# Feel good about choosing a HumanaDental plan

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

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

#### Use your HumanaDental benefits

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

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

## Good health starts with a healthy mouth

#### Make dental visits a priority

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

#### Go to MyDentalIQ.com

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

# Tips to ensure a healthy mouth

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



#### Questions?

Check out Humana.com

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

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

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#### **TEXAS**

#### HumanaDental DHMO HD215 Plan

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

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

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

#### **Summary of services**

Services marked with a single asterisk (\*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments	Member pays	D0272 X-ray bitewings—two radio	
D9310 Consultation (diagnostic service providentist other than practitioner providentist)		D0273 X-ray bitewings—three rad	
treatment)	\$ 15.00	D0274 Bitewings—four radiograph	
D9440 Office visit (after regularly scheduled D9986 Missed appointment	\$ 10.00	D0277 X-ray bitewings, vertical—s	
D9987 Cancelled appointment		radiographic images (limite 12 calendar months)	no charge
hours, by report		D0330 Panoramic radiographic im	age (once per three no charge
Diagnostic	Member pays	D0350 Oral/facial photography im	agesno charge
D0120 Periodic oral examination (limited to	twice in	D0415 Collect microorganisms cul D0425 Caries susceptibility tests	.ture & sensitivityno charge
any 12 calendar months) D0140 Limited/comprehensive/detailed and		D0431 Oral cancer screening using	g a special light
oral eval	no charge	D0460 Pulp vitality tests	\$ 70.00
D0145 Oral evaluation for a patient under the of age and counseling with primary		(not covered if a root canal D0470 Diagnostic casts	Lis performed) no charge
D0150 Limited/comprehensive/detailed and oral eval (limited to twice in any 12 c		D0472 Pathology report—gross ex	kamination of lesion no charge
months)	no charge	D0473 Pathology report—microsc	copic examination no charge
D0160 Limited/comprehensive/detailed and extensive oral eval	d no charae	D0474 Pathology report—microsc	copic examination
D0170 Re-evaluation—problem focused	-		no charge
(not post-operative visit) D0180 Comprehensive periodontal evaluati		Preventive	Member pays
(limited to twice in any 12 calendar in D0210 X-ray intraoral - comprehensive series	months)\$ 35.00	D1110 Prophylaxis—adult, routine in any 12 calendar months	
radiographic images (once per three	calendar		no charge
years)	no charge	(limited to twice in any 12 o	calendar months)no charge
D0220 X-ray intraoral—periapical, first radic image	no charge	D1206 Topical application of fluori (for child <16) (limited to ty	
D0230 X-ray intraoral—periapical, each add radiographic image		calendar months)	no charge
D0240 X-rays intraoral—occlusal radiograph	nic imageno charge	D1208 Topical application of fluori varnish (limited to twice in	anv 12 calendar
D0250 Extra-oral—2D projection radiograph created using a stationary radiation	source,	months)	no charge
and detector		D1310 Nutrition counseling for the disease	no charge
(limited to twice in any 12 calendar i		D1320 Tobacco counseling service prevention of oral disease .	es for the control orno charge

