Your Humana benefits guide:

Dental

Humana®

Orange County Classroom Teachers Association

2025 Plan Year

Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.

Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?

Preventive dental care, such as checkups and cleanings, help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**

For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**

Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

Humana Custom Dental PPO

FLORIDA

FL PPO INFS FLEX

Orange County Classroom Teachers Association Plan One

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: $25	Family: $75	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive services.			
Annual maximum (excludes orthodontia services)	$1,300			
Preventive services	100% no deductible		80% no deductible	
Routine oral examinations (3 per year)				
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)				
Routine cleanings (3 per year)				
Fluoride treatment (1 per year, through age 16)				
Sealants (permanent molars, through age 16)				
Space maintainers (primary teeth, through age 15)				
Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	80% after deductible		60% after deductible	
Emergency care for pain relief				
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
Oral Surgery (tooth extractions including impacted teeth)				
Routine extractions				
General anesthesia[1]				
Stainless steel crowns				
Harmful habit appliances for children (1 per lifetime, through age 14)				
Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)				
Periodontics (periodontal cleanings 2 per year, scaling/root planing 1 per quadrant every 3 years)				

[1] Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.

Humana Custom Dental PPO

FL PPO INFS FLEX

Orange County Classroom Teachers Association Plan One

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist INFS
Major services **Crowns** (1 per tooth every 5 years) **Inlays/onlays** (1 per tooth every 5 years) **Bridges** (1 every 5 years) **Dentures** (1 every 5 years) **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture repair and adjustments** (following 6 months of denture use) **Periodontics** (surgery 1 per quadrant every 3 years)	50% after deductible	40% after deductible
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type[2]	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

[2] Late applicant enrollment will have the following waiting periods: 12 months basic & major services.

Questions?

Visit **Humana.com** or call **866-427-7478** Monday – Saturday, 8 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time. Find a dentist at **Humana.com/findadentist**.

Register today!

Register or sign in to MyHumana at **Humana.com** to view your coverage details, ID cards, manage claims, find a dentist and more!

Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expenses arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.
2. Services:
   - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
   - War or any act of war, whether declared or not, excluding terrorism;
   - Any act of international armed conflict; or
   - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
   - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
   - Any service to correct congenital malformation;
   - Any service performed primarily to improve appearance;
   - Characterizations and personalization of prosthetic devices; or
   - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
   - Any type of implant and all related services;
   - Precision or semi-precision attachments;
   - Overdentures and any endodontic treatment associated with overdentures;
   - Other customized attachments;
   - Any service for 3D imaging (cone beam images);
   - Temporary and interim dental services;
   - Additional charges related to material or equipment used in the delivery of dental care.
   - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
   - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
   - Altering vertical dimension of teeth;
   - Restoration or maintenance of occlusion;
   - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
   - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
   - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in Your plan benefits.
14. Any service that:
    - Is not eligible for benefits based upon clinical review;
    - Does not offer a favorable prognosis;
    - Does not have uniform professional acceptance; or
    - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.

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20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
21. Temporary dental services.
22. Repair and replacement of orthodontic appliances.
23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
    a. Any services for orthognathic surgery;
    b. Any services for destruction of lesions by any method;
    c. Any services for tooth transplantation;
    d. Any services for removal of a foreign body from the oral tissue or bone;
    e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
    f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.

    General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:
    1. Pain control unless a documented allergy to local anesthetic is provided.
    2. Anxiety.
    3. Fear of pain.
    4. Pain management.
    5. Emotional inability to undergo surgery.
26. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
27. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
28. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
29. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
30. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate

