

Feel good about choosing a HumanaDental plan

The HumanaDental HS 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 Prepaid 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.

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 Prepaid 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](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.humana.com).

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

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (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. 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) | no charge |
| D9430 | Office visit (normal hours) | no charge |
| D9440 | Office visit (after regularly scheduled hours) | \$ 30.00 |
| D9986 | Missed appointment | \$ 10.00 |
| D9987 | Cancelled appointment | \$ 10.00 |
| D9999 | Emergency visit during regular 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/comprehensive/detailed and extensive oral eval | no charge |
| D0145 | Oral evaluation for a patient under three years of age and counseling with primary caregiver | no charge |
| D0150 | Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months) | no charge |
| D0160 | Limited/comprehensive/detailed and extensive oral eval | no charge |
| D0170 | Re-evaluation—problem focused (not post-operative visit) | no charge |
| D0180 | Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months) | no charge |
| D0210 | X-ray intraoral - comprehensive series of radiographic images (once per three calendar years) | no charge |
| D0220 | X-ray intraoral—periapical, first radiographic image | no charge |
| D0230 | X-ray intraoral—periapical, each additional radiographic image | no charge |
| D0240 | X-rays intraoral—occlusal radiographic image | no charge |
| D0250 | Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector. | no charge |

| | | |
|-------|---|-----------|
| D0270 | X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months) | no charge |
| D0272 | X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months) | no charge |
| 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 |
| | Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year) | \$ 35.00 |
| D1120 | Prophylaxis—child (limited to twice in any 12 calendar months) | no charge |
| | Additional—child prophylaxis, with or without fluoride (maximum of two additional per year) | \$ 25.00 |
| D1206 | Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months) | no charge |

| | | |
|--------|---|-----------|
| D1208 | Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months) | no charge |
| D1310 | Nutrition counseling for the control of dental disease | no charge |
| D1320 | Tobacco counseling services for the control or prevention of oral disease | no charge |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use. | no charge |
| D1330 | Oral hygiene instruction | no charge |
| D1351 | Sealant—per tooth (permanent teeth only to age 16) | no charge |
| D1510* | Space maintainer—fixed, unilateral—per quadrant (through age 14) | \$ 25.00 |
| D1516* | Space maintainer—fixed—bilateral, maxillary (through age 14) | \$ 25.00 |
| D1517* | Space maintainer—fixed—bilateral, mandibular (through age 14) | \$ 25.00 |
| D1520* | Space maintainer—removable, unilateral—per quadrant (through age 14) | \$ 35.00 |
| D1526* | Space maintainer—removable—bilateral, maxillary (through age 14) | \$ 35.00 |
| D1527* | Space maintainer—removable—bilateral, mandibular (through age 14) | \$ 35.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer—maxillary | \$ 15.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer—mandibular | \$ 15.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer—per quadrant | \$ 15.00 |
| D1556 | Removal of fixed, unilateral space maintainer—per quadrant | \$ 15.00 |
| D1557 | Removal of fixed bilateral space maintainer—maxillary | \$ 15.00 |
| D1558 | Removal of fixed bilateral space maintainer—mandibular | \$ 15.00 |
| D1575 | Distal shoe space maintainer—fixed, unilateral—per quadrant (through age 14; primary teeth only) | \$ 55.00 |

Restorative **Member pays**

| | | |
|-------|--|-----------|
| D2140 | Amalgam—one surface, primary or permanent. | no charge |
| D2150 | Amalgam—two surfaces, primary or permanent | no charge |
| D2160 | Amalgam—three surfaces, primary or permanent | no charge |
| D2161 | Amalgam—four or more surfaces, primary or permanent. | no charge |
| D2940 | Protective restoration | no charge |

