

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](https://www.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](https://www.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](https://www.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](https://www.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](https://www.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](https://www.Disclosure.Humana.com).

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, not to exceed \$200. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.

Appointments Member pays

| | | |
|-------|---|-----------|
| D9310 | Consultation (diagnostic service provided by dentist other than practitioner providing treatment) | \$ 5.00 |
| D9430 | Office visit (normal hours) | no charge |
| D9440 | Office visit (after regularly scheduled hours) | \$ 35.00 |
| D9986 | Missed appointment | \$ 10.00 |
| D9987 | Cancelled appointment | \$ 10.00 |
| D9999 | Emergency visit during regularly scheduled hours, by report | \$ 20.00 |

Diagnostic Member pays

| | | |
|-------|--|-----------|
| D0120 | Periodic oral examination (limited to twice in any 12 calendar months).... | no charge |
| D0140 | Limited oral evaluation—problem focused | no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver.... | no charge |
| D0150 | Comprehensive oral evaluation—new or established patient (limited to twice in any 12 calendar months)..... | no charge |
| D0160 | Detailed and extensive oral evaluation—problem focused, by report..... | no charge |
| D0170 | Re-evaluation—problem focused (not post-operative visit)..... | no charge |
| D0180 | Comprehensive periodontal evaluation (limited to twice in any 12 calendar months).... | \$ 15.00 |
| D0210 | X-ray intraoral—complete series including bitewings (once per three calendar years) | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image | no charge |
| D0240 | X-rays intraoral—occlusal radiographic image .. | 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 |

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| 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 |

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| D1330 Oral hygiene instruction | no charge |
| D1351 Sealant—per tooth (permanent teeth only to age 16) | \$ 10.00 |
| D1510* Space maintainer—fixed, unilateral—per quadrant (through age 14) | \$ 50.00 |
| D1516* Space maintainer—fixed—bilateral, maxillary (through age 14) | \$ 70.00 |
| D1517* Space maintainer—fixed—bilateral, mandibular (through age 14) | \$ 70.00 |
| D1520* Space maintainer—removable, unilateral—per quadrant (through age 14) | \$ 85.00 |
| D1526* Space maintainer—removable—bilateral, maxillary (through age 14) | \$ 90.00 |
| D1527* Space maintainer—removable—bilateral, mandibular (through age 14) | \$ 90.00 |
| D1551 Re-cement or re-bond bilateral space maintainer—maxillary | \$ 10.00 |
| D1552 Re-cement or re-bond bilateral space maintainer—mandibular | \$ 10.00 |
| D1553 Re-cement or re-bond unilateral space maintainer—per quadrant | \$ 10.00 |
| D1575 Distal shoe space maintainer—fixed, unilateral —per quadrant (through age 14; primary teeth only) | \$130.00 |

Restorative **Member pays**

| | |
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| 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 |

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 or involving incisal angle (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 |

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

Crown and bridge
(limited to one per tooth every five years) **Member pays**

| | |
|--|-----------|
| D2710* Crown—resin based composite, indirect | \$270.00 |
| D2712* Crown—3/4 resin based composite, indirect | \$270.00 |
| D2720* Crown—resin with high noble metal | \$270.00 |
| D2721 Crown—resin with predominantly base metal .. | \$270.00 |
| D2722* Crown—resin with noble metal | \$270.00 |
| D2740* Crown—porcelain/ceramic | \$270.00 |
| D2750* Crown—porcelain fused to high noble metal | \$270.00 |
| D2751 Crown—porcelain fused to predominantly base metal | \$270.00 |
| D2752* Crown—porcelain fused to noble metal | \$270.00 |
| D2753* Crown—porcelain fused to titanium and titanium alloys | \$270.00 |
| D2780* Crown—3/4 cast high noble metal | \$270.00 |
| D2781 Crown—3/4 cast predominantly base metal | \$270.00 |
| D2782* Crown—3/4 cast noble metal | \$270.00 |
| D2783* Crown—3/4 porcelain/ceramic | \$270.00 |
| D2790* Crown—full cast high noble metal | \$270.00 |
| D2791 Crown—full cast predominantly base metal | \$270.00 |
| D2792* Crown—full cast noble metal | \$270.00 |
| D2794* Crown—titanium and titanium alloy | \$270.00 |
| D2799 Provisional crown | 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 |

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| 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 procedure—new crown existing partial denture | \$ 50.00 |
| D2980 | Crown repair, necessitated by restorative material failure | no charge |
| D2981 | Inlay repair, necessitated by restorative material failure | no charge |
| D2982 | Onlay repair, necessitated by restorative material failure | no charge |
| D2983 | Veneer repair, necessitated by restorative material failure | no charge |
| D6940 | Stress breaker | \$150.00 |
| D6950 | Precision attachment, separate from prosthesis | \$195.00 |