Missing tooth clause: See plan document for more details

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana Custom Dental PPO

FLORIDA

FL PPO U&C FLEX

Orange County Classroom Teachers Association Plan Two

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist U&C 90	
Deductible (excludes orthodontia services)	Individual: $25	Family: $75	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive services.			
Annual maximum (excludes orthodontia services)	$1,300			
Preventive services	100% no deductible		80% no deductible	
Routine oral examinations (3 per year)				
Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)				
Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+)				
Routine cleanings (3 per year)				
Fluoride treatment (1 per year, through age 16)				
Sealants (permanent molars, through age 16)				
Space maintainers (primary teeth, through age 15)				
Oral Cancer Screening (1 per year, ages 40 and older)				
Basic services	80% after deductible		60% after deductible	
Emergency care for pain relief				
Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)				
Oral Surgery (tooth extractions including impacted teeth)				
Routine extractions				
General anesthesia[1]				
Stainless steel crowns				
Harmful habit appliances for children (1 per lifetime, through age 14)				
Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)				
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Humana Custom Dental PPO

FL PPO U&C FLEX

Orange County Classroom Teachers Association Plan Two

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist U&C 90
Major services **Crowns** (1 per tooth every 5 years) **Inlays/onlays** (1 per tooth every 5 years) **Bridges** (1 every 5 years) **Dentures** (1 every 5 years) **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture repair and adjustments** (following 6 months of denture use) **Periodontics** (surgery 1 per quadrant every 3 years)	50% after deductible	40% after deductible
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Voluntary funding: 10+ enrolled employees

Enrollment type[2]	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment, and timely add-on	No	No	No	Not available

[2] Late applicant enrollment will have the following waiting periods: 12 months basic & major services.

Questions?

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Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

1. Any expenses arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which benefits are paid under any Workers' Compensation or Occupational Disease Act or Law.
2. Services:
   - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
   - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
   - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
   - War or any act of war, whether declared or not, excluding terrorism;
   - Any act of international armed conflict; or
   - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
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7. Charges for:
   - Any type of implant and all related services;
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   - Any service for 3D imaging (cone beam images);
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   - Additional charges related to material or equipment used in the delivery of dental care.
   - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer policyholder;
   - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
   - Altering vertical dimension of teeth;
   - Restoration or maintenance of occlusion;
   - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
   - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
   - Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in Your plan benefits.
14. Any service that:
    - Is not eligible for benefits based upon clinical review;
    - Does not offer a favorable prognosis;
    - Does not have uniform professional acceptance; or
    - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.
16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Services provided by someone who ordinarily lives in your home or who is a family member.
18. Charges exceeding the reimbursement limit for the service.
19. Treatment resulting from any intentionally self-inflicted injury or bodily illness.

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21. Temporary dental services.
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23. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
24. The oral surgery benefits under this plan does not include:
    a. Any services for orthognathic surgery;
    b. Any services for destruction of lesions by any method;
    c. Any services for tooth transplantation;
    d. Any services for removal of a foreign body from the oral tissue or bone;
    e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
    f. Any separate fees for pre and post-operative care.
25. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.

    General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:
    1. Pain control unless a documented allergy to local anesthetic is provided.
    2. Anxiety.
    3. Fear of pain.
    4. Pain management.
    5. Emotional inability to undergo surgery.
26. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
27. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
28. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
29. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
30. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate

Missing tooth clause: See plan document for more details

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana Dental
Prepaid HD410 Plan

FLORIDA

Feel good about choosing a Humana Dental plan

The Humana Dental 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 Humana Dental.

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

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 Humana Dental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Tips to ensure a healthy mouth

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

Specialty Benefits Regulatory and Technical Information Guide available at **Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure**.

Using your Humana Dental benefits

You must select an in-network primary care dentist to access care on this plan. Simply visit **Humana.com/findadentist** to find a dentist.

Register or sign in to **MyHumana** at **Humana.com** to view your coverage details, ID cards, find a dentist and more!

Life without claims forms!
Your primary dentist will provide all of your routine dental care and you will pay any copayments to your dentist at the time of service.

Questions?

Visit **Humana.com** or call **866-427-7478** Monday – Saturday, 8 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time.

Find a dentist at **Humana.com/findadentist**.

Humana®

Humana Dental
Prepaid HD410 Plan

FLORIDA

The Humana Dental Prepaid plans focus on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable only at a participating general dentist. Procedures not listed on this document are not covered under the plan.

