

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**.

- 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 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**.

Custom HumanaDental Prepaid HS195 Plan

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—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
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 three in any 12 calendar months, by primary care dentist)	no charge
D1111	Additional—adult prophylaxis, with or without fluoride (maximum of one additional per year).. \$	35.00
D1120	Prophylaxis—child (limited to twice in any 12 calendar months)	no charge
D1121	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
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	no charge
D1510*	Space maintainer—fixed, unilateral (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 (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
D1550	Re-cement or re-bond space maintainer	\$ 15.00
D1555	Removal of fixed space maintainer	\$ 15.00
D1575	Distal shoe space maintainer – fixed – unilateral (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 or involving incisal angle (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
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	\$245.00
D2799	Provisional crown	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
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)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory.	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory.	\$350.00
D2970	Temporary crown (fractured tooth)	no charge
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.	\$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
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
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	\$245.00
D6930 Re-cement or re-bond fixed partial denture (per unit)	no charge

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 framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425.00
D5214* Mandibular partial denture—cast metal framework, resin denture bases (including any conventional clasps, rests and teeth)	\$425.00
D5221 Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$350.00
D5222 Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$350.00
D5223 Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5224 Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350.00
D5225* Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226* Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5282* Removable unilateral partial denture - one piece metal (including clasps and teeth), maxillary	\$300.00
D5283* Removable unilateral partial denture - one piece metal (including clasps and teeth), mandibular	\$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—premolar (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	Biological materials which can aid soft and osseous tissue regeneration	.....	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	.....	\$ 215.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	..	\$ 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
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
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
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
D4320	Provisional splinting—intracoronal	.....	\$ 95.00
D4321	Provisional splinting—extracoronal	.....	\$ 85.00
D4341	Periodontal scaling and root planing—four or more teeth per quadrant (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	.....	\$ 50.00
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
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
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	.....	\$ 50.00

D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	....	\$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	.	\$ 00.00
D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	.....	\$ 55.00

Extractions/oral and maxillofacial surgery Member pays

D7111	Extraction, coronal remnants – primary tooth	...	\$ 5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	.....	\$ 5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	....	\$ 30.00
D7220	Removal of impacted tooth—soft tissue	.....	\$ 50.00
D7230	Removal of impacted tooth—partially bony	....	\$ 65.00
D7240	Removal of impacted tooth—completely bony	..	\$ 80.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	.....	\$ 100.00
D7250	Surgical removal of residual tooth roots	.....	\$ 40.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	.....	\$ 50.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	.....	\$ 100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	.....	\$ 90.00
D7283	Placement of device to facilitate eruption of impacted tooth	.....	\$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	.	\$ 150.00
D7286	Incisional biopsy of oral tissue-soft (all others)	..	\$ 60.00
D7287	Exfoliative cytological sample collection	.....	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection	..	\$ 50.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	.....	\$ 40.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	.	\$ 15.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	.....	\$ 60.00
D7321	Alveoplasty not in conjunction with extractions —one to three teeth or tooth spaces, per quadrant	\$	25.00
D7471	Removal of lateral exostosis (maxilla or mandible)	.....	\$ 80.00
D7472	Removal of torus palatinus	.....	\$ 60.00
D7473	Removal of torus mandibularis	.....	\$ 60.00
D7485	Reduction of osseous tuberosity	.....	\$ 60.00
D7510	Incision and drainage of abscess— intraoral soft tissue	.....	\$ 35.00
D7511	Incision and drainage of abscess— intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	.....	\$ 35.00
D7520	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
D7960	Frenulectomy (frenectomy or frenotomy)— separate procedure	.....	\$ 50.00
D7963	Frenuloplasty	.....	\$ 50.00
D7970	Excision hyperplastic tissue—per arch	.....	\$ 55.00
D7971	Excision of pericoronal 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
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	\$165.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular	\$165.00
D5710*	Rebase complete maxillary denture	\$ 75.00
D5711*	Rebase complete mandibular denture	\$ 75.00
D5720*	Rebase maxillary partial denture	\$ 75.00
D5721*	Rebase mandibular partial denture	\$ 75.00
D5730	Reline complete maxillary denture (chairside)	\$ 65.00
D5731	Reline complete mandibular denture (chairside)	\$ 65.00
D5740	Reline maxillary partial denture (chairside)	\$ 65.00
D5741	Reline mandibular partial denture (chairside)	\$ 65.00
D5750*	Reline complete maxillary denture (laboratory)	\$ 85.00
D5751*	Reline complete mandibular denture (laboratory)	\$ 85.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 85.00
D5761*	Reline mandibular partial denture (laboratory)	\$ 85.00
D5810*	Interim complete denture (maxillary)	\$230.00
D5811*	Interim complete denture (mandibular)	\$230.00
D5820*	Interim partial denture (maxillary)	\$160.00
D5821*	Interim partial denture (mandibular)	\$170.00
D5850	Tissue conditioning, maxillary	\$ 20.00
D5851	Tissue conditioning, mandibular	\$ 20.00
D5862*	Precision attachment, by report	\$160.00
D6214*	Pontic titanium	\$245.00
D6245*	Pontic—porcelain/ceramic	\$245.00
D6250*	Pontic—resin with high noble metal	\$245.00
D6251	Pontic—resin with predominantly base metal	\$245.00
D6252*	Pontic—resin with noble metal	\$245.00
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$150.00
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
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$245.00
D6606*	Retainer inlay—cast noble metal, two surfaces	\$245.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$245.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$245.00

D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$245.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$245.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$245.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$245.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$245.00
D6614*	Retainer onlay—cast noble metal, two surfaces	\$245.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$245.00
D6710*	Retainer crown—indirect resin based composition	\$245.00
D6720*	Retainer crown—resin with high noble metal	\$245.00
D6721	Retainer crown—resin with predominantly base metal	\$245.00
D6722*	Retainer crown—resin with noble metal	\$245.00
D6740*	Retainer crown—porcelain/ceramic	\$245.00
D6780*	Retainer crown—3/4 cast high noble metal	\$245.00
D6781	Retainer crown—3/4 cast predominantly base metal	\$245.00
D6782*	Retainer crown—3/4 cast noble metal	\$245.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$245.00

Adjunctive general service**Member pays**

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 10.00
D9120	Fixed partial denture sectioning	no charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures	no charge
D9211	Regional block anesthesia	no charge
D9212	Trigeminal division block anesthesia	no charge
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia – first 15 minutes	\$ 75.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$ 64.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$ 15.00
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$ 75.00
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$ 64.00
D9248	Non-intravenous conscious sedation	\$ 15.00
D9450	Case presentation, 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
D8680 Orthodontic retention.....	\$ 300.00
D8693 Re-cement or re-bond fixed retainer.....	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.

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