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## **TEXAS**

## HumanaDental DHMO HD215 Plan

D4334 C 1: C 11 1 1 1 1: C			
D1321 Counseling for the control and prevention of		D2542* Onlay—metallic, two surfaces\$	370.00
adverse oral, behavioral, and systemic health		D2543* Onlay—metallic, three surfaces\$	300.00
effects associated with high-risk substance use . n		D2544* Onlay—metallic, four or more surfaces\$	
D1330 Oral hygiene instruction	o charge	D2610* Inlay—porcelain/ceramic, one surface\$	370.00
D1351 Sealant—per tooth		D2620* Inlay—porcelain/ceramic, two surfaces\$	380.00
(permanent teeth only to age 16)\$	20.00	D2630* Inlay—porcelain/ceramic, three or more	
D1510* Space maintainer—fixed, unilateral—per	20.00	surfaces\$	300 00
	95.00	D26/2* Oplay parcolain/coramic two curfaces \$	205.00
quadrant (through age 14)\$	95.00	D2642* Onlay—porcelain/ceramic, two surfaces\$	
D1516* Space maintainer—fixed—bilateral, maxillary		D2643* Onlay—porcelain/ceramic, three surfaces\$	405.00
(through age 14)\$	135.00	D2644* Onlay—porcelain/ceramic, four or more	
D1517* Space maintainer—fixed—bilateral, mandibular		surfaces\$	415.00
(through age 14)	135 00	D2650* Inlay—resin based composite, one surface\$	
D1520* Space maintainer—removable, unilateral—per	100.00	D2651* Inlay—resin based composite, two surfaces\$	
auadrant (through ago 1/1)	105.00		333.00
quadrant (through age 14)\$	105.00	D2652* Inlay—resin based composite, three or	265.00
D1526* Space maintainer—removable—bilateral,		more surfaces	365.00
maxillary (through age 14) \$	115.00	D2662* Onlay—resin based composite, two surfaces\$	
D1527* Space maintainer—removable—bilateral,		D2663* Onlay—resin based composite, three surfaces \$	380.00
mandibular (through age 14)\$	115.00	D2664* Onlay—resin based composite, four or	
D1551 Re-cement or re-bond bilateral space	113.00	more surfaces\$	410.00
	20.00	Thore surfaces	710.00
maintainer—maxillary\$	20.00	Crown and bridge	
D1552 Re-cement or re-bond bilateral space		-	
maintainer—mandibular\$	20.00	(limited to one per tooth every five years) <b>Membe</b>	er pays
D1553 Re-cement or re-bond unilateral space			
maintainer—per quadrant\$	20.00	D2710* Crown—resin based composite, indirect\$	
D1575 Distal shoe space maintainer—fixed,	20.00	D2712* Crown—3/4 resin based composite, indirect\$	
		D2720* Crown—resin with high noble metal \$	410.00
unilateral —per quadrant (through age 14;	205.00	D2721 Crown—resin with predominantly base metal\$	410.00
primary teeth only)\$	205.00	D2722* Crown—resin with noble metal	
			410.00
Restorative Member	er pays		
D2140 Amalgam—one surface, primary or permanent.\$	30.00	D2750* Crown—porcelain fused to high noble metal \$	410.00
D2150 Amalgam—two surfaces, primary or	30.00	D2751 Crown—porcelain fused to predominantly base	
	25.00	metal\$	
permanent\$	35.00	D2752* Crown—porcelain fused to noble metal\$	410.00
D2160 Amalgam—three surfaces, primary or		D2753* Crown—porcelain fused to titanium and	
permanent\$	40.00	titanium alloys\$	410.00
D2161 Amalgam—four or more surfaces, primary		D2780* Crown—3/4 cast high noble metal\$	/10.00
or permanent\$	45.00		
		D2701 Craver 2// and produced methylogogopatal C	/ 1 0 00
D2940 Placement of interim direct restoration \$	75 ()()	D2781 Crown—3/4 cast predominantly base metal\$	410.00
D2940 Placement of interim direct restoration\$	25.00	D2782* Crown—3/4 cast noble metal\$	410.00
D2940 Placement of interim direct restoration\$	25.00	D2781 Crown—3/4 cast predominantly base metal\$ D2782*Crown—3/4 cast noble metal\$ D2783*Crown—3/4 porcelain/ceramic\$	410.00
D2940 Placement of interim direct restoration\$ <b>Resin restorative</b>	25.00	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$	410.00 410.00
D2940 Placement of interim direct restoration\$  Resin restorative (inlays and onlays limited to one		D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$	410.00 410.00 410.00
D2940 Placement of interim direct restoration\$  Resin restorative (inlays and onlays limited to one	25.00 er pays	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$ D2791 Crown—full cast predominantly base metal\$	410.00 410.00 410.00 410.00
D2940 Placement of interim direct restoration\$  Resin restorative (inlays and onlays limited to one per tooth every five years)  Member	er pays	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$ D2791 Crown—full cast predominantly base metal\$ D2792* Crown—full cast noble metal\$	410.00 410.00 410.00 410.00 410.00
D2940 Placement of interim direct restoration\$  Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$	er pays 45.00	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$ D2791 Crown—full cast predominantly base metal\$ D2792* Crown—full cast noble metal\$ D2794* Crown—titanium and titanium alloy\$	410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior \$ D2331 Resin based composite—two surfaces, anterior . \$	er pays	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$ D2791 Crown—full cast predominantly base metal\$ D2792* Crown—full cast noble metal\$ D2794* Crown—titanium and titanium alloy\$ D2799 Interim crown – further treatment or	410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces,	45.00 60.00	D2782* Crown—3/4 cast noble metal\$ D2783* Crown—3/4 porcelain/ceramic\$ D2790* Crown—full cast high noble metal\$ D2791 Crown—full cast predominantly base metal\$ D2792* Crown—full cast noble metal\$ D2794* Crown—titanium and titanium alloy\$	410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ \$	er pays 45.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final	410.00 410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces	45.00 60.00 75.00	D2782* Crown—3/4 cast noble metal	410.00 410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces	45.00 60.00 75.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no	410.00 410.00 410.00 410.00 410.00 410.00 charge
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$	45.00 60.00 75.00 95.00	D2782* Crown—3/4 cast noble metal	410.00 410.00 410.00 410.00 410.00 410.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$ D2390 Resin based composite crown, anterior\$	45.00 60.00 75.00 95.00 90.00	D2782* Crown—3/4 cast noble metal	410.00 410.00 410.00 410.00 410.00 410.00 charge
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior.\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$ D2390 Resin based composite crown, anterior\$ D2391 Resin based composite—one surface, posterior.\$	45.00 60.00 75.00 95.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$ D2390 Resin based composite—one surfaces, surfaces (anterior)\$ D2391 Resin based composite—one surface, posterior.\$ D2392 Resin based composite—two surfaces,	45.00 60.00 75.00 95.00 90.00 70.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$ D2390 Resin based composite—four or more surfaces (anterior)\$ D2391 Resin based composite—one surface, posterior\$ D2392 Resin based composite—two surfaces, posterior\$ D2393 Resin based composite—two surfaces, posterior\$ D2394 Resin based composite—two surfaces, posterior\$	45.00 60.00 75.00 95.00 90.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown –	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 charge 25.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$ D2390 Resin based composite—one surfaces, surfaces (anterior)\$ D2391 Resin based composite—one surface, posterior.\$ D2392 Resin based composite—two surfaces,	45.00 60.00 75.00 95.00 90.00 70.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown –	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 charge 25.