Specialists services: This plan does not include coverage for services performed by a specialist (i.e., endodontist, oral surgeon, periodontist, pediatric dentist). Members may be eligible to receive up to a 25 percent discount by visiting a participating specialist. Visit **Humana.com/findadentist** 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 (Normally Not The Same Dentist Who Provides The Treatment)	$25.00
D9430	Office Visit (normal hours)	$10.00
D9440	Office Visit - After Regularly Scheduled Hours	$45.00
D9986	Missed Appointment	$10.00
D9987	Cancelled Appointment	$10.00
D9999	Emergency visit during regularly scheduled hours	$20.00

Diagnostic		Member pays
D0120	Periodic Oral Evaluation - established patient (two per year)	no charge
D0140	Limited Oral Evaluation - Problem Focused	no charge
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	no charge
D0150	Comprehensive Oral Evaluation - New or Established Patient (two per year)	no charge
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	no charge
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	no charge
D0171	Re-evaluation – post-operative office visit	no charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (two per year)	$25.00
D0190	Screening of a patient	no charge
D0191	Assessment of a patient	no charge
D0210	Intraoral - comprehensive series of radiographic images (Limit 1 D0210 or D0709 every 3 years)	no charge
D0220	Intraoral - Periapical first radiographic image	no charge
D0230	Intraoral - periapical each additional radiographic image	no charge
D0240	Intraoral - occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0251	Extra-oral posterior dental radiographic image (Limited to one D0251 or D0705 per year)	no charge
D0270	Bitewing - Single radiographic image (Two per year)	no charge
D0272	Bitewings - Two radiographic images (Two per year)	no charge
D0273	Bitewings - Three radiographic images (Two per year)	no charge
D0274	Bitewings - Four radiographic images (Two per year)	no charge
D0277	Vertical Bitewings - 7 To 8 radiographic images (Two per year)	no charge
D0310	Sialography	$150.00
D0320	Temporomandibular joint arthrogram, including injection	$250.00
D0321	Other temporomandibular joint radiographic images, by report	$150.00
D0322	Tomographic survey	$150.00
D0330	Panoramic radiographic image (Limited to 1 D0330 or D0701 every 3 years	no charge
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	$40.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	no charge
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$175.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$175.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$175.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$200.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per year)	$180.00
D0369	Maxillofacial MRI capture and interpretation	$180.00
D0370	Maxillofacial ultrasound capture and interpretation	$160.00
D0371	Sialoendoscopy capture and interpretation	$160.00

D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	$140.00
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	$130.00
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	$130.00
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	$175.00
D0384	Cone beam CT image capture for tmj series including two or more exposures	$130.00
D0385	Maxillofacial MRI image capture	$160.00
D0386	Maxillofacial ultrasound image capture	$160.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	no charge
D0393	Virtual treatment simulation using 3D image volume or surface scan	no charge
D0394	Digital subtraction of two or more images or image volumes of the same modality	no charge
D0395	Fusion of two or more 3D image volumes of one or more modalities	no charge
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	no charge
D0415	Collection of microorganisms for culture and sensitivity	no charge
D0419	Assessment of salivary flow by measurement	no charge
D0425	Caries susceptibility tests	no charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$65.00
D0460	Pulp Vitality Tests (Not covered if root canal is performed)	no charge
D0470	Diagnostic Casts	no charge
D0472	Accession of tissue, gross examination, preparation and transmission of written report	no charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	no charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	no charge
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	no charge
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	no charge
D0502	Other oral pathology procedures, by report	no charge
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	no charge
D0601	Caries risk assessment and documentation, with a finding of low risk	no charge
D0602	Caries risk assessment and documentation, with a finding of moderate risk	no charge
D0603	Caries risk assessment and documentation, with a finding of high risk	no charge
D0701	Panoramic radiographic image – image capture only (limited to one D0330 or D0701 every 3 years)	no charge
D0702	2-D cephalometric radiographic image – image capture only	$40.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$5.00
D0705	Extra-oral posterior dental radiographic image – image capture only (limited to one D0251 or D0705 per year)	no charge
D0706	Intraoral – occlusal radiographic image – image capture only	no charge
D0707	Intraoral – periapical radiographic image – image capture only	$5.00
D0708	Intraoral – bitewing radiographic image – image capture only	no charge
D0709	Intraoral – complete series of radiographic images – image capture only (limit one D0210 or D0709 every 3 years)	no charge

