

HD205 Prepaid Plan

People First Plan Code #4044

The **HD205 Prepaid Plan** focuses on maintaining oral health, prevention and cost containment. Members may see a participating primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. The HD plan copayments for listed procedures are applicable only at a participating general dentist. For procedures not listed on the summary of services, members may be eligible to receive up to a 25% discount.

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

Selecting a participating primary care general dentist

For participating dentist information, you may visit our website www.compbenefits.com/custom/stateofflorida/ or call our dedicated Customer Care number at **866-879-3630 (TTY: 711)**. Once you become enrolled in the HD205 Prepaid plan, you will need to select a participating primary care general dentist by registering at www.mycompbenefits.com or by calling our dedicated Customer Care number at **866-879-3630 (TTY: 711)**.

Specialists: Should members need a specialist (i.e., endodontist, orthodontist, oral surgeon, periodontist, prosthodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. Members may be eligible to receive up to a 25% discount by visiting a participating specialist. Specialist services are available only in areas where the dental plan has 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.

ADA Code	Procedure	
Appointments		Member cost
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$5
D9430	Office visit (normal hours)	no charge
D9440	Office visit (after regularly scheduled hours)	\$35
D9986	Missed appointment	\$10
D9987	Cancelled appointment	\$10
D9999	Emergency visit during regularly scheduled hours, by report	\$20
Diagnostic		Member cost
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
D0210	X-ray intraoral – complete series including bitewings (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(s)	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

Diagnostic (cont.)		Member cost
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
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 cost
D1110	Prophylaxis – adult, routine (limited to twice in any 12 calendar months, by primary care dentist)	no charge
D1120	Prophylaxis – child (limited to twice in any 12 calendar months)	no charge
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge
D1208	Topical application of fluoride - excluding varnish (limited to twice in any 12 calendar months)	no charge
D1310	Nutrition counseling for the control of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant – per tooth (permanent teeth only to age 16)	\$10
D1510*	Space maintainer – fixed, unilateral (through age 14)	\$50
D1516*	Space maintainer – fixed – bilateral, maxillary (through age 14)	\$70
D1517*	Space maintainer – fixed – bilateral, mandibular (through age 14)	\$70
D1520*	Space maintainer – removable, unilateral (through age 14)	\$85
D1526*	Space maintainer – removable – bilateral, maxillary (through age 14)	\$90
D1527*	Space maintainer – removable – bilateral, mandibular (through age 14)	\$90
D1550	Re-cement or re-bond space maintainer	\$10
D1575	Distal shoe space maintainer – fixed unilateral (through age 14; primary teeth only)	\$130
Restorative		Member cost
D2140	Amalgam – one surface, primary or permanent	\$5
D2150	Amalgam – two surfaces, primary or permanent	\$5
D2160	Amalgam – three surfaces, primary or permanent	\$5
D2161	Amalgam – four or more surfaces, primary or permanent	\$5
D2940	Protective restoration	\$10
Resin restorative (inlays and onlays limited to one per tooth every five years)		Member cost
D2330	Resin based composite – one surface, anterior	\$30
D2331	Resin based composite – two surfaces, anterior	\$40
D2332	Resin based composite – three surfaces, anterior	\$45
D2335	Resin based composite – four or more surfaces or involving incisal angle (anterior)	\$65
D2390	Resin based composite crown, anterior	\$70
D2391	Resin based composite – one surface, posterior	\$45
D2392	Resin based composite – two surfaces, posterior	\$55
D2393	Resin based composite – three surfaces, posterior	\$80