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$  D2390 Resin based composite—four or more surfaces (anterior)\$ D2391 Resin based composite—one surface, posterior\$ D2392 Resin based composite—two surfaces, posterior\$ D2393 Resin based composite—two surfaces, posterior\$  D2393 Resin based composite—three surfaces, posterior\$	45.00 60.00 75.00 95.00 90.00 70.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown – permanent tooth \$	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 charge 25.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior\$ D2331 Resin based composite—two surfaces, anterior\$ D2332 Resin based composite—three surfaces, anterior\$ D2335 Resin based composite—four or more surfaces (anterior)\$  D2390 Resin based composite—four or more surfaces (anterior)\$ D2391 Resin based composite—one surface, posterior\$ D2392 Resin based composite—two surfaces, posterior\$ D2393 Resin based composite—two surfaces, posterior\$  D2393 Resin based composite—three surfaces, posterior\$	45.00 60.00 75.00 95.00 90.00 70.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown – permanent tooth \$ D2929 Crown-prefabricated porcelain/ceramic	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 110.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior . \$ D2331 Resin based composite—two surfaces, anterior . \$ D2332 Resin based composite—three surfaces, anterior . \$ D2335 Resin based composite—four or more surfaces (anterior) \$ D2390 Resin based composite—one surface, posterior . \$ D2391 Resin based composite—one surface, posterior . \$ D2392 Resin based composite—two surfaces, posterior \$ D2393 Resin based composite—three surfaces, posterior \$ D2394 Resin based composite—three surfaces, posterior \$ D2395 Resin based composite—three surfaces, posterior \$ D2396 Resin based composite—three surfaces, posterior \$ D2397 Resin based composite—three surfaces, posterior \$ D2398 Resin based composite—three surfaces, posterior \$	45.00 60.00 75.00 95.00 90.00 70.00 90.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown—permanent tooth \$ D2929 Crown-prefabricated porcelain/ceramic crown—primary tooth \$	410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 110.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior . \$ D2331 Resin based composite—two surfaces, anterior . \$ D2332 Resin based composite—three surfaces, anterior . \$ D2335 Resin based composite—four or more surfaces (anterior) \$ D2390 Resin based composite—one surface, posterior . \$ D2391 Resin based composite—one surface, posterior . \$ D2392 Resin based composite—two surfaces, posterior \$ D2393 Resin based composite—two surfaces, posterior \$ D2394 Resin based composite—three surfaces, posterior \$ D2395 Resin based composite—three surfaces, posterior \$ D2396 Resin based composite—three surfaces, posterior \$ D2397 Resin based composite—three surfaces, posterior \$ D2398 Resin based composite—four or more surfaces, posterior \$	45.00 60.00 75.00 95.00 90.00 70.00 110.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2920 Re-cement or re-bond crown \$ D2921 Prefabricated porcelain/ceramic crown—permanent tooth \$ D2922 Crown-prefabricated porcelain/ceramic crown—primary tooth \$ D2933 Prefabricated stainless steel crown—	410.00 410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 110.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior . \$ D2331 Resin based composite—two surfaces, anterior . \$ D2332 Resin based composite—three surfaces, anterior . \$ D2335 Resin based composite—four or more surfaces (anterior) \$ D2390 Resin based composite—one surface, posterior . \$ D2391 Resin based composite—one surface, posterior . \$ D2392 Resin based composite—two surfaces, posterior \$ D2393 Resin based composite—two surfaces, posterior \$ D2394 Resin based composite—three surfaces, posterior \$ D2395 Resin based composite—three surfaces, posterior \$ D2396 Resin based composite—three surfaces, posterior \$ D2397 Resin based composite—three surfaces, posterior \$ D2398 Resin based composite—four or more surfaces, posterior \$ D23994 Resin based composite—four or more surfaces, posterior \$ D23995 Resin based composite—four or more surfaces, posterior \$	45.00 60.00 75.00 95.00 90.00 70.00 110.00 130.00 345.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown—permanent tooth \$ D2929 Crown-prefabricated porcelain/ceramic crown—primary tooth \$ D2930 Prefabricated stainless steel crown—primary tooth. \$	410.00 410.00 410.00 410.00 410.00 410.00 410.00 charge 25.00 110.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior . \$ D2331 Resin based composite—two surfaces, anterior . \$ D2332 Resin based composite—three surfaces, anterior . \$ D2335 Resin based composite—four or more surfaces (anterior) . \$ D2390 Resin based composite—one surface, posterior . \$ D2391 Resin based composite—one surface, posterior . \$ D2392 Resin based composite—two surfaces, posterior . \$ D2393 Resin based composite—two surfaces, posterior . \$ D2394 Resin based composite—three surfaces, posterior . \$ D2395 Resin based composite—four or more surfaces, posterior . \$ D2396 Resin based composite—four or more surfaces, posterior . \$ D2397 Resin based composite—four or more surfaces, posterior . \$ D2398 Resin based composite—four or more surfaces, posterior . \$ D2510* Inlay—metallic, one surface . \$ D2520* Inlay—metallic, two surfaces . \$	45.00 60.00 75.00 95.00 90.00 70.00 110.00 130.00 345.00 355.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown—permanent tooth \$ D2929 Crown-prefabricated porcelain/ceramic crown—primary tooth \$ D2930 Prefabricated stainless steel crown—primary tooth. \$ D2931 Prefabricated stainless steel crown—	410.00 410.00 410.00 410.00 410.00 410.00 410.00 110.00 110.00
Resin restorative (inlays and onlays limited to one per tooth every five years)  D2330 Resin based composite—one surface, anterior . \$ D2331 Resin based composite—two surfaces, anterior . \$ D2332 Resin based composite—three surfaces, anterior . \$ D2335 Resin based composite—four or more surfaces (anterior) \$ D2390 Resin based composite—one surface, posterior . \$ D2391 Resin based composite—one surface, posterior . \$ D2392 Resin based composite—two surfaces, posterior \$ D2393 Resin based composite—two surfaces, posterior \$ D2394 Resin based composite—three surfaces, posterior \$ D2395 Resin based composite—three surfaces, posterior \$ D2396 Resin based composite—three surfaces, posterior \$ D2397 Resin based composite—three surfaces, posterior \$ D2398 Resin based composite—four or more surfaces, posterior \$ D23994 Resin based composite—four or more surfaces, posterior \$ D23995 Resin based composite—four or more surfaces, posterior \$	45.00 60.00 75.00 95.00 90.00 70.00 110.00 130.00 345.00 355.00	D2782* Crown—3/4 cast noble metal. \$ D2783* Crown—3/4 porcelain/ceramic \$ D2790* Crown—full cast high noble metal \$ D2791 Crown—full cast predominantly base metal \$ D2792* Crown—full cast noble metal \$ D2794* Crown—titanium and titanium alloy \$ D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression. no D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration \$ D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core no D2920 Re-cement or re-bond crown \$ D2928 Prefabricated porcelain/ceramic crown—permanent tooth \$ D2929 Crown-prefabricated porcelain/ceramic crown—primary tooth \$ D2930 Prefabricated stainless steel crown—primary tooth. \$	410.00 410.00 410.00 410.00 410.00 410.00 410.00 110.00 110.00

