

## 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 **HumanaDental.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 **HumanaDental.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 **HumanaDental.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. In fact, a healthy mouth can add 6.4 years to RealAge® life expectancy.<sup>1</sup> The HumanaDental DHMO plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

### Go to MyDentalIQ.com

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

## Tips to ensure a healthy mouth

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



## Questions?

Check out [HumanaDental.com](https://www.humanadental.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**.

<sup>1</sup> Dr. Michael Roizen, RealAge.com

# HumanaDental DHMO HD215 Plan with Ortho

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 **HumanaDental.com** to find a participating specialist.

## Summary of services

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

### Appointments Member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 45.00
D9430	Office visit (normal hours) .....	\$ 15.00
D9440	Office visit (after regularly scheduled hours) ....	\$ 55.00
D9987	Cancelled appointment .....	\$ 10.00
D9986	Missed Appointment .....	\$ 10.00

### Diagnostic Member pays

D0120	Periodic oral examination (two per calendar year) .....	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 (two per calendar year) .....	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) .....	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year) .....	\$ 35.00
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	Extraoral—first radiographic image .....	no charge
D0260	Extraoral—each additional radiographic image .	no charge
D0270	X-ray bitewing—single radiographic image (two per calendar year) .....	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year) .....	no charge
D0273	X-ray bitewings—three radiographic images (two per calendar year) .....	no charge
D0274	Bitewings—four radiographic images (two per calendar year) .....	no charge

D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year) ...	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. \$	70.00
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 (two per calendar year, by primary care dentist). .	no charge
D1120	Prophylaxis—child, routine (two per calendar year) .....	no charge
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1208	Topical application of fluoride – excluding varnish—child (up to 16 years of age) (two per calendar year) .....	no charge
D1310	Nutrition counseling for the control or avoidance 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) .....	\$ 20.00
D1510*	Space maintainer—fixed, unilateral (through age 14) .....	\$ 95.00
D1515*	Space maintainer—fixed, bilateral (through age 14) .....	\$135.00
D1520*	Space maintainer—removable, unilateral (through age 14) .....	\$105.00

D1525*	Space maintainer—removable, bilateral (through age 14).....	\$115.00
D1550	Re-cement or re-bond space maintainer.....	\$ 20.00

**Restorative**

**Member pays**

D2140	Amalgam—one surface, primary or permanent.	\$ 30.00
D2150	Amalgam—two surfaces, primary or permanent.	\$ 35.00
D2160	Amalgam—three surfaces, primary or permanent..	\$ 40.00
D2161	Amalgam—four or more surfaces, primary or permanent.....	\$ 45.00
D2940	Sedative filling.....	\$ 25.00

**Resin restorative**

(inlays and onlays limited to one per tooth every five years)

**Member pays**

D2330	Resin based composite—one surface, anterior..	\$ 45.00
D2331	Resin based composite—two surfaces, anterior.	\$ 60.00
D2332	Resin based composite—three surfaces, anterior.	\$ 75.00
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior).....	\$ 95.00
D2390	Resin based composite crown, anterior.....	\$ 90.00
D2391	Resin based composite—one surface, posterior.	\$ 70.00
D2392	Resin based composite—two surfaces, posterior.	\$ 90.00
D2393	Resin based composite—three surfaces, posterior.	\$110.00
D2394	Resin based composite—four or more surfaces, posterior.....	\$130.00
D2510*	Inlay—metallic, one surface.....	\$345.00
D2520*	Inlay—metallic, two surfaces.....	\$355.00
D2530*	Inlay—metallic, three or more surfaces.....	\$365.00
D2542*	Onlay—metallic, two surfaces.....	\$370.00
D2543*	Onlay—metallic, three surfaces.....	\$380.00
D2544*	Onlay—metallic, four or more surfaces.....	\$390.00
D2610*	Inlay—porcelain/ceramic, one surface.....	\$370.00
D2620*	Inlay—porcelain/ceramic, two surfaces.....	\$380.00
D2630*	Inlay—porcelain/ceramic, three or more surfaces..	\$390.00
D2642*	Onlay—porcelain/ceramic, two surfaces.....	\$395.00
D2643*	Onlay—porcelain/ceramic, three surfaces.....	\$405.00
D2644*	Onlay—porcelain/ceramic, four or more surfaces.	\$415.00
D2650*	Inlay—resin based composite, one surface.....	\$345.00
D2651*	Inlay—resin based composite, two surfaces.....	\$355.00
D2652*	Inlay—resin based composite, three or more surfaces.....	\$365.00
D2662*	Onlay—resin based composite, two surfaces....	\$370.00
D2663*	Onlay—resin based composite, three surfaces..	\$380.00
D2664*	Onlay—resin based composite, four or more surfaces.....	\$410.00