Resin restorative (cont.)		Member cost
D2394	Resin based composite – four or more surfaces, posterior	\$90
D2510*	Inlay – metallic, one surface	\$225
D2520*	Inlay – metallic, two surfaces	\$235
D2530*	Inlay – metallic, three or more surfaces	\$245
D2542*	Onlay – metallic, two surfaces	\$250
D2543*	Onlay – metallic, three surfaces	\$260
D2544*	Onlay – metallic, four or more surfaces	\$270
D2610*	Inlay – porcelain/ceramic, one surface	\$250
D2620*	Inlay – porcelain/ceramic, two surfaces	\$260
D2630*	Inlay – porcelain/ceramic, three or more surfaces	\$270
D2642*	Onlay – porcelain/ceramic, two surfaces	\$275
D2643*	Onlay – porcelain/ceramic, three surfaces	\$285
D2644*	Onlay – porcelain/ceramic, four or more surfaces	\$295
D2650*	Inlay – resin based composite, one surface	\$225
D2651*	Inlay – resin based composite, two surfaces	\$235
D2652*	Inlay – resin based composite, three or more surfaces	\$245
D2662*	Onlay – resin based composite, two surfaces	\$250
D2663*	Onlay – resin based composite, three surfaces	\$260
D2664*	Onlay – resin based composite, four or more surfaces	\$270
Crown and bridge (limited to one per tooth every five years)		Member cost
D2710*	Crown – resin based composite, indirect	\$270
D2712*	Crown – 3/4 resin based composite, indirect	\$270
D2720*	Crown – resin with high noble metal	\$270
D2721	Crown – resin with predominantly base metal	\$270
D2722*	Crown – resin with noble metal	\$270
D2740*	Crown – porcelain/ceramic	\$270
D2750*	Crown – porcelain fused to high noble metal	\$270
D2751	Crown – porcelain fused to predominantly base metal	\$270
D2752*	Crown – porcelain fused to noble metal	\$270
D2780*	Crown – 3/4 cast high noble metal	\$270
D2781	Crown – 3/4 cast predominantly base metal	\$270
D2782*	Crown – 3/4 cast noble metal	\$270
D2783*	Crown – 3/4 porcelain/ceramic	\$270
D2790*	Crown – full cast high noble metal	\$270
D2791	Crown – full cast predominantly base metal	\$270
D2792*	Crown – full cast noble metal	\$270
D2794*	Crown – titanium	\$270
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$15
D2929	Crown-Prefabricated porcelain/ceramic crown – primary tooth	\$75
D2930	Prefabricated stainless steel crown – primary tooth	\$75
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$50

Crown and bridge (Cont.)		Member cost
D2933	Prefabricated stainless steel crown with resin window	\$50
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$50
D2950	Core buildup, including any pins	\$50
D2951	Pin retention – per tooth, in addition to restoration	\$15
D2952*	Cast post and core in addition to crown	\$95
D2953*	Each additional cast post – same tooth	\$100
D2954	Prefabricated post and core in addition to crown	\$85
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post – same tooth, base metal post	\$35
D2960	Labial veneer (resin laminate) – chairside	\$250
D2961*	Labial veneer (resin laminate) – laboratory	\$300
D2962*	Labial veneer (porcelain laminate) – laboratory	\$350
D2971	Additional procedure – new crown existing partial denture	\$50
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
D6950	Precision attachment, separate from prosthesis	\$195
Prosthodontics – fixed (replacement limited to every five years, adjustments once per year)		Member cost
D6210*	Pontic – cast high noble metal	\$270
D6211	Pontic – cast predominantly base metal	\$270
D6212*	Pontic – cast noble metal	\$270
D6240*	Pontic – porcelain fused to high noble metal	\$270
D6241	Pontic – porcelain fused to predominantly base metal	\$270
D6242*	Pontic – porcelain fused to noble metal	\$270
D6750*	Crown – porcelain fused to high noble metal	\$270
D6751	Crown – porcelain fused to predominantly base metal	\$270
D6752*	Crown – porcelain fused to noble metal	\$270
D6790*	Retainer crown – full cast high noble metal	\$270
D6791	Retainer crown – full cast predominantly base metal	\$270
D6792*	Retainer crown – full cast noble metal	\$270
D6794*	Retainer crown – titanium	\$270
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$15
Prosthodontics (replacement limited to every five years)		Member cost
D5110*	Complete denture – maxillary	\$375
D5120*	Complete denture – mandibular	\$375
D5130*	Immediate denture – maxillary	\$375
D5140*	Immediate denture – mandibular	\$375
D5211*	Maxillary partial denture-resin base (including retentive/clasping materials, rests and teeth)	\$400
D5212*	Mandibular partial denture-resin base (including retentive/clasping materials, rests and teeth)	\$400
D5213*	Maxillary partial denture – cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425
D5214*	Mandibular partial denture – cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425