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## **TEXAS**

D2932 Prefabricated resin crown\$	110.00	D6930 Re-cement or re-bond fixed partial denture	45.00
D2933 Prefabricated stainless steel crown with resin	110.00	(per unit)\$	45.00
window\$ D2934 Prefabricated esthetic coated stainless steel		Prosthodontics (replacement limited to every five years)  Membe	er pays
crown—primary tooth\$	110.00	D5110* Complete denture—maxillary	
D2950 Core buildup, including any pins\$ D2951 Pin retention—per tooth, in addition to	80.00	D5120* Complete denture—mandibular\$	550.00
restoration\$	25.00	D5130* Immediate denture—maxillary\$	
D2952* Cast post and core in addition to crown\$		D5140* Immediate denture—mandibular \$	550.00
D2953* Each additional cast post—same tooth \$	140.00	D5211* Maxillary partial denture—resin base (including	
D2954 Prefabricated post and core in addition to	1.0.00	retentive/clasping materials, rests and teeth) \$	495.00
crown\$	120.00	D5212* Mandibular partial denture—resin base	
D2955 Post removal (not in conjunction with		(including retentive/clasping materials, rests	/ 05 00
endodontic therapy)\$	20.00	and teeth)\$ D5213* Maxillary partial denture—cast metal (including	495.00
D2957 Each additional prefabricated post—same	/ F 00	retentive/clasping materials, rests and teeth)\$	525.00
tooth, base metal post\$	45.00	D5214* Mandibular partial denture—cast metal	323.00
D2960 Labial Veneer (Resin Laminate) - direct\$ D2961*Labial Veneer (Resin Laminate) - indirect\$	290.00 425.00	(including retentive/clasping materials, rests	
D2962* Labial Veneer (kesin Laminate) - indirect \$	475.00	and teeth)\$	525.00
D2971 Additional procedures to customize a crown to	775.00	D5221 Immediate maxillary partial denture—resin	
fit under an existing partial denture framework .\$	70.00	base (including retentive/clasping materials,	
D2980 Crown repair, necessitated by restorative		rests and teeth)	385.00
material failure\$	25.00	D5222 Immediate mandibular partial denture—resin	
D2981 Inlay repair, necessitated by restorative		base (including retentive/clasping materials,	205.00
material failure\$	25.00	rests and teeth)\$	385.00
D2982 Onlay repair, necessitated by restorative	25.00	D5223 Immediate maxillary partial denture—cast metal framework with resin denture bases	
material failure\$	25.00	(including retentive/clasping materials, rests	
D2983 Veneer repair, necessitated by restorative material failure\$	25.00	and teeth)\$	605 00
		D5224 Immediate mandibular partial denture—cast	003.00
	1 //1////	DJZZ4 IIIIIIEGIGIE HIGHGIDGIGI DGI GGI GEHLGIE—CGSL	
D6940 Stress breaker\$  D6950 Precision attachment separate from prosthesis \$			
D6950 Precision attachment, separate from prosthesis.\$		metal framework with resin denture bases (including retentive/clasping materials, rests	
D6950 Precision attachment, separate from prosthesis.\$ <b>Prosthodontics (fixed)</b>		metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	605.00
D6950 Precision attachment, separate from prosthesis.\$ <b>Prosthodontics (fixed)</b> (replacement limited to every five	220.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)\$ D5225* Upper Partial Denture - Flexible (Including	
D6950 Precision attachment, separate from prosthesis. \$  Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  Member	220.00 er pays	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	
D6950 Precision attachment, separate from prosthesis. \$  Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal\$	220.00  er pays 410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00
D6950 Precision attachment, separate from prosthesis.\$  Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal\$ D6211 Pontic—cast predominantly base metal\$	220.00  er pays 410.00 410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00
D6950 Precision attachment, separate from prosthesis.\$  Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal\$ D6211 Pontic—cast predominantly base metal\$ D6212*Pontic—cast noble metal\$	220.00  er pays  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00
D6950 Precision attachment, separate from prosthesis.\$  Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal\$ D6211 Pontic—cast predominantly base metal\$ D6212*Pontic—cast noble metal\$ D6240*Pontic—porcelain fused to high noble metal\$	220.00  er pays  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal\$ D6211 Pontic—cast predominantly base metal\$ D6212*Pontic—cast noble metal\$ D6240*Pontic—cast noble metal\$ D6240*Pontic—porcelain fused to high noble metal\$ D6241 Pontic—porcelain fused to predominantly base	220.00  er pays  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210* Pontic—cast high noble metal\$ D6211 Pontic—cast predominantly base metal\$ D6212* Pontic—cast noble metal\$ D6240* Pontic—porcelain fused to high noble metal\$ D6241 Pontic—porcelain fused to predominantly base metal\$	220.00  er pays  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00 410.00 410.00 410.00 410.00 410.00 410.00 410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00 410.00 410.00 410.00 410.00 410.00 410.00 410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00 445.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  er pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00 445.00 445.00 25.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  Per pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00 445.00 445.00 25.00 25.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  Per pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00 445.00 445.00 25.00 25.00 25.00 25.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)  D6210*Pontic—cast high noble metal	220.00  Per pays  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00  410.00	metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	525.00 525.00 525.00 525.00 445.00 445.00 445.00 25.00 25.00

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## **TEXAS**

D5660* Add clasp to existing partial denture—per tooth	110.00		Gingival flap, including root planing—one to three teeth, per quadrant\$  Apically positioned flap\$	
Endodontics (each procedure limited to	D.	4249 4260	Clinical crown lengthening—hard tissue\$ Osseous surgery (including elevation of a full	220.00
once per tooth per life) Member			thickness flap and closure)—four or more	
D3110 Pulp cap—direct (excluding final restoration)\$	25.00		contiguous teeth or tooth bounded spaces per	/. 2 E . O O
D3120 Pulp cap—indirect (excluding final restoration)\$	20.00			425.00
D3220 Therapeutic pulpotomy (excluding final		4201	Osseous surgery (including elevation of a full thickness flap and closure)—one to three	
restoration)\$	65.00			
D3221 Pulpal debridement, primary and permanent			contiguous teeth or tooth bounded spaces	/ <sub>1</sub> 00 00
teeth (not to be used when root canal is done	125.00 D	1/1263	per quadrant\$ Bone replacement graft—retained natural	400.00
on the same day)	135.00	4203	tooth—first site in quadrant\$	290.00
D3230 Pulpal therapy (resorbable filling)—anterior,	6E 00 D	4264	Bone replacement graft—retained natural	230.00
primary tooth (excluding final restoration) \$	65.00		tooth—each additional site in quadrant\$	200.00
D3240 Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) \$	100 00 D		Biologic materials to aid in soft and osseous	200.00
D3310 Root canal therapy—anterior	100.00		tissue regeneration, per site\$	135.00
(excluding final restoration)\$	175.00 D		Guided tissue regeneration, natural teeth -	133.00
D3320 Endodontic therapy, premolar tooth	175.00	00	resorbable barrier, per site	360.00
(excluding final restorations)\$	270.00 D		Guided tissue regeneration, natural teeth -	
D3330 Endodontic therapy, molar tooth (excluding	270.00		nonresorbable barrier, per site \$	425.00
final restorations)\$	390.00 D	4270	Pedicle soft tissue graft procedure\$	335.00
D3331 Treatment of root canal obstruction—			Autogenous connective tissue graft procedure	
non-surgical access	110.00		(including donor and recipient surgical sites)	
D3332 Incomplete endodontic therapy—inoperable or			first tooth, implant, or edentulous tooth	
D3332 Incomplete endodontic therapy—inoperable or fractured tooth\$	110.00		position in graft\$	425.00
D3333 Internal root repair of perforation defects\$	120.00 D		Mesial/distal wedge procedure, single tooth	
D3351 Apexification/recalcification—initial visit (apical			(when not performed in conjunction with	
closure / calcific repair of perforations, root			surgical procedures in the same anatomical	
resorption, etc.)	140.00		area)\$	120.00
D3352 Apexification/recalcification—interim	D.		Non-autogenous connective tissue graft	
medication replacement (includes any			(including recipient site and donor material)	
necessary radiographs)\$	100.00		first tooth, implant, or edentulous tooth	/.60.00
D3353 Apexification/recalcification—final visit	D	1/1777	position in graft\$ Free soft tissue graft procedure (including	400.00
(includes any necessary radiographs)\$	110.00		recipient and donor surgical sites) first tooth,	
D3410 Apicoectomy—anterior\$	210.00		implant or edentulous tooth position in graft\$	340.00
D3421 Apicoectomy—premolar (first root)\$	220.00 D		Free soft tissue graft procedure (including	0.0100
D3425 Apicoectomy—molar (first root)\$	220.00		recipient and donor surgical sites) each	
D3426 Apicoectomy—(each additional root)\$ D3430 Retrograde filling—per root\$	90.00 FF 00		additional contiguous tooth, implant or	
D3450 Root amputation—per root (not covered in			edentulous tooth position in same graft site\$	170.00
conjunction with procedure D3920)\$	130.00 D		Autogenous connective tissue graft procedure	
D3910 Surgical procedure to isolate tooth with	150.00		(including donor and recipient surgical sites) –	
rubber dam\$	50.00		each additional contiguous tooth, implant or	255.00
D3920 Hemisection not included in root canal therapy .\$	120.00		edentulous tooth position in same graft site\$	255.00
D3950 Canal preparation and fitting of preformed	D		Non-autogenous connective tissue graft procedure (including recipient surgical site and	
dowel or post\$	25.00		donor material)—each additional contiquous	
·			tooth, implant or edentulous tooth position in	
Periodontics (gum treatment) Member	r pays		same graft site\$	276.00
D4210 Gingivectomy/gingivoplasty—four or more	D.	4322	Splint – intra-coronal; natural teeth or	270.00
contiguous teeth or tooth bounded spaces per	_		prosthetic crowns\$	135.00
quadrant\$	195.00 D	4323	Splint – extra-coronal; natural teeth or	
D4211 Gingivectomy/gingivoplasty—one to three			prosthetic crowns\$	115.00
contiguous teeth or tooth bounded spaces per	D		Periodontal scaling and root planing—four or	
quadrant\$	100.00		more teeth per quadrant (limited to a	
D4240 Gingival flap, including root planing—four or			maximum of four (4) quadrants will be paid in	
more teeth, per quadrant\$	220.00		any combination per 24 calendar months)\$	85.00
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#### **TEXAS**