Resin restorative
(inlays and onlays limited to one per tooth every five years) **Member pays**

| | | |
|-------|---|-----------|
| D2330 | Resin based composite—one surface, anterior | no charge |
| D2331 | Resin based composite—two surfaces, anterior | no charge |
| D2332 | Resin based composite—three surfaces, anterior. | no charge |

| | | |
|--------|--|-----------|
| D2335 | Resin based composite—four or more surfaces (anterior) | no charge |
| D2390 | Resin based composite crown, anterior | \$ 30.00 |
| D2391 | Resin based composite—one surface, posterior | \$ 30.00 |
| D2392 | Resin based composite—two surfaces, posterior. | \$ 45.00 |
| D2393 | Resin based composite—three surfaces, posterior. | \$ 65.00 |
| D2394 | Resin based composite—four or more surfaces, posterior | \$ 65.00 |
| 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 | \$ 245.00 |
| D2543* | Onlay—metallic, three surfaces | \$ 260.00 |
| D2544* | Onlay—metallic, four or more surfaces | \$ 270.00 |
| D2610* | Inlay—porcelain/ceramic, one surface. | \$ 245.00 |
| D2620* | Inlay—porcelain/ceramic, two surfaces. | \$ 245.00 |
| D2630* | Inlay—porcelain/ceramic, three or more surfaces | \$ 245.00 |
| D2642* | Onlay—porcelain/ceramic, two surfaces. | \$ 245.00 |
| D2643* | Onlay—porcelain/ceramic, three surfaces. | \$ 245.00 |
| D2644* | Onlay—porcelain/ceramic, four or more surfaces | \$ 245.00 |
| D2650* | Inlay—resin based composite, one surface | \$ 245.00 |
| D2651* | Inlay—resin based composite, two surfaces | \$ 245.00 |
| D2652* | Inlay—resin based composite, three or more surfaces | \$ 245.00 |
| D2662* | Onlay—resin based composite, two surfaces. | \$ 245.00 |
| D2663* | Onlay—resin based composite, three surfaces | \$ 245.00 |
| D2664* | Onlay—resin based composite, four or more surfaces | \$ 245.00 |

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

| | | |
|--------|---|-----------|
| D2710* | Crown—resin based composite, indirect | \$ 245.00 |
| D2712* | Crown—3/4 resin based composite, indirect | \$ 245.00 |
| D2720* | Crown—resin with high noble metal | \$ 245.00 |
| D2721 | Crown—resin with predominantly base metal. | \$ 245.00 |
| D2722* | Crown—resin with noble metal | \$ 245.00 |
| D2740* | Crown—porcelain/ceramic | \$ 245.00 |
| D2750* | Crown—porcelain fused to high noble metal | \$ 245.00 |
| D2751 | Crown—porcelain fused to predominantly base metal. | \$ 245.00 |
| D2752* | Crown—porcelain fused to noble metal. | \$ 245.00 |
| D2753* | Crown—porcelain fused to titanium and titanium alloys. | \$ 245.00 |
| D2780* | Crown—3/4 cast high noble metal. | \$ 245.00 |
| D2781 | Crown—3/4 cast predominantly base metal | \$ 245.00 |
| D2782* | Crown—3/4 cast noble metal. | \$ 245.00 |
| D2783* | Crown—3/4 porcelain/ceramic | \$ 245.00 |
| D2790* | Crown—full cast high noble metal. | \$ 245.00 |
| D2791 | Crown—full cast predominantly base metal | \$ 245.00 |
| D2792* | Crown—full cast noble metal. | \$ 245.00 |
| D2794* | Crown—titanium and titanium alloy | \$ 245.00 |
| D2799 | Interim crown – further treatment or completion of diagnosis necessary prior to final impression. | no charge |

