasty—1 to 3 surfaces	2 1210	teeth, auad \$35				,
teeth, quad	D4211c	Ginaivectomy/ainaivoplasty—1 to 3			surfaces	\$355.00
D4240° Gingival flap proc—four or more teeth, quad . \$421.00 more surfaces\$373.00		teeth, auad \$15	3.00	D6601 ^f		
	D4240 ^c	Gingival flap proc—four or more teeth. auad . \$42	1.00			\$373.00
D4241° Gingival riap proc—1 to 3 teetn, quad\$217.00	D4241 ^c	Gingival flap proc—1 to 3 teeth, quad \$21	7.00			

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D6602 ^f	Retainer inlay—cast high noble metal, two
D0002	surfaces
D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces
D6604 ^f	Retainer inlay—cast predominantly base metal, two surfaces\$372.00
D6605 ^f	Retainer inlay—cast predominantly base metal, three or more surfaces \$394.00
D6606 ^f	Retainer inlay—cast noble metal, two
D6607 ^f	Retainer inlay—cast noble metal, three or
D6608 ^f	more surfaces\$406.00 Retainer onlay—porcelain/ceramic, two
D6609 ^f	surfaces
D6610 ^f	more surfaces
D6611 ^f	surfaces
D6612 ^f	three or more surfaces\$448.00 Retainer onlay—cast predominantly base
D6613 ^f	metal, two surfaces
D6614 ^f	metal, three or more surfaces
D6615 ^f	surfaces
D6720 ^f	more surfaces\$414.00 Retainer crown—resin with high noble metal. \$474.00
D6721 ^f	Retainer crown—resin with predominantly base metal\$450.00
D6722 ^f	Retainer crown—resin with noble metal \$458.00
D6740 ^f	Retainer crown—porcelain/ceramic\$499.00
D6750 ^f	Retainer crown—porcelain fused to high
D6751 ^f	noble metal
D6752 ^f	predominantly base metal
D6700f	metal\$464.00
D6780 ^f	Retainer crown—3/4 cast high noble metal \$458.00
D6790 ^f	Retainer crown—full cast high noble metal \$469.00
D6791 ^f	Retainer crown—full cast predominantly base metal\$445.00
D6792 ^f	Retainer crown—full cast noble metal \$461.00
D6930 ^f	Re-cement or re-bond fixed partial denture \$ 57.00
	Consider the control of the control
D7210	Surgical removal—erupted tooth
D7220	Removal of impacted tooth—soft tissue \$135.00
D7230	Removal of impacted tooth—partially bony . \$179.00
D7240	Removal of impacted tooth—completely bony. \$211.00
D7241	Remove impacted tooth—completely bony
D7250 D7310	w/comp
D7311	per quad\$125.00 Alveoloplasty in conjunction
D7311	w/extractions—1-3 teeth \$ 97.00
	Alveoloplasty not conjunction w/extractions—per quad\$181.00
D7321	w/extractions—1-3 teeth
D7510	Incision and drainage of abscess—intraoral \$120.00
D7520	Incision and drainage of abscess—extraoral . \$570.00 Frenulectomy—separate procedure \$111.00
D7960	Frenulectomy—sengrate procedure \$111.00
D7970	Excision of hyperplastic tissue—per arch \$272.00
D7370 D9110	Palliative treatment dental pain—
20110	minor procedure \$ 45.00
D9215	minor procedure

D9241	Intravenous moderate (conscious) sedation/ analgesia – first 30 minutes \$144.00
D9242	Intravenous moderate (conscious) sedation/
	analgesia – each additional 15 minutes \$ 60.00
D9310	Professional consultation by
	non-treating dentist\$ 96.00
D9951	Occlusal adjustment—limited
D9952	Occlusal adjustment—complete \$326.00

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- a Limit of one every six months
- b Limit one per tooth every eight years
- c Limit one every 12 months
- d Limit one every five years
- e Limit of one every three years
- f Limit of one every eight year

Note:

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Visit **Humana.com** to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company or Humana Employers Health Plan of Georgia, Inc.



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