three teeth per quiddrant (a maximum of four quadrants will be poid in any combinations, per 24 calendar months)	D4342	Periodontal scaling and root planing one to		D7321 Alveoloplasty not in conjunction with	
per 24 colendar months). \$70.00 P3496 Scaling in presence of generalized moderate or severe ginglyal inflammation—full mouth, after oral evolutation (this service will reduce the number of cleanings available under D1110 and/or D1120). \$80.00 P4355 Full mouth debridement to enable a comprehensive periodotral evaluation and diagnosis on a subsequent visit (ance per five years). \$80.00 P4381 Localized delivery of chemotherapeutic agents (per total) fillimited to once per tooth program of the too on expert coth program of the too on the per tooth program of the program of		three teeth per quadrant (a maximum of four		extractions—one to three teeth or tooth	65.00
severe gingsia inflammation—full moth, after oral evaluation (this service will reduce the number of cleanings ownible) under 1911 and/or 01120).  2435 Full mount debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per quadrant, and performed no less than though the production of time to the tools here another of cleanings ownibable will be provided to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than though of the production of the periodontal threapy).  25 Septimization of the periodontal fleeping of the production of the periodontal fleeping of the periodontal		quadrants will be paid in any combinations, ner 24 calendar months)	70.00	spaces, per quadrant	65.00
severe gingloal inflammation—full mouth, offer or or levoluction (this service will reduce the number of cleanings available under D1110 and/or D1120). S 80.00  14355 Full mouth debridement to enable a competensive periodorated evaluation and diagnosis on a subsequent visit (once per five years). S 80.00  15435 Full mouth debridement to enable a competensive periodorated evaluation and diagnosis on a subsequent visit (once per five years). S 80.00  15431 Localized delivery of chemotherapeutic agents (per tooth) (intimed to once per tooth per 12 months to a maximum of three tooth istesper quadrant, and performed no less than three months following active periodontal therapy). S 70.00  15491 Periodontal maintenance (covered only after active periodontal therapy). S 70.00  15491 Extraction, coronal remnants—primary tooth no charge elevation of mucoperioseted flap if indicated. S 60.00  15491 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperioseted flap if indicated. S 60.00  15491 Extraction, erupted tooth—spiritally bry. S 95.00  15492 Removal of impacted tooth—completely bony. S 95.00  15493 Removal of impacted tooth—completely bony. S 95.00  15493 Removal of impacted tooth—completely bony. S 95.00  15494 Removal of impacted tooth—completely bony. S 95.00  15495 Removal of impacted tooth—completely bony. S 95.00  15496 Extraction, erupted tooth—sompletely bony. S 95.00  15496 Extraction of mucoperiosed floor if indicated. S 60.00  15496 Removal of impacted tooth—completely bony. S 95.00  15497 Removal of impacted tooth—completely bony. S 95.00  15	D4346	Scaling in presence of generalized moderate or	70.00	up to 1.25 cm	210.00
the number of cleanings available under D1110 and/or D11120   S   80.00  D4355 Full mouth debridement to enable a comprehensive periodothal devolution and diagnosis on a subsequent visit (once per five years)				D7451 Removal of benign odontogenic cyst or tumor—	
D1110 and/or D1120).  S 80.00  Comprehensive periodontal evaluation and diagnosis on a subsequent visit (note per five years).  S 80.00  Five years).  S 80.00  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).  D4910 Periodontal markinenance (covered only offer active periodontal therapy).  D4910 Periodontal therapy).  D4910 Periodontal markinenance (covered only offer active periodontal therapy).  D5910 Periodontal markinenance (covered only offer active periodontal therapy).  D5911 Extraction, cornolal remants—primary tooth no charge elevation of mucopeniosted flap if indicated.  D5911 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucopeniosted flap if indicated.  D5912 Extraction, erupted tooth experity of tooth and including elevation of mucopeniosted flap if indicated.  D79120 Removal of impacted tooth—portially bony.  Unusual complications by report.  D79121 Extraction, erupted tooth fextual tooth roots.  D7922 Removal of impacted tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted tooth—sold the sold tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted or maley and the sold tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted or maley and the sold tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacted or maley and the sold tooth—completely bony.  Unusual complications by report.  D79240 Removal of impacte		the number of cleanings available under			285.00
comprehensive periodontal evaluation and diagnosis on a subsequent visit (one per five years).  P4381 Localized delivery of chemotherapeutic agents (per toath) (limited to once per toath per 12 months following active periodontal therapy). \$ 70.00 months to a maximum of three toath sites per quadrant, and performed no less than three months following active periodontal therapy). \$ 70.00 months following active periodontal		D1110 and/or D1120)	80.00	(maxilla or mandible)	
diagnosis on a subsequent visit (once per five years). \$ 8.000  D4381 Localized delivery of chemotheropeutic 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). \$ 70.00  D4910 Periodontal maintenance (covered only after active periodontal therapy). \$ 70.00  Extractions/oral and maxillofacial surgery Member pays  D7111 Extraction, coronal remnants—primary tooth. no charge clevation of mucoperiosteal flap if indicated. \$ 50.00  D7112 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 50.00  D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 50.00  D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 50.00  D7210 Extraction, erupted tooth—completely bony, unusual complications by report. \$ 175.00  D7220 Removal of impacted tooth—completely bony, unusual complications by report. \$ 175.00  D7230 Removal of impacted tooth—completely bony, unusual complications by report. \$ 175.00  D7260 Dracentral fistula closure. \$ 450.00  D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth. \$ 50.00  D7280 Exposure of a sinus perforation. \$ 275.00  D7280 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 100.00  D7280 Exposure of a sinus perforation. \$ 275.00  D7280 Exposure of a local content (benetic). \$ 100.00  D7280 Incisional biopsy of oral tissue-hard (bone, collection. \$ 70.00  D7281 Robilization of exposure of a sinus perforation. \$ 250.00  D7282 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 100.00  D7283 Robilization of exposure of a sinus perforation. \$ 250.00  D7286 Exposure of an unerupted or malposed tooth to provide the provided to the provided t	D4355			D7472 Removal of torus palatinus\$	
Five years					
fight 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). \$ 70.00		five years)\$	80.00	D7510 Incision and drainage of abscess—intraoral soft	