Prosthodontics (fixed)

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

Member pays

| | | |
|--------|--|----------|
| D6210* | Pontic—cast high noble metal | \$270.00 |
| D6211 | Pontic—cast predominantly base metal | \$270.00 |
| D6212* | Pontic—cast noble metal | \$270.00 |
| D6240* | Pontic—porcelain fused to high noble metal | \$270.00 |
| D6241 | Pontic—porcelain fused to predominantly base metal | \$270.00 |
| D6242* | Pontic—porcelain fused to noble metal | \$270.00 |
| D6243* | Pontic—porcelain fused to titanium and titanium alloys | \$270.00 |
| D6750* | Crown—porcelain fused to high noble metal | \$270.00 |
| D6751 | Crown—porcelain fused to predominantly base metal | \$270.00 |
| D6752* | Crown—porcelain fused to noble metal | \$270.00 |
| D6753* | Crown—porcelain fused to titanium and titanium alloys | \$270.00 |
| D6790* | Retainer crown—full cast high noble metal | \$270.00 |
| D6791 | Retainer crown—full cast predominantly base metal | \$270.00 |
| D6792* | Retainer crown—full cast noble metal | \$270.00 |
| D6794* | Retainer crown—titanium and titanium alloy | \$270.00 |
| D6930 | Re-cement or re-bond fixed partial denture (per unit) | \$ 15.00 |

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 |

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| 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 |
| 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 clasps 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 |
| 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 |

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|-------------------------------------|---|----------|--------------------|--|----------|
| D3310 | Root canal therapy—anterior tooth (excluding final restoration) | \$110.00 | D4265 | Biological materials which can aid soft and osseous tissue regeneration | \$ 95.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) | \$195.00 | D4266 | Guided tissue regeneration—resorbable barrier, per site | \$230.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) | \$250.00 | D4267 | Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal) .. | \$275.00 |
| D3331 | Treatment of root canal obstruction—non-surgical access | \$ 80.00 | D4270 | Pedicle soft tissue graft procedure | \$260.00 |
| D3332 | Incomplete endodontic therapy—inoperable or fractured tooth | \$ 80.00 | D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | \$350.00 |
| D3333 | Internal root repair of perforation defects | \$ 90.00 | D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) | \$ 90.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.) | \$ 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 |
| D3352 | Apexification/recalcification—interim medication replacement (includes any necessary radiographs) | \$ 80.00 | D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft | \$265.00 |
| D3353 | Apexification/recalcification—final visit (includes any necessary radiographs) | \$ 90.00 | 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 |
| D3410 | Apicoectomy—anterior | \$135.00 | 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 |
| D3421 | Apicoectomy—premolar (first root) | \$120.00 | 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 |
| D3425 | Apicoectomy—molar (first root) | \$120.00 | D4320 | Provisional splinting—intracoronal | \$ 95.00 |
| D3426 | Apicoectomy—(each additional root) | \$ 60.00 | D4321 | Provisional splinting—extracoronal | \$ 85.00 |
| D3430 | Retrograde filling—per root | \$ 40.00 | 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 |
| D3450 | Root amputation—per root (not covered in conjunction with procedure D3920) | \$ 95.00 | 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 |
| D3910 | Surgical procedure to isolate tooth with rubber dam | \$ 20.00 | 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 |
| D3920 | Hemisection not included in root canal therapy | \$ 90.00 | D4355 | Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years) | \$ 50.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post | \$ 15.00 | 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 |
| Periodontics (gum treatment) | | | Member pays | | |
| D4210 | Gingivectomy/gingivoplasty—our 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 | | | |

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
 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
 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
 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* Provisional pontic 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

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| 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 |

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| D6784 | Retainer crown—3/4 titanium and titanium alloys | \$270.00 |
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| Adjunctive general service | Member pays |
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| D9110 | Palliative (emergency) treatment of dental pain—minor procedure | \$ 20.00 |
| 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, detailed and extensive treatment planning | no charge |
| D9951 | Occlusal adjustment—limited | \$ 35.00 |
| D9952 | Occlusal adjustment—complete | \$165.00 |

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| Bleaching | Member pays |
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| D9972 | External bleaching in office—per arch | \$175.00 |
| D9975 | External bleaching in home—per arch | \$175.00 |

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

Monthly rates* (12 deductions per year)

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| Employee | \$24.30 |
| Employee +1: | \$39.28 |
| Family: | \$50.50 |

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 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 available at **Disclosure.Humana.com**.

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