| | | |
|--------|---|-----------|
| D2910 | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | no charge |
| D2915 | Re-cement or re-bond indirectly fabricated or prefabricated post and core | no charge |
| D2920 | Re-cement or re-bond crown | no charge |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | \$ 45.00 |
| D2929 | Crown-Prefabricated porcelain/ceramic crown – primary tooth | \$ 25.00 |
| D2930 | Prefabricated stainless steel crown—primary tooth | \$ 25.00 |
| D2931 | Prefabricated stainless steel crown—permanent tooth | \$ 25.00 |
| D2932 | Prefabricated resin crown | \$ 45.00 |
| D2933 | Prefabricated stainless steel crown with resin window | \$ 45.00 |
| D2950 | Core buildup, including any pins | \$ 70.00 |
| D2951 | Pin retention—per tooth, in addition to restoration | \$ 10.00 |
| D2952* | Cast post and core in addition to crown | \$ 50.00 |
| D2953* | Each additional cast post—same tooth | \$ 50.00 |
| D2954 | Prefabricated post and core in addition to crown | \$ 30.00 |
| D2955 | Post removal (not in conjunction with endodontic therapy) | \$ 10.00 |
| D2957 | Each additional prefabricated post—same tooth, base metal post | \$ 30.00 |
| D2960 | Labial Veneer (Resin Laminate) - direct | \$ 250.00 |
| D2961* | Labial Veneer (Resin Laminate) - indirect | \$ 300.00 |
| D2962* | Labial Veneer (porcelain Laminate) - indirect | \$ 350.00 |
| D2970 | Temporary crown (fractured tooth) | no charge |
| D2971 | Additional procedures to customize a crown to fit under an existing partial denture framework | \$ 50.00 |
| D2980 | Crown repair, necessitated by restorative material failure | no charge |
| D2981 | Inlay repair, necessitated by restorative material failure | no charge |
| D2982 | Onlay repair, necessitated by restorative material failure | no charge |
| D2983 | Veneer repair, necessitated by restorative material failure | no charge |
| D6940 | Stress breaker | \$ 110.00 |
| D6950 | Precision attachment, separate from prosthesis | \$ 195.00 |
| D6980* | Fixed partial denture repair necessitated by restorative material failure | \$ 45.00 |

Prosthodontics (fixed)

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

Member pays

| | | |
|--------|--|-----------|
| D6210* | Pontic—cast high noble metal | \$ 245.00 |
| D6211 | Pontic—cast predominantly base metal | \$ 245.00 |
| D6212* | Pontic—cast noble metal | \$ 245.00 |
| D6240* | Pontic—porcelain fused to high noble metal | \$ 245.00 |
| D6241 | Pontic—porcelain fused to predominantly base metal | \$ 245.00 |
| D6242* | Pontic—porcelain fused to noble metal | \$ 245.00 |
| D6243* | Pontic—porcelain fused to titanium and titanium alloys | \$ 245.00 |

| | | |
|--------|--|-----------|
| D6750* | Retainer crown—porcelain fused to high noble metal | \$ 245.00 |
| D6751 | Retainer crown—porcelain fused to predominantly base metal | \$ 245.00 |
| D6752* | Retainer crown—porcelain fused to noble metal | \$ 245.00 |
| D6753* | Crown—porcelain fused to titanium and titanium alloys | \$ 245.00 |
| D6790* | Retainer crown—full cast high noble metal | \$ 245.00 |
| D6791 | Retainer crown—full cast predominantly base metal | \$ 245.00 |
| D6792* | Retainer crown—full cast noble metal | \$ 245.00 |
| D6794* | Retainer crown—titanium and titanium alloy | \$ 245.00 |
| D6930 | Re-cement or re-bond fixed partial denture (per unit) | no charge |
| D6973 | Core buildup for retainer, including any pins | \$ 10.00 |

Prosthodontics

(replacement limited to every five years)

Member pays

| | | |
|--------|--|-----------|
| D5110* | Complete denture—maxillary | \$ 325.00 |
| D5120* | Complete denture—mandibular | \$ 325.00 |
| D5130* | Immediate denture—maxillary | \$ 350.00 |
| D5140* | Immediate denture—mandibular | \$ 350.00 |
| D5211* | Maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 400.00 |
| D5212* | Mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 400.00 |
| D5213* | Maxillary partial denture—cast metal (including retentive/clasping materials, rests and teeth) | \$ 425.00 |
| D5214* | Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth) | \$ 425.00 |
| D5221 | Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 350.00 |
| D5222 | Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth) | \$ 350.00 |
| D5223 | Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$ 350.00 |
| D5224 | Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | \$ 350.00 |
| D5225* | Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) | \$ 425.00 |
| D5226* | Lower Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth) | \$ 425.00 |
| D5227 | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) | \$ 425.00 |
| D5228 | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) | \$ 425.00 |
| D5282* | Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary | \$ 300.00 |