months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy). \$ 70.00  Periodontal maintenance (covered only after active periodontal therapy). \$ 70.00  Extractions/oral and maxillofacial surgery Member pays  D7111 Extraction, coronal remnants—primary tooth. no charge D7140 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 5.00  D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 5.00  D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. \$ 5.00  D7220 Removal of impacted tooth—completely bony, unusual complications by report. \$ 150.00  D7240 Removal of impacted tooth—completely bony, unusual complications by report. \$ 150.00  D7240 Surgical removal of residual tooth roots. \$ 5.00  D7250 Surgical removal of residual tooth roots. \$ 5.000  D7260 P7260 Propleted tooth—completely bony, unusual complications by report. \$ 175.00  D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth. \$ 95.00  D7280 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 160.00  D7281 Mobilization of erupted or malposed tooth tooth octated by evulsed or displaced tooth. \$ 95.00  D7282 Karoliative cytological sample collection. \$ 75.00  D7283 Reinic and acrylic on cast metal framework mandibular denture. \$ 230.00  D7286 Incisional biopsy of oral tissue-bard (bone, extractions—per quadrant. \$ 5.000  D7280 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. \$ 25.00  D7311 Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. \$ 9.000  D7320 Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. \$ 9.000	D4381				
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Description   Periodontal maintenance (covered only after active periodontal therapy)   70.00   70.0		quadrant, and performed no less than three	70.00	, , , , , ,	or nave
Extractions/oral and maxillofacial surgery Member pays	D4910		70.00		i puys
Extractions/oral and maxillofacial surgery Member pays  D7111 Extraction, coronal remnants—primary toothno charge D7140 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 55.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 55.00 D7220 Removal of impacted tooth—completely bony, unusual complications by report\$ 175.00 D7240 Removal of impacted tooth—completely bony, unusual complications by report\$ 175.00 D7250 Surgical removal of residual tooth roots\$ 5 50.00 D7260 Oroantral fistula closure\$ 450.00 D7276 Toront re-implantation and/or stabilization of accidentally evulsed or displaced tooth\$ 95.00 D7280 Exposure of an unerupted tooth (sculuding wisdom teeth)\$ 160.00 D7281 Incisional biopsy of oral tissue-hard (bone, activity of the properties of the pays the post of collection\$ 75.00 D7288 Incisional biopsy of oral tissue-soft (all others)\$ 155.00 D7288 Incisional biopsy of oral tissue-soft (all others)\$ 155.00 D7288 Incisional biopsy of practical sample collection\$ 75.00 D7311 Alveoloplasty in conjunction with extractions—per quadrant\$ 50.00 D7312 Alveoloplasty in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7331 Alveoloplasty not in conjunction with extract	2 .010		70.00	mandibular\$	65.00
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bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 55.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 65.00 D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 60.00 D7220 Removal of impacted tooth—soft tissue\$ 75.00 D7230 Removal of impacted tooth—partially bony\$ 95.00 D7240 Removal of impacted tooth—completely bony. unusual complications by report\$ 175.00 D7250 Surgical removal of residual tooth roots\$ 50.00 D7260 Oroantral fistula closure\$ 450.00 D7260 Oroantral fistula closure\$ 450.00 D7261 Primary closure of a sinus perforation\$ 275.00 D7272 Tooth re-implantation and/or stabilization of accidentally evalsed or displaced tooth\$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth)\$ 160.00 D7281 Exposure of an unerupted tooth (excluding wisdom teeth)\$ 160.00 D7282 Mobilization of erupted or malposed tooth adderuption\$ 150.00 D7283 Incisional biopsy of oral tissue-soft (all others)\$ 150.00 D7286 Incisional biopsy of oral tissue-soft (all others)\$ 150.00 D7287 Exfoliative cytological sample collection\$ 75.00 D7310 Alveoloplasty in conjunction with extractions—per quadrant\$ 50.00 D7320 Alveoloplasty in conjunction with extractions—per quadrant\$ 50.00 D7330 Alveoloplasty in conjunction with extractions—per quadrant\$ 50.00 D7330 Alveoloplasty in conjunction with extractions—per quadrant\$ 50.00 D7340 Alveoloplasty in conjunction with e					65.00
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D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated\$ 60.00			FF 00		
bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated selevation of mucoperiosteal flap if indicated selevations. Selevation of mucoperiosteal flap if indicated selevations. Selevation of mucoperiosteal flap if indicated selevations. Selevations from the most of the selevation of mucoperiosteal flap if indicated selevations. Selevation	D7210		55.00		
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D7240 Removal of impacted tooth—completely bony. \$ 135.00 D7241 Removal of impacted tooth—completely bony. \$ 135.00 D7242 Removal of impacted tooth—completely bony. \$ 135.00 D7243 Removal of impacted tooth—completely bony. \$ 135.00 D7244 Removal of impacted tooth—completely bony. \$ 175.00 D7250 Surgical removal of residual tooth roots. \$ 50.00 D7250 Oroantral fistula closure. \$ 450.00 D7261 Primary closure of a sinus perforation. \$ 275.00 D7262 D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth. \$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 160.00 D7281 Mobilization of erupted or malposed tooth to aid eruption. \$ 120.00 D7282 Mobilization of oral tissue-hard (bone, tooth). \$ 450.00 D7285 Incisional biopsy of oral tissue-soft (all others). \$ 155.00 D7286 Incisional biopsy of oral tissue-soft (all others). \$ 155.00 D7287 Exfolicative cytological sample collection. \$ 70.00 D7288 Brush biopsy—transepithelial sample collection. \$ 75.00 D7310 Alveoloplasty in conjunction with extractions—per quadrant. \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Removal of impacted tooth—completely bony. \$ 135.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7321 Removal of impacted tooth cost place in the table of the extractions of multiple in the per tooth to exitating partial denture - per tooth. \$ 60.00 D7320 Alveoloplasty not in completely bony. \$ 175.00 D7321 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7322 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7323 Alveoloplasty not in conjunction with extractions—per quadrant.	חללכת			D5630* Repair or replace broken retentive clasping	65.00
D7240 Removal of impacted tooth—completely bony, unusual complications by report				D5640* Replace missing or broken teeth - partial	03.00
unusual complications by report. \$ 175.00 D7250 Surgical removal of residual tooth roots \$ 50.00 D7261 Oroantral fistula closure \$ 450.00 D7262 Primary closure of a sinus perforation \$ 275.00 D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth \$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth) \$ 160.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth) \$ 160.00 D7281 Incisional biopsy of oral tissue-hard (bone, tooth) \$ 450.00 D7282 Incisional biopsy of oral tissue-soft (all others) \$ 150.00 D7283 Exfoliative cytological sample collection \$ 70.00 D7284 Brush biopsy—transepithelial sample collection \$ 75.00 D7285 Incisions—per quadrant \$ 50.00 D7311 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 250.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7321 Extractions—per quadrant \$ 90.00 D7322 Extractions—per quadrant \$ 90.00 D7323 Extractions—per quadrant \$ 90.00 D7324 Extractions—per quadrant \$ 90.00 D7325 Extractions—per quadrant \$ 90.00 D7326 Extractions—per quadrant \$ 90.00 D7327 Extractions—per quadrant \$ 90.00 D7328 Extractions—per quadrant \$ 90.00 D7329 Extractions—per quadrant \$ 90.00 D7320 Extractions—per quadrant \$ 90.00 D7321 Extractions—per quadrant \$ 90.00 D7322 Extractions—per quadrant \$ 90.00 D7323 Extractions—per quadrant \$ 90.00 D7324 Extractions—per quadrant \$ 90.00 D7325 Extractions—per quadrant \$ 90.00 D7326 Extractions—per quadrant \$ 90.00 D7327 Extractions—per quadrant \$ 90.00 D7328 Extractions—per quadrant \$ 90.00 D7329 Extractions—per quadrant \$ 90.00 D7329 Extractions—per quadrant \$ 90.00 Extractions—per quadrant \$ 9	D7240	Removal of impacted tooth—completely bony \$		denture - per tooth\$	65.00