**Crown and bridge**

(limited to one per tooth every five years)

**Member pays**

D2710*	Crown—resin based composite, indirect.....	\$410.00
D2712*	Crown—3/4 resin based composite, indirect....	\$410.00
D2720*	Crown—resin with high noble metal.....	\$410.00
D2721	Crown—resin with predominantly base metal..	\$410.00
D2722*	Crown—resin with noble metal.....	\$410.00
D2740*	Crown—porcelain/ceramic substrate.....	\$410.00
D2750*	Crown—porcelain fused to high noble metal....	\$410.00
D2751	Crown—porcelain fused to predominantly base metal.....	\$410.00
D2752*	Crown—porcelain fused to noble metal.....	\$410.00
D2780*	Crown—3/4 cast high noble metal.....	\$410.00
D2781	Crown—3/4 cast predominantly base metal....	\$410.00
D2782*	Crown—3/4 cast noble metal.....	\$410.00

D2783*	Crown—3/4 porcelain/ceramic.....	\$410.00
D2790*	Crown—full cast high noble metal.....	\$410.00
D2791	Crown—full cast predominantly base metal....	\$410.00
D2792*	Crown—full cast noble metal.....	\$410.00
D2794*	Crown—titanium.....	\$410.00
D2799	Provisional crown.....	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.....	\$ 25.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.....	no charge
D2920	Re-cement or re-bond crown.....	\$ 25.00
D2929	Crown-Prefabricated porcelain/ceramic crown - primary tooth.....	\$110.00
D2930	Prefabricated stainless steel crown—primary tooth.....	\$110.00
D2931	Prefabricated stainless steel crown—permanent tooth.....	\$ 35.00
D2932	Prefabricated resin crown.....	\$110.00
D2933	Prefabricated stainless steel crown with resin window.....	\$110.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth.....	\$110.00
D2950	Core buildup, including any pins.....	\$ 80.00
D2951	Pin retention—per tooth, in addition to restoration.	\$ 25.00
D2952*	Cast post and core in addition to crown.....	\$175.00
D2953*	Each additional cast post—same tooth.....	\$140.00
D2954	Prefabricated post and core in addition to crown..	\$120.00
D2955	Post removal.....	\$ 20.00
D2957	Each additional prefabricated post—same tooth, base metal post.....	\$ 45.00
D2960	Labial veneer (resin laminate)—chairside.....	\$290.00
D2961*	Labial veneer (resin laminate)—laboratory.....	\$425.00
D2962*	Labial veneer (porcelain laminate)—laboratory..	\$475.00
D2971	Additional procedure—new crown existing partial denture.....	\$ 70.00
D2980	Crown repair.....	\$ 25.00
D2981	Inlay repair.....	\$ 25.00
D2982	Onlay repair.....	\$ 25.00
D2983	Veneer repair.....	\$ 25.00
D6940	Stress breaker.....	\$170.00
D6950	Precision attachment.....	\$220.00

**Prosthodontics (fixed)**

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

**Member pays**

D6210*	Pontic—cast high noble metal.....	\$410.00
D6211	Pontic—cast predominantly base metal.....	\$410.00
D6212*	Pontic—cast noble metal.....	\$410.00
D6240*	Pontic—porcelain fused to high noble metal....	\$410.00
D6241	Pontic—porcelain fused to predominantly base metal.....	\$410.00
D6242*	Pontic—porcelain fused to noble metal.....	\$410.00
D6750*	Crown—porcelain fused to high noble metal....	\$410.00
D6751	Crown—porcelain fused to predominantly base metal.....	\$410.00
D6752*	Crown—porcelain fused to noble metal.....	\$410.00
D6790*	Crown—full cast high noble metal.....	\$410.00
D6791	Crown—full cast predominantly base metal....	\$410.00
D6792*	Crown—full cast noble metal.....	\$410.00
D6794*	Crown—titanium.....	\$410.00
D6930	Re-cement or re-bond fixed partial denture (per unit).....	\$ 45.00

**Prosthodontics**(replacement limited to every five years) **Member pays**

D5110*	Complete denture—maxillary	\$550.00
D5120*	Complete denture—mandibular	\$550.00
D5130*	Immediate denture—maxillary	\$550.00
D5140*	Immediate denture—mandibular	\$550.00
D5211*	Maxillary partial denture—resin base	\$495.00
D5212*	Mandibular partial denture—resin base	\$495.00
D5213*	Maxillary partial denture—cast metal frame-work, resin denture bases	\$525.00
D5214*	Mandibular partial denture—cast metal frame-work, resin denture bases	\$525.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$525.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$525.00
D5281*	Removable partial denture—one piece cast metal	\$445.00
D5410	Adjust complete denture—maxillary	\$ 25.00
D5411	Adjust complete denture—mandibular	\$ 25.00
D5421	Adjust partial denture—maxillary	\$ 25.00
D5422	Adjust partial denture—mandibular	\$ 25.00
D5660*	Add clasp to existing partial denture	\$110.00

