



DENTAL

Healthy smiles for healthy bodies



Humana®

HCA

2025 Summary of benefits



Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being, and Humana’s dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you’re signing up for a healthier you.

Why sign up for dental benefits?



If you’ve never bought dental insurance before, **you’ll be pleasantly surprised at the monthly cost.**



Preventive dental care, such as checkups and cleanings, helps stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

Dental coverage overview

2025 Enrollment summary of benefits

Humana Dental DHMO plan enables you to take better care of your teeth and pay less for coverage. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with your Humana dental plan.

- No waiting periods
- No annual maximums
- No deductibles
- No claims to file
- Services are prepaid

Commonly asked questions

How does the Humana dental plan work?

The Humana DHMO HS205 plan focuses on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist (PCD) as often as necessary. The plan copayments for listed procedures are applicable for participating general dentists or participating specialists. The PCD will provide all your routine dental care. With the Humana dental DHMO plan, members pay their dentist directly, when applicable. Member listed costs in the summary of benefits are for services provided by participating PCDs only.

If I'm not a member and have questions, whom do I call?

Call us toll free at **855-811-0409**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, for answers to questions about the new Humana DHMO HS205 plan. We can also help with the enrollment process. If you prefer to talk to us by email, please send your questions to: oe@humana.com.

Know what your plan covers

Summary of benefits for Humana DHMO HS205 plan are on the following pages.



[Your.humana.com/hca](https://www.your.humana.com/hca)

- Summary of benefits
- How to find a participating dentist
- How to select a primary care dentist
- Access your dental ID card
- Dental plan FAQs
- Lifestyle discounts
- Eyemed vision discount program
- Contact us



How to find a dentist in the network

With your Humana HS 205 DHMO plan you must select a primary care dentist (PCD) prior to receiving dental services. Your PCD will provide all your routine dental care. You have the freedom to select any participating dentist as your PCD. To choose a PCD follow these steps:

Step 1:

Scan the QR code or go to finder.humana.com and select the “Dentist” tab.



Step 2: Enter your search information based on plan

For the **DHMO/Prepaid plans:**

- Enter your **ZIP code**
- In “Select a lookup method” choose **“DHMO”** coverage type
- Select the network: **HS205 DHMO/Prepaid Network**
- Click **“Search”** button

Step 3: Call 800-233-4013, Monday - Friday, 8 a.m. - 6 p.m., Eastern time, with your PCD name.

You will be sent a Humana member ID card. Your PCD will be listed on your dental ID card.

Can I see dental specialists with the Humana DHMO HS205 plan?

Yes. A PCD may decide that a member needs to see a participating dental specialist. No referral is necessary to see a network specialist. Should members need a specialist, (e.g., endodontist, oral surgeon, periodontist and/or pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. To find a participating specialist, visit the home page on your.humana.com/hca.

Note: If you selected a primary care dentist (PCD) for your 2024 Humana dental plan, you do not have to do it again unless you want to choose a new PCD.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan. You can help us get your dentist in our network. Scan the QR code and fill out the online form to refer your dentist.



Humana Dental DHMO HS205 plan

The Humana Dental 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. HS plans' copayments for listed procedures are applicable at either a participating general dentist or a participating specialist.

A primary care dentist (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, (e.g., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any 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	Description	Member pays
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

ADA Code	Description	
Diagnostic (cont.)		Member pays
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
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 (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	Protective restoration	\$10.00

ADA Code	Description	
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

ADA Code	Description	
Crown and bridge (limited to one per tooth every five years) (cont.)		Member pays
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
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*	Retainer crown – porcelain fused to high noble metal	\$270.00
D6751	Retainer crown – porcelain fused to predominantly base metal	\$270.00
D6752*	Retainer 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

ADA Code	Description	
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year) (cont.)		Member pays
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
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
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

ADA Code	Description	
Endodontics (each procedure limited to once per tooth per life) (cont.)		Member pays
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	Biological materials which can aid 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