D7250 Surgical removal of residual tooth roots. \$ 50.00 D7261 Primary closure of a sinus perforation. \$ 275.00 D7262 Primary closure of a sinus perforation. \$ 275.00 D7263 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 160.00 D7280 Exposure of an unerupted or malposed tooth to aid eruption. \$ 120.00 D7281 Incisional biopsy of oral tissue-hard (bone, tooth). \$ 450.00 D7286 Incisional biopsy of oral tissue-soft (all others). \$ 155.00 D7287 Exfoliative cytological sample collection. \$ 75.00 D7288 Brush biopsy—transepithelial sample collection. \$ 75.00 D7311 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. \$ 25.00 D7320 Surgical removal of residual tooth roots. \$ 50.00 D7287 Exfoliative cytological sample collection. \$ 75.00 D7310 Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant. \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant. \$ 90.00 D7320 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 50.00 D7320 Exposure of an unerupted tooth (excluding wisdom teeth). \$ 95.00 D7321 Rebase complete maxillary partial denture. \$ 230.00 D7322* Rebase maxillary partial denture. \$ 230.00 D7325* Rebase hybrid prosthesis. \$ 230.00 D5731 Reline complete maxillary denture (direct). \$ 110.00 D5731 Reline complete maxillary Partial Denture (direct). \$ 110.00 D5741 Reline Maxillary Partial Denture (indirect). \$ 180.00 D5750* Reline Maxillary Partial Denture (indirect). \$ 180.00 D5761* Reline Maxillary Partial Dentu	D/241		175.00	D5650* Add tooth to existing partial denture - per	60.00
D7260 Oroantral fistula closure \$ 450.00 D7261 Primary closure of a sinus perforation \$ 275.00 D7262 Primary closure of a sinus perforation \$ 275.00 D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth \$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth) \$ 160.00 D7280 Mobilization of erupted or malposed tooth to aid eruption \$ 120.00 D7281 Incisional biopsy of oral tissue-hard (bone, tooth) \$ 450.00 D7282 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7283 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7284 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7285 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7286 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7287 Exfoliative cytological sample collection \$ 70.00 D7288 Brush biopsy—transepithelial sample collection \$ 75.00 D7310 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 50.00 D7311 Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7321 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7322 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7323 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7324 Exposure of an unerupted tooth (excluding framework—mandibular Partial Denture (indirect) \$ 180.00 D7326 Rebase complete mandibular Partial Denture (indirect) \$ 180.00 D7327 Rebase mandibular partial Denture (indirect) \$ 180.00 D7328 Exposure mandibular Partial Denture (indirect) \$ 180.00 D7329 Exposure mandibular Partial Denture (indirect) \$ 180.00 D7320 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadr	D7250			D5670* Replace all teeth and acrylic on cast metal	
D7270 Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth\$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth)\$ 160.00 D7281 Mobilization of erupted or malposed tooth to aid eruption\$ 120.00 D7285 Incisional biopsy of oral tissue-hard (bone, tooth)\$ 450.00 D7286 Incisional biopsy of oral tissue-soft (all others).\$ 155.00 D7287 Exfoliative cytological sample collection\$ 70.00 D7288 Brush biopsy—transepithelial sample collection\$ 75.00 D7310 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant\$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant\$ 90.00 D7320	D7260	Oroantral fistula closure\$		framework—maxillary\$	255.00
accidentally evulsed or displaced tooth. \$ 95.00 D7280 Exposure of an unerupted tooth (excluding wisdom teeth) \$ 160.00 D7281 Mobilization of erupted or malposed tooth to aid eruption \$ 120.00 D7282 Incisional biopsy of oral tissue-hard (bone, tooth) \$ 450.00 D7283 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7284 Exfoliative cytological sample collection \$ 70.00 D7288 Brush biopsy—transepithelial sample collection \$ 75.00 D7310 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty in in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveolo			275.00	framework—mandibular	350.00
wisdom teeth) \$ 160.00 D7282 Mobilization of erupted or malposed tooth to aid eruption \$ 120.00 D7285 Incisional biopsy of oral tissue-hard (bone, tooth) \$ 450.00 D7286 Incisional biopsy of oral tissue-soft (all others) \$ 155.00 D7287 Exfoliative cytological sample collection \$ 70.00 D7288 Brush biopsy—transepithelial sample collection \$ 75.00 D7310 Alveoloplasty in conjunction with extractions—per quadrant \$ 50.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alve		accidentally evulsed or displaced tooth\$	95.00	D5710* Rebase complete maxillary denture\$	230.00
D7282 Mobilization of erupted or malposed tooth to aid eruption \$ 120.00 D7285 Incisional biopsy of oral tissue-hard (bone, tooth) \$ 450.00 D7286 Incisional biopsy of oral tissue-soft (all others) .\$ 155.00 D7287 Exfoliative cytological sample collection \$ 70.00 D7288 Brush biopsy—transepithelial sample collection \$ 75.00 D7310 Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant \$ 25.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extractions—per quadrant \$ 90.00 D7320 Alveoloplasty not in conjunction with extraction	D7280		160.00		
aid eruption	D7282		160.00	D5720* Rebase maxillary partial denture\$ D5721* Rebase mandibular partial denture\$	230.00
tooth)		aid eruption\$	120.00	D5725* Rebase hybrid prosthesis\$	230.00
D7287 Exfoliative cytological sample collection	D7285	Incisional biopsy of oral tissue-hard (bone,	450.00	D5730 Reline complete maxillary denture (direct) \$	110.00
D7287 Exfoliative cytological sample collection	D7286	Incisional biopsy of oral tissue-soft (all others) \$	155.00		
collection	D7287	Exfoliative cytological sample collection \$	70.00	D5741 Reline Mandibular Partial Denture (direct) \$	
D7310 Alveoloplasty in conjunction with extractions—per quadrant	D/288		75.00		
extractions—per quadrant	D7310	Alveoloplasty in conjunction with	73.00		
one to three teeth or tooth spaces, per quadrant		extractions—per quadrant \$	50.00		180.00
quadrant	ע/311				180 00
extractions—per quadrant\$ 90.00 D5820* Interim Partial Denture (including retentive/		quadrant\$	25.00	D5810* Interim complete denture (maxillary)\$	300.00
clasping materials, rests, and teeth) - maxillary .\$ 210.00 clasping materials classing materials are the control of the contr	D7320		00.00	D5811* Interim complete denture (mandibular) \$	300.00
		extractions—per quadrant\$	90.00	clasping materials, rests, and teeth) - maxillary .\$	210.00