**Endodontics**

(each procedure limited to once per tooth per life)

**Member pays**

D3110	Pulp cap—direct (excluding final restoration)	\$ 25.00
D3120	Pulp cap—indirect (excluding final restoration)	\$ 20.00
D3220	Therapeutic pulpotomy	\$ 65.00
D3221	Pulpal debridement, primary and permanent teeth	\$135.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$ 65.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$100.00
D3310	Root canal therapy—anterior (excluding final restoration)	\$175.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$270.00
D3330	Root canal therapy—molar (excluding final restoration)	\$390.00
D3331	Treatment of root canal obstruction—non-surgical access	\$110.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$110.00
D3333	Internal root repair of perforation defects	\$120.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$140.00
D3352	Apexification/recalcification—interim	\$100.00
D3353	Apexification/recalcification—final visit	\$140.00
D3410	Apicoectomy/periradicular surgery—anterior	\$210.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$220.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$220.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 90.00
D3430	Retrograde filling—per root	\$ 55.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$130.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 50.00

D3920	Hemisection not included in root canal therapy	\$120.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 25.00

**Periodontics (gum treatment)****Member pays**

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	\$195.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	\$100.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$220.00
D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$150.00
D4245	Apically positioned flap	\$225.00
D4249	Clinical crown lengthening—hard tissue	\$220.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$425.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4263	Bone replacement graft—first site in quadrant	\$290.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$200.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$135.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$360.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$425.00
D4270	Pedicle soft tissue graft procedure	\$335.00
D4273	Subepithelial connective tissue graft, tooth	\$425.00
D4274	Distal or proximal wedge procedure	\$120.00
D4275	Soft tissue allograft	\$460.00
D4277	Free soft tissue graft procedure (including donor site surgery) - first tooth	\$340.00
D4278	Free soft tissue graft procedure (including donor site surgery), ea add'l	\$255.00
D4320	Provisional splinting—intracoronary	\$135.00
D4321	Provisional splinting—extracoronary	\$115.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 85.00
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)	\$ 70.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 80.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 70.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 70.00