Prosthodontics (cont.)		Member cost
D5221	Immediate maxillary partial denture-resin base (including any conventional clasps, rests and teeth)	\$263
D5222	Immediate mandibular partial denture-resin base (including any conventional clasps, rests and teeth)	\$263
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$413
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$413
D5225*	Maxillary partial denture – flexible (including clasps, rests and teeth)	\$425
D5226*	Mandibular partial denture – flexible (including clasps, rests and teeth)	\$425
D5282*	Removable unilateral partial denture – one piece metal (including clasps and teeth), maxillary	\$350
D5283*	Removable unilateral partial denture – one piece metal (including clasps and teeth), mandibular	\$350
D5410	Adjust complete denture – maxillary	\$15
D5411	Adjust complete denture – mandibular	\$15
D5421	Adjust partial denture – maxillary	\$15
D5422	Adjust partial denture – mandibular	\$15
D5660*	Add clasp to existing partial denture – per tooth	\$90
Endodontics (each procedure limited to once per tooth per life)		Member cost
D3110	Pulp cap – direct (excluding final restoration)	\$15
D3120	Pulp cap – indirect (excluding final restoration)	\$10
D3220	Therapeutic pulpotomy (excluding final restoration)	\$40
D3221	Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)	\$85
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$45
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$50
D3310	Root canal therapy – anterior tooth (excluding final restoration)	\$110
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$195
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$250
D3331	Treatment of root canal obstruction – non-surgical access	\$80
D3332	Incomplete endodontic therapy – inoperable or fractured tooth	\$80
D3333	Internal root repair of perforation defects	\$90
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$90
D3352	Apexification/recalcification – interim medication replacement (includes any necessary radiographs)	\$80
D3353	Apexification/recalcification – final visit (includes any necessary radiographs)	\$90
D3410	Apicoectomy – anterior	\$135
D3421	Apicoectomy – premolar (first root)	\$120
D3425	Apicoectomy – molar (first root)	\$120
D3426	Apicoectomy – (each additional root)	\$60
D3430	Retrograde filling – per root	\$40
D3450	Root amputation – per root (not covered in conjunction with procedure D3920)	\$95
D3910	Surgical procedure to isolate tooth with rubber dam	\$20
D3920	Hemisection not included in root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15

Periodontics – gum treatment		Member cost
D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$120
D4211	Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55
D4240	Gingival flap, including root planing – four or more teeth, per quadrant	\$150
D4241	Gingival flap, including root planing – one to three teeth, per quadrant	\$120
D4245	Apically positioned flap	\$175
D4249	Clinical crown lengthening – hard tissue	\$150
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4261	Osseous surgery (including elevation of a full thickness flap and closure) one to three contiguous teeth or tooth bounded spaces per quadrant	\$325
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$95
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$230
D4267	Guided tissue regeneration – non resorbable barrier, per site (includes membrane removal)	\$275
D4270	Pedicle soft tissue graft procedure	\$260
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$350
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$90
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$265
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
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
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
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
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
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
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
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$50
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
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$45

Repairs to prosthetics		Member cost
D5511*	Repair broken complete denture base, mandibular	\$35
D5512*	Repair broken complete denture base, maxillary	\$35
D5520*	Replace missing or broken teeth – complete denture (each tooth)	\$35
D5611*	Repair resin partial denture base, mandibular	\$35
D5612*	Repair resin partial denture base, maxillary	\$35
D5621*	Repair cast partial framework, mandibular	\$35
D5622*	Repair cast partial framework, maxillary	\$35
D5630*	Repair or replace broken retentive clasping materials – per tooth	\$35
D5640*	Replace broken teeth – per tooth	\$35
D5650*	Add tooth to existing partial denture	\$35
D5670*	Replace all teeth and acrylic on cast metal framework – maxillary	\$210
D5671*	Replace all teeth and acrylic on cast metal framework – mandibular	\$225
D5710*	Rebase complete maxillary denture	\$200
D5711*	Rebase complete mandibular denture	\$200
D5720*	Rebase maxillary partial denture	\$200
D5721*	Rebase mandibular partial denture	\$200
D5730	Reline complete maxillary denture (chairside)	\$60
D5731	Reline complete mandibular denture (chairside)	\$60
D5740	Reline maxillary partial denture (chairside)	\$60
D5741	Reline mandibular partial denture (chairside)	\$60
D5750*	Reline complete maxillary denture (laboratory)	\$95
D5751*	Reline complete mandibular denture (laboratory)	\$95
D5760*	Reline maxillary partial denture (laboratory)	\$95
D5761*	Reline mandibular partial denture (laboratory)	\$95
D5810*	Interim complete denture (maxillary)	\$250
D5811*	Interim complete denture (mandibular)	\$250
D5820*	Interim partial denture (maxillary)	\$80
D5821*	Interim partial denture (mandibular)	\$80
D5850	Tissue conditioning, maxillary	\$30
D5851	Tissue conditioning, mandibular	\$30
D6214*	Pontic titanium	\$270
D6245*	Pontic – porcelain/ceramic	\$270
D6250*	Pontic – resin with high noble metal	\$270
D6251	Pontic – resin with predominantly base metal	\$270
D6252*	Pontic – resin with noble metal	\$270
D6253*	Provisional pontic	no charge
D6545*	Retainer – cast metal, resin bonded fixed prosthesis	\$250
D6548*	Retainer – porcelain/ceramic, resin bonded fixed prosthesis	\$250
D6549*	Resin retainer – for resin bonded fixed prosthesis	\$250
D6600*	Retainer inlay – porcelain/ceramic, two surfaces	\$270
D6601*	Retainer inlay – porcelain/ceramic, three or more surfaces	\$270
D6602*	Retainer inlay – cast high noble metal, two surfaces	\$270
D6603*	Retainer inlay – cast high noble metal, three or more surfaces	\$270
D6604*	Retainer inlay – cast predominantly base metal, two surfaces	\$270
D6605*	Retainer inlay – cast predominantly base metal, three or more surfaces	\$270