| | | |
|--------|---|-----------|
| D5283* | Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular | \$ 300.00 |
| D5284* | Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant | \$ 300.00 |
| D5286* | Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant | \$ 300.00 |
| D5410 | Adjust complete denture—maxillary | \$ 10.00 |
| D5411 | Adjust complete denture—mandibular | \$ 10.00 |
| D5421 | Adjust partial denture—maxillary | \$ 10.00 |
| D5422 | Adjust partial denture—mandibular | \$ 10.00 |
| D5660* | Add clasp to existing partial denture—per tooth | \$ 35.00 |

Endodontics

(each procedure limited to once per tooth per life)

| | Member pays |
|-------|--|
| D3110 | Pulp cap—direct (excluding final restoration) . . . \$ 5.00 |
| D3120 | Pulp cap—indirect (excluding final restoration) . . \$ 5.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) \$ 30.00 |
| D3221 | Pulpal debridement, primary and permanent teeth (Not to be used when root canal is done on the same day) \$ 55.00 |
| D3230 | Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration) \$ 40.00 |
| D3240 | Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration) \$ 40.00 |
| D3310 | Root canal therapy—anterior tooth (excluding final restoration) \$ 100.00 |
| D3320 | Endodontic therapy, premolar tooth (excluding final restorations) \$ 152.00 |
| D3330 | Endodontic therapy, molar tooth (excluding final restorations) \$ 210.00 |
| D3331 | Treatment of root canal obstruction—non-surgical access \$ 85.00 |
| D3332 | Incomplete endodontic therapy—inoperable or fractured tooth \$ 96.00 |
| D3333 | Internal root repair of perforation defects \$ 85.00 |
| D3346 | Retreatment of previous root canal therapy— anterior \$ 180.00 |
| D3347 | Retreatment of previous root canal therapy— bicuspid \$ 280.00 |
| D3348 | Retreatment of previous root canal therapy— molar \$ 325.00 |
| D3351 | Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.) \$ 70.00 |
| D3352 | Apexification/recalcification—interim medication replacement (includes any necessary radiographs) \$ 70.00 |
| D3353 | Apexification/recalcification—final visit (includes any necessary radiographs) \$ 70.00 |
| D3410 | Apicoectomy— anterior \$ 95.00 |
| D3421 | Apicoectomy—pre-molar (first root) \$ 95.00 |

| | |
|-------|---|
| D3425 | Apicoectomy—molar (first root) \$ 95.00 |
| D3426 | Apicoectomy—(each additional root) \$ 60.00 |
| D3430 | Retrograde filling—per root \$ 60.00 |
| D3450 | Root amputation—per root (not covered in conjunction with procedure D3920) \$ 95.00 |
| D3910 | Surgical procedure to isolate tooth with rubber dam \$ 19.00 |
| D3920 | Hemisection not included in root canal therapy . \$ 90.00 |
| D3950 | Canal preparation and fitting of preformed dowel or post \$ 15.00 |

| | |
|-------------------------------------|--------------------|
| Periodontics (gum treatment) | Member pays |
|-------------------------------------|--------------------|

| | |
|-------|--|
| D4210 | Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant \$ 110.00 |
| D4211 | Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant \$ 83.00 |
| 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 \$ 113.00 |
| D4245 | Apically positioned flap \$ 165.00 |
| 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 \$ 300.00 |
| D4261 | Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant \$ 225.00 |
| D4263 | Bone replacement graft—retained natural tooth—first site in quadrant \$ 180.00 |
| D4264 | Bone replacement graft—retained natural tooth—each additional site in quadrant \$ 95.00 |
| D4265 | Biologic materials to aid in soft and osseous tissue regeneration, per site \$ 95.00 |
| D4266 | Guided tissue regeneration, natural teeth - resorbable barrier, per site \$ 215.00 |
| D4267 | Guided tissue regeneration, natural teeth - nonresorbable barrier, per site \$ 255.00 |
| D4270 | Pedicle soft tissue graft procedure \$ 245.00 |
| D4271 | Free soft tissue graft procedure (including donor site surgery) \$ 245.00 |
| D4273 | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft \$ 75.00 |
| D4274 | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) \$ 100.00 |
| D4275 | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft \$ 380.00 |