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#### **TEXAS**

D5821* Interim Partial Denture (including retentive/	
clasping materials, rests, and teeth) -	
mandibular\$	210.00
D5850 Tissue conditioning, maxillary\$	45.00
D5851 Tissue conditioning, mandibular\$	45.00
D6214* Pontic—titanium and titanium alloy \$ D6245* Pontic—porcelain/ceramic \$	410.00
D6245* Pontic—porcelain/ceramic	410.00
D6250* Pontic—resin with high noble metal\$	410.00
D6251 Pontic—resin with predominantly base metal\$	410.00
D6252* Pontic—resin with noble metal\$ D6253* Interim pontic - further treatment or	410.00
completion of diagnosis pocessary prior to final	
completion of diagnosis necessary prior to final impression	charae
D6545* Retainer—cast metal resin bonded	renarge
fixed prosthesis	300.00
fixed prosthesis	
fixed prosthesis	300.00
D6549 Resin retainer—for resin bonded fixed	
prosthesis\$	300.00
D6600* Retainer inlay—porcelain/ceramic, two	
surfaces	410.00
D6601* Retainer inlay—porcelain/ceramic, three or	
more surfaces\$	410.00
D6602* Retainer inlay—cast high noble metal, two	
surfaces\$ D6603* Retainer inlay—cast high noble metal, three or	410.00
D6603* Retainer inlay—cast high noble metal, three or	
more surfaces\$ D6604 Retainer inlay—cast predominantly base metal,	410.00
D6604 Retainer inlay—cast predominantly base metal,	
two surfaces	410.00
D6605 Retainer inlay—cast predominantly base metal,	
three or more surfaces\$	410.00
D6606* Retainer inlay—cast noble metal, two surfaces .\$	410.00
D6607* Retainer inlay—cast noble metal, three or more	
surfaces\$	410.00
D6608* Retainer onlay—porcelain/ceramic, two	/ 4 0 0 0
surfaces\$ D6609* Retainer onlay—porcelain/ceramic, three or	410.00
D6609* Retainer onlay—porcelain/ceramic, three or	/10.00
more surfaces\$	410.00
D6610* Retainer onlay—cast high noble metal, two	/10.00
surfaces\$ D6611* Retainer onlay—cast high noble metal, three or	410.00
more surfaces	/.10.00
more surfaces\$ D6612 Retainer onlay—cast predominantly base	410.00
metal, two surfaces\$	/.10.00
D6613 Retainer onlay—cast predominantly base	410.00
metal, three or more surfaces\$	410.00
D6614* Retainer onlay—cast noble metal, two surfaces.\$	410.00
D6615* Retainer onlay—cast noble metal, three or	410.00
more surfaces\$	410.00
D6624* Retainer inlay titanium	410.00
D6634* Retainer onlay titanium\$	410.00
D6710* Retainer crown—indirect resin based	110.00
composition	410.00
composition\$ D6720* Retainer crown—resin with high noble metal\$	410.00
D6721 Retainer crown—resin with predominantly	
base metal\$	410.00
D6722* Retainer crown—resin with noble metal\$	
D6740* Retainer crown—porcelain/ceramic\$	410.00
D6780* Retainer crown—3/4 cast high noble metal \$	410.00
<b>3</b>	

D6781 Retainer crown—	-3/4 cast predominantly t		/10.00	
D6782* Retainer crown— D6783* Retainer crown—	-3/4 cast noble metal	\$	410.00	
denture		\$	410.00	
D6784 Retainer crown—alloys		\$	410.00	
Adjunctive general se	ervice	Membe	er pays	
D9110 Palliative treatme	ent of dental pain - per vis	sit \$	20.00	
D9215 Local anesthesia D9222 Deep sedation/ge		nc	charge	
minutes		\$	102.00	
D9223 Deep sedation/ge	eneral anesthesia—each			
subsequent 15 m	ninute increment	\$	87.00	
D9230 Analgesia (nitrou	s oxide), per 15 minutes.	\$	45.00	
D9239 Inhalation of nitr	ous oxide/analgesia,	_		
anxiolysis —first	15 minutes	,\$	102.00	
D9243 Intravenous mod		on/		
anaigesia—eacn	subsequent 15 minute	Ċ	07.00	
D9450 Case presentation	n subsequent detailed ar	)	87.00	
	ent planning		charao	
D9951 Occlusal adjustm	ent pluming	اال خ	45 00	
D9952 Occlusal adjustm	ient—complete	ς ,	205.00	
_	iene complete		203.00	
Bleaching		Membe	er pays	
D9972 External bleachin	ng in office—per arch	\$	210.00	
D9975 External bleachin	$_{ m ig}$ in home—per arch $\dots$	\$	210.00	
Orthodontics		Membe	er pays	
NOTE: You may receive up to a 25 percent discount by visiting				

NOTE: You may receive up to a 25 percent discount by visiting certain in-network orthodontists. Visit **Humana.com** to find a participating orthodontist.

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#### NOTE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**իայերեն (Armenian)։** Չանգահարեբ վերը նշված հեռախոսահամարով` անվճար լեզվական օգնության ծառայություններ ստանալու համար։

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

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