ADA Code	Description	
Periodontics (gum treatment) (cont.)		Member pays
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
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
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
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$50.00
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
D4910	Periodontal maintenance (covered only after active periodontal therapy).	\$45.00
Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction, coronal remnants – primary tooth	no charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40.00
D7220	Removal of impacted tooth – soft tissue	\$55.00
D7230	Removal of impacted tooth – partially bony	\$70.00
D7240	Removal of impacted tooth – completely bony	\$85.00
D7241	Removal of impacted tooth – completely bony, unusual complications by report	\$110.00
D7250	Surgical removal of residual tooth roots	\$40.00
D7260	Oroantral fistula closure	\$350.00
D7261	Primary closure of a sinus perforation	\$225.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$55.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$350.00
D7286	Incisional biopsy of oral tissue-soft (all others)	\$120.00

ADA Code	Description	
Extractions/oral and maxillofacial surgery (cont.)		Member pays
D7287	Exfoliative cytological sample collection	\$50.00
D7288	Brush biopsy – transepithelial sample collection	\$55.00
D7310	Alveoloplasty in conjunction with extractions – per quadrant	\$40.00
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$15.00
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	\$75.00
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$30.00
D7450	Removal of benign odontogenic cyst or tumor – up to 1.25 cm	\$160.00
D7451	Removal of benign odontogenic cyst or tumor – greater than 1 .25 cm	\$235.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$90.00
D7472	Removal of torus palatinus	\$65.00
D7473	Removal of torus mandibularis	\$65.00
D7485	Reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35.00
D7970	Excision hyperplastic tissue – per arch	\$85.00
D7971	Excision of pericoronal gingival	\$55.00
Repairs to prosthetics		Member pays
D5511*	Repair broken complete denture base, mandibular	\$35.00
D5512*	Repair broken complete denture base, maxillary	\$35.00
D5520*	Replace missing or broken teeth – complete denture (each tooth)	\$35.00
D5611*	Repair resin partial denture base, mandibular	\$35.00
D5612*	Repair resin partial denture base, maxillary	\$35.00
D5621*	Repair cast partial framework, mandibular	\$35.00
D5622*	Repair cast partial framework, maxillary	\$35.00
D5630*	Repair or replace broken retentive clasping materials – per tooth	\$35.00
D5640*	Replace broken teeth – per tooth	\$35.00
D5650*	Add tooth to existing partial denture	\$35.00
D5670*	Replace all teeth and acrylic on cast metal framework – maxillary	\$210.00
D5671*	Replace all teeth and acrylic on cast metal framework – mandibular	\$225.00
D5710*	Rebase complete maxillary denture	\$200.00
D5711*	Rebase complete mandibular denture	\$200.00
D5720*	Rebase maxillary partial denture	\$200.00
D5721*	Rebase mandibular partial denture	\$200.00
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

ADA Code	Description	
Repairs to prosthetics (cont.)		Member pays
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
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	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

ADA Code	Description	
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, anxiolysis	\$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
D8070 or D8080	Children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$45.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,900.00
D8090	Adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$45.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,900.00
D8680	Orthodontic retention	\$455.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

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).



What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like invisible teeth straightening aligners, teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on LASIK, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more

Featured dental care programs

To give you something more to smile about, you'll have access to these dental care services:

Byte: Clear aligners you can do from the comfort of your home. **Scan the QR code to learn more.**



Truthbrush: A digital device for kids with oral care tracking technology that attaches to any toothbrush—any brand.

Visit truthbrush.com to learn more.



To learn more about our exclusive discounts available after you enroll in a Humana plan, scan the QR code or download the flyer [here](#).





Manage your dental plan online

MyHumana: Your dental plan at your fingertips

Once you become a Humana dental plan member, you can register for MyHumana. You'll get quick and secure access to your dental plan information anytime, anywhere:

- View, print and email your ID card
- Check your claims status
- Review deductibles and coverage details
- Chat with a representative about any of your dental plan questions
- Access your exclusive member discounts



To learn more about MyHumana and how to register once you become a member, scan the QR code or download the flyer [here](#).



Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

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

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

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

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

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'éh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



Contact us

Dental member services — **800-233-4013** | your.humana.com/hca
Dental annual enrollment hotline — **855-811-0409**

Insured or administered by Humana Dental Insurance Company.

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

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