| | | | | | |
|---|---|-----------|---|--|-----------|
| D4277 | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft ... | \$ 245.00 | D7241 | Removal of impacted tooth—completely bony, unusual complications by report. | \$ 100.00 |
| D4278 | Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft site | \$ 120.00 | D7250 | Surgical removal of residual tooth roots | \$ 40.00 |
| 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 | \$ 75.00 | D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth. | \$ 50.00 |
| 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..... | \$ 380.00 | D7280 | Exposure of an unerupted tooth (excluding wisdom teeth) | \$ 100.00 |
| D4322 | Splint – intra-coronal; natural teeth or prosthetic crowns | \$ 95.00 | D7282 | Mobilization of erupted or malposed tooth to aid eruption | \$ 90.00 |
| D4323 | Splint – extra-coronal; natural teeth or prosthetic crowns | \$ 85.00 | D7283 | Placement of device to facilitate eruption of impacted tooth | \$ 90.00 |
| 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)..... | \$ 50.00 | D7285 | Incisional biopsy of oral tissue-hard (bone, tooth) | \$ 150.00 |
| 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 for procedures D4341 and D4342) | \$ 38.00 | D7286 | Incisional biopsy of oral tissue-soft (all others) .. | \$ 60.00 |
| 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) | \$ 50.00 | D7287 | Exfoliative cytological sample collection | \$ 50.00 |
| D4355 | Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per five years) | \$ 50.00 | D7288 | Brush biopsy—transepithelial sample collection | \$ 50.00 |
| D4381 | Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)... | \$ 65.00 | D7310 | Alveoplasty in conjunction with extractions—per quadrant | \$ 40.00 |
| D4910 | Periodontal maintenance (covered only after active periodontal therapy) .. | \$ 40.00 | D7311 | Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant | \$ 15.00 |
| D4911 | Additional periodontal maintenance procedures (beyond two per 12 months) | \$ 55.00 | D7320 | Alveoplasty not in conjunction with extractions—per quadrant | \$ 60.00 |
| Extractions/oral and maxillofacial surgery Member pays | | | D7321 | Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant..... | \$ 25.00 |
| D7111 | Extraction, coronal remnants—primary tooth...\$ | 5.00 | D7471 | Removal of lateral exostosis (maxilla or mandible) | \$ 80.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$ 5.00 | D7472 | Removal of torus palatinus | \$ 60.00 |
| D7210 | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.... | \$ 30.00 | D7473 | Removal of torus mandibularis | \$ 60.00 |
| D7220 | Removal of impacted tooth—soft tissue | \$ 50.00 | D7485 | Reduction of osseous tuberosity | \$ 60.00 |
| D7230 | Removal of impacted tooth—partially bony..... | \$ 65.00 | D7510 | Incision and drainage of abscess— intraoral soft tissue | \$ 35.00 |
| D7240 | Removal of impacted tooth—completely bony. .. | \$ 80.00 | D7511 | Incision and drainage of abscess—extraoral soft tissue | \$ 35.00 |
| | | | D7521 | Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces) ... | \$ 35.00 |
| | | | D7910 | Suture of recent small wounds up to 5 cm. | \$ 25.00 |
| | | | D7961 | Buccal / labial frenectomy (frenulectomy)..... | \$ 50.00 |
| | | | D7962 | Lingual frenectomy (frenulectomy)..... | \$ 50.00 |
| | | | D7963 | Frenuloplasty | \$ 50.00 |
| | | | D7970 | Excision hyperplastic tissue—per arch | \$ 55.00 |
| | | | D7971 | Excision of pericoronoid gingiva..... | \$ 40.00 |
| | | | 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 | D6605 Retainer inlay—cast predominantly base metal, three or more surfaces.....\$ | 245.00 |
| D5622* Repair cast partial framework, maxillary.....\$ | 35.00 | D6606* Retainer inlay—cast noble metal, two surfaces...\$ | 245.00 |
| D5630* Repair or replace broken retentive clasping materials—per tooth.....\$ | 35.00 | D6607* Retainer inlay—cast noble metal, three or more surfaces.....\$ | 245.00 |
| D5640* Replace broken teeth—per tooth.....\$ | 35.00 | D6608* Retainer onlay—porcelain/ceramic, two surfaces.....\$ | 245.00 |
| D5650* Add tooth to existing partial denture.....\$ | 35.00 | D6609* Retainer onlay—porcelain/ceramic, three or more surfaces.....\$ | 245.00 |
| D5670* Replace all teeth and acrylic on cast metal framework—maxillary.....\$ | 165.00 | D6610* Retainer onlay—cast high noble metal, two surfaces.....\$ | 245.00 |