Repairs to prosthetics (cont.)		Member cost
D6606*	Retainer inlay – cast noble metal, two surfaces	\$270
D6607*	Retainer inlay – cast noble metal, three or more surfaces	\$270
D6608*	Retainer onlay – porcelain/ceramic, two surfaces	\$270
D6609*	Retainer onlay – porcelain/ceramic, three or more surfaces	\$270
D6610*	Retainer onlay – cast high noble metal, two surfaces	\$270
D6611*	Retainer onlay – cast high noble metal, three or more surfaces	\$270
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$270
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$270
D6614*	Retainer onlay – cast noble metal, two surfaces	\$270
D6615*	Retainer onlay – cast noble metal, three or more surfaces	\$270
D6624*	Retainer inlay titanium	\$270
D6634*	Retainer onlay titanium	\$270
D6710*	Retainer crown – indirect resin based composition	\$270
D6720*	Retainer crown – resin with high noble metal	\$270
D6721	Retainer crown – resin with predominantly base metal	\$270
D6722*	Retainer crown – resin with noble metal	\$270
D6740*	Retainer crown – porcelain/ceramic	\$280
D6780*	Retainer crown – 3/4 cast high noble metal	\$270
D6781	Retainer crown – 3/4 cast predominantly base metal	\$270
D6782*	Retainer crown – 3/4 cast noble metal	\$270
D6783*	Retainer crown – 3/4 porcelain ceramic, denture	\$270
Extractions/oral and maxillofacial surgery		Member cost
D7111	Extraction, coronal remnants – primary tooth	no charge
D7140	Removal of impacted tooth – completely bony	no charge
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40
D7220	Removal of impacted tooth – soft tissue	\$55
D7230	Removal of impacted tooth – partially bony	\$70
D7240	Removal of impacted tooth – completely bony	\$85
D7241	Removal of impacted tooth – completely bony, unusual complications by report	\$110
D7250	Surgical removal of residual tooth roots	\$40
D7260	Oroantral fistula closure	\$350
D7261	Primary closure of a sinus perforation	\$225
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$55
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$100
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$90
D7285	Incisional biopsy of oral tissue – hard bone, tooth)	\$350
D7286	Incisional biopsy of oral tissue – soft (all others)	\$120
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$55
D7310	Alveoloplasty in conjunction with extractions – per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$15
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	\$75
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$30
D7450	Removal of benign odontogenic cyst or tumor – up to 1.25 cm	\$160

Extractions/oral and maxillofacial surgery (cont.)		Member cost
D7451	Removal of benign odontogenic cyst or tumor – greater than 1.25 cm	\$235
D7471	Removal of lateral exostosis (maxilla or mandible)	\$90
D7472	Removal of torus palatinus	\$65
D7473	Removal of torus mandibularis	\$65
D7485	Reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35
D7970	Excision hyperplastic tissue – per arch	\$85
D7971	Excision of pericoronal gingival	\$55
Adjunctive general service		Member cost
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$20
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia – first 15 minutes	\$83
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$71
D9230	Inhalation of nitrous oxide analgesia, anxiolysis	\$15
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$83
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$71
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment – limited	\$35
D9952	Occlusal adjustment – complete	\$165
Bleaching		Member cost
D9972	External bleaching in office – per arch	\$175
D9975	External bleaching in home – per arch	\$175
Orthodontics		Member cost
NOTE: Members may receive up to a 25% discount by visiting a participating orthodontist.		

NOTE:

- No service of any dentist other than a participating general dentist or participating specialist will be covered except out-of-area emergency care as provided in the certificate of benefits.
- No coverage for any dental treatment started prior to the member’s effective date.
- 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.

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