**Extractions/oral and maxillofacial surgery** **Member pays**

D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	\$ 55.00

D7210	Surgical removal of erupted tooth	\$ 60.00	D5730	Reline complete maxillary denture (chairside)	\$110.00
D7220	Removal of impacted tooth—soft tissue	\$ 75.00	D5731	Reline complete mandibular denture (chairside)	\$110.00
D7230	Removal of impacted tooth—partially bony	\$ 95.00	D5740	Reline maxillary partial denture (chairside)	\$110.00
D7240	Removal of impacted tooth—completely bony	\$135.00	D5741	Reline mandibular partial denture (chairside)	\$110.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$175.00	D5750*	Reline complete maxillary denture (laboratory)	\$180.00
D7250	Surgical removal of residual tooth roots	\$ 50.00	D5751*	Reline complete mandibular denture (laboratory)	\$180.00
D7260	Oroantral fistula closure	\$450.00	D5760*	Reline maxillary partial denture (laboratory)	\$180.00
D7261	Primary closure of a sinus perforation	\$275.00	D5761*	Reline mandibular partial denture (laboratory)	\$180.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 95.00	D5810*	Interim complete denture (maxillary)	\$300.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$160.00	D5811*	Interim complete denture (mandibular)	\$300.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$120.00	D5820*	Interim partial denture (maxillary)	\$210.00
D7285	Incisional biopsy of oral tissue—hard (bone, tooth)	\$450.00	D5821*	Interim partial denture (mandibular)	\$210.00
D7286	Incisional biopsy of oral tissue—soft (all others)	\$155.00	D5850	Tissue conditioning, maxillary	\$ 45.00
D7287	Exfoliative cytological sample collection	\$ 70.00	D5851	Tissue conditioning, mandibular	\$ 45.00
D7288	Brush biopsy—transepithelial sample collection	\$ 75.00	D6214*	Pontic titanium	\$410.00
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$ 50.00	D6245*	Pontic—porcelain/ceramic	\$410.00
D7311	Alveoplasty in conjunction with extractions— one to three teeth or tooth spaces, per quadrant	\$ 25.00	D6250*	Pontic—resin with high noble metal	\$410.00
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$ 90.00	D6251	Pontic—resin with predominantly base metal	\$410.00
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 65.00	D6252*	Pontic—resin with noble metal	\$410.00
D7450	Removal of benign odontogenic cyst or tumor— up to 1.25 cm	\$210.00	D6253*	Provisional pontic	no charge
D7451	Removal of benign odontogenic cyst or tumor— greater than 1.25 cm	\$285.00	D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$300.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$130.00	D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$300.00
D7472	Removal of torus palatinus	\$ 80.00	D6549	Resin retainer – for resin bonded fixed prosthesis	\$300.00
D7473	Removal of torus mandibularis	\$ 80.00	D6600*	Inlay—porcelain/ceramic, two surfaces	\$410.00
D7485	Surgical reduction of osseous tuberosity	\$ 75.00	D6601*	Inlay—porcelain/ceramic, three or more surfaces	\$410.00
D7510	Incision and drainage of abscess— intraoral soft tissue	\$ 45.00	D6602*	Inlay—cast high noble metal, two surfaces	\$410.00
D7970	Excision hyperplastic tissue—per arch	\$100.00	D6603*	Inlay—cast high noble metal, three or more surfaces	\$410.00
D7971	Excision of pericoronal gingival	\$ 65.00	D6604	Inlay—cast predominantly base metal, two surfaces	\$410.00
<b>Repairs to prosthetics</b>		<b>Member pays</b>	D6605	Inlay—cast predominantly base metal, three or more surfaces	\$410.00
D5510*	Repair broken complete denture base	\$ 65.00	D6606*	Inlay—cast noble metal, two surfaces	\$410.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 65.00	D6607*	Inlay—cast noble metal, three or more surfaces	\$410.00
D5610*	Repair resin denture base	\$ 65.00	D6608*	Onlay—porcelain/ceramic, two surfaces	\$410.00
D5620*	Repair cast framework	\$ 65.00	D6609*	Onlay—porcelain/ceramic, three or more surfaces	\$410.00
D5630*	Repair or replace broken clasp	\$ 65.00	D6610*	Onlay—cast high noble metal, two surfaces	\$410.00
D5640*	Replace broken teeth—per tooth	\$ 65.00	D6611*	Onlay—cast high noble metal, three or more surfaces	\$410.00
D5650*	Add tooth to existing partial denture	\$ 60.00	D6612	Onlay—cast predominantly base metal, two surfaces	\$410.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$255.00	D6613	Onlay—cast predominantly base metal, three or more surfaces	\$410.00
D5671*	Replace all teeth and acrylic framework—mandibular	\$350.00	D6614*	Onlay—cast noble metal, two surfaces	\$410.00
D5710*	Rebase complete maxillary denture	\$230.00	D6615*	Onlay—cast noble metal, three or more surfaces	\$410.00
D5711*	Rebase complete mandibular denture	\$230.00	D6624*	Inlay titanium	\$410.00
D5720*	Rebase maxillary partial denture	\$230.00	D6634*	Onlay titanium	\$410.00
D5721*	Rebase mandibular partial denture	\$230.00	D6710*	Crown—indirect resin based composition	\$410.00
			D6720*	Crown—resin with high noble metal	\$410.00
			D6721	Crown—resin with predominantly base metal	\$410.00
			D6722*	Crown—resin with noble metal	\$410.00
			D6740*	Crown—porcelain/ceramic	\$410.00
			D6780*	Crown—3/4 cast high noble metal	\$410.00
			D6781	Crown—3/4 cast predominantly base metal	\$410.00
			D6782*	Crown—3/4 cast noble metal	\$410.00
			D6783*	Crown—3/4 porcelain/ceramic, denture	\$410.00

<b>Adjunctive general service</b>		<b>Member pays</b>
D9110	Palliative (emergency) treatment .....	\$ 20.00
D9215	Local anesthesia .....	no charge
D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) .....	\$205.00
D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth) .....	\$ 95.00
D9230	Analgesia (nitrous oxide), per 15 minutes .....	\$ 45.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes (limited to the removal of partial, or complete bony impacted teeth) ...	\$205.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth).....	\$ 90.00
D9450	Case presentation, detailed and extensive treatment planning .....	no charge
D9951	Occlusal adjustment—limited .....	\$ 45.00
D9952	Occlusal adjustment—complete .....	\$205.00

<b>Bleaching</b>		<b>Member pays</b>
D9972	External bleaching officer—per arch .....	\$210.00
D9975	External Bleaching at home-per arch .....	\$210.00

<b>Orthodontics</b>		<b>Member pays</b>
D8070 or D8080—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation .....	no charge
	Evaluation .....	\$ 45.00
	Records/treatment planning .....	\$ 250.00
	Orthodontic treatment.....	\$ 1,900.00
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation .....	no charge
	Evaluation .....	\$ 45.00
	Records/treatment planning .....	\$ 250.00
	Orthodontic treatment.....	\$ 1,900.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) ...	\$ 455.00

**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 HumanaDental.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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