| D5671* Replace all teeth and acrylic on cast metal framework—mandibular.....\$ | 165.00 | D6611* Retainer onlay—cast high noble metal, three or more surfaces.....\$ | 245.00 |
| D5710* Rebase complete maxillary denture.....\$ | 75.00 | D6612 Retainer onlay—cast predominantly base metal, two surfaces.....\$ | 245.00 |
| D5711* Rebase complete mandibular denture.....\$ | 75.00 | D6613 Retainer onlay—cast predominantly base metal, three or more surfaces.....\$ | 245.00 |
| D5720* Rebase maxillary partial denture.....\$ | 75.00 | D6614* Retainer onlay—cast noble metal, two surfaces.\$ | 245.00 |
| D5721* Rebase mandibular partial denture.....\$ | 75.00 | D6615* Retainer onlay—cast noble metal, three or more surfaces.....\$ | 245.00 |
| D5725* Rebase hybrid prosthesis.....\$ | 75.00 | D6710* Retainer crown—indirect resin based composition.....\$ | 245.00 |
| D5730 Reline complete maxillary denture (direct).....\$ | 65.00 | D6720* Retainer crown—resin with high noble metal...\$ | 245.00 |
| D5731 Reline complete mandibular denture (direct)....\$ | 65.00 | D6721 Retainer crown—resin with predominantly base metal.....\$ | 245.00 |
| D5740 Reline Maxillary Partial Denture (direct).....\$ | 65.00 | D6722* Retainer crown—resin with noble metal.....\$ | 245.00 |
| D5741 Reline Mandibular Partial Denture (direct).....\$ | 65.00 | D6740* Retainer crown—porcelain/ceramic.....\$ | 245.00 |
| D5750* Reline Complete Maxillary Denture (indirect)....\$ | 85.00 | D6780* Retainer crown—3/4 cast high noble metal.....\$ | 245.00 |
| D5751* Reline Complete Mandibular Denture (indirect)..\$ | 85.00 | D6781 Retainer crown—3/4 cast predominantly base metal.....\$ | 245.00 |
| D5760* Reline Maxillary Partial Denture (indirect).....\$ | 85.00 | D6782* Retainer crown—3/4 cast noble metal.....\$ | 245.00 |
| D5761* Reline Mandibular Partial Denture (indirect)....\$ | 85.00 | D6783* Retainer crown—3/4 porcelain/ceramic, denture.....\$ | 245.00 |
| D5765* Soft liner for complete or partial removable denture - indirect.....\$ | 85.00 | D6784 Retainer crown—3/4 titanium and titanium alloys.....\$ | 245.00 |
| D5810* Interim complete denture (maxillary).....\$ | 230.00 | Adjunctive general service | |
| D5811* Interim complete denture (mandibular).....\$ | 230.00 | Member pays | |
| D5820* Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary..\$ | 160.00 | D9110 Palliative treatment of dental pain - per visit....\$ | 10.00 |
| D5821* Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular.....\$ | 170.00 | D9120 Fixed partial denture sectioning..... | no charge |
| D5850 Tissue conditioning, maxillary.....\$ | 20.00 | D9210 Local anesthesia not in conjunction with operative or surgical procedures..... | no charge |
| D5851 Tissue conditioning, mandibular.....\$ | 20.00 | D9211 Regional block anesthesia..... | no charge |
| D5862* Precision attachment, by report.....\$ | 160.00 | D9212 Trigeminal division block anesthesia..... | no charge |
| D6214* Pontic—titanium and titanium alloy.....\$ | 245.00 | D9215 Local anesthesia in conjunction with operative or surgical procedures..... | no charge |
| D6245* Pontic—porcelain/ceramic.....\$ | 245.00 | D9222 Deep sedation/general anesthesia - first 15 minutes.....\$ | 75.00 |
| D6250* Pontic—resin with high noble metal.....\$ | 245.00 | D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment.....\$ | 64.00 |
| D6251 Pontic—resin with predominantly base metal...\$ | 245.00 | D9230 Inhalation of nitrous oxide/analgesia, anxiolysis.....\$ | 15.00 |
| D6252* Pontic—resin with noble metal.....\$ | 245.00 | D9239 Intravenous moderate (conscious) sedation/ analgesia - first 15 minutes.....\$ | 75.00 |
| D6253* Interim pontic - further treatment or completion of diagnosis necessary prior to final impression..... | no charge | D9243 Intravenous moderate (conscious) sedation/ analgesia - each subsequent 15 minute increment.....\$ | 64.00 |
| D6545* Retainer—cast metal, resin bonded fixed prosthesis.....\$ | 150.00 | D9248 Non-intravenous conscious sedation.....\$ | 15.00 |
| D6549 Resin retainer - for resin bonded fixed prosthesis.....\$ | 150.00 | | |
| D6600* Retainer inlay—porcelain/ceramic, two surfaces.....\$ | 245.00 | | |
| D6601* Retainer inlay—porcelain/ceramic, three or more surfaces.....\$ | 245.00 | | |
| D6602* Retainer inlay—cast high noble metal, two surfaces.....\$ | 245.00 | | |
| D6603* Retainer inlay—cast high noble metal, three or more surfaces.....\$ | 245.00 | | |
| D6604 Retainer inlay—cast predominantly base metal, two surfaces.....\$ | 245.00 | | |

| | | |
|-------|--|-----------|
| D9450 | Case presentation, subsequent detailed and extensive treatment planning | no charge |
| D9610 | Non-intravenous conscious sedation | \$ 15.00 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$ 25.00 |
| D9630 | Other drugs and/or medicaments, by report | \$ 15.00 |
| D9910 | Application of desensitizing medicament | \$ 15.00 |
| D9940 | Occlusal guard, by report | \$ 85.00 |
| D9942 | Repair and/or reline of occlusal guard | \$ 40.00 |
| D9951 | Occlusal adjustment—limited | \$ 30.00 |
| D9952 | Occlusal adjustment—complete | \$ 100.00 |

Bleaching **Member pays**

| | | |
|-------|---|-----------|
| D9972 | External bleaching in office—per arch | \$ 125.00 |
| D9975 | External bleaching in home—per arch | \$ 125.00 |

Orthodontics **Member pays**

| | | |
|-------|--|------------|
| D8070 | Comprehensive orthodontic treatment of the transitional dentition..... | \$1,850.00 |
| | Consultation | no charge |
| | Evaluation | \$ 35.00 |
| | Records/treatment planning..... | \$ 250.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition..... | \$1,850.00 |
| | Consultation | no charge |
| | Evaluation | \$ 35.00 |
| | Records/treatment planning..... | \$ 250.00 |
| D8090 | Comprehensive orthodontic treatment of the adult dentition..... | \$1,850.00 |
| | Consultation | no charge |
| | Evaluation | \$ 35.00 |
| | Records/treatment planning..... | \$ 250.00 |
| D8680 | Orthodontic retention | \$ 300.00 |
| D8698 | Re-cement or re-bond fixed retainer, maxillary | no charge |
| D8699 | Re-cement or re-bond fixed retainer, mandibular..... | no charge |

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures)
- 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](https://www.humana.com/disclosure).

Current Dental Terminology © 2024 American Dental Association. All rights reserved.

Offered by CompBenefits Company.



1-800-233-4013 | [Humana.com](https://www.humana.com)