Preventive		Member pays
D1110	Prophylaxis - Adult (Two per year, by primary care dentist)	no charge
D1120	Prophylaxis - Child (Two per year)	no charge
D1206	Topical application of Fluoride Varnish (Two per year; for child <16)	no charge
D1208	Topical application of Flouride - Excluding varnish (Two per year; for child <16)	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 Instructions	no charge
D1351	Sealant - Per Tooth (Permanent teeth only through age 15)	$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$5.00
D1353	Sealant repair – per tooth	$5.00
D1354	Interim caries arresting medicament application – per tooth	$5.00
D1355	Caries preventive medicament application – per tooth	$10.00
D1510*	Space Maintainer - fixed unilateral - per quadrant (Through age 14)	$75.00
D1516*	Space maintainer – fixed – bilateral, maxillary (Through age 14)	$105.00
D1517*	Space maintainer – fixed – bilateral, mandibular (Through age 14)	$105.00
D1520*	Space Maintainer - Removable - Unilateral - per quadrant (Through age 14)	$95.00

D1526*	Space maintainer - removable - bilateral, maxillary (Through age 14)	$100.00
D1527*	Space maintainer - removable - bilateral, mandibular (Through age 14)	$100.00
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	$10.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$10.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$10.00
D1575	Distal shoe space maintainer – fixed unilateral - per quadrant (Through age 14; primary teeth only)	$165.00

Restorative		**Member pays**
D2140	Amalgam - One Surface, Primary or Permanent	$20.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	$25.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	$30.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$35.00
D2410	Gold foil – one surface	$65.00
D2420	Gold foil – two surfaces	$90.00
D2430	Gold foil – three surfaces	$120.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	$30.00
D2940	Placement of Interim direct restoration	$20.00
D2949	Restorative foundation for an indirect restoration	$35.00
D2975	Coping	$100.00
D2990	Resin infiltration of incipient smooth surface lesions	$20.00
Resin restorative (inlays and onlays limited to one per tooth every five years)		**Member pays**
D2330	Resin-Based Composite - One Surface, Anterior	$35.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	$50.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	$65.00
D2335	Resin-Based Composite - four or more surfaces (Anterior)	$80.00
D2390	Resin-Based Composite Crown, Anterior	$80.00
D2391	Resin-Based Composite - One Surface, Posterior	$55.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	$70.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	$90.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$100.00
D2510*	Inlay - Metallic - One Surface	$285.00
D2520*	Inlay - Metallic - Two Surfaces	$295.00
D2530*	Inlay - Metallic - Three or More Surfaces	$305.00
D2542*	Onlay - Metallic - Two Surfaces	$310.00
D2543*	Onlay - Metallic - Three Surfaces	$320.00
D2544*	Onlay - Metallic - Four or More Surfaces	$330.00
D2610*	Inlay - Porcelain/ceramic, one surface	$310.00
D2620*	Inlay - Porcelain/ceramic, two surfaces	$320.00
D2630*	Inlay - Porcelain/ceramic, three or more surfaces	$330.00
D2642*	Onlay - Porcelain/ceramic, two surfaces	$335.00
D2643*	Onlay - Porcelain/ceramic, three surfaces	$345.00
D2644*	Onlay - Porcelain/ceramic, four or more surfaces	$355.00
D2650*	Inlay - Resin based composite, one surface	$285.00
D2651*	Inlay - Resin based composite, two surfaces	$295.00
D2652*	Inlay - Resin based composite, three or more surfaces	$305.00
D2662*	Onlay - Resin based composite, two surfaces	$310.00
D2663*	Onlay - Resin based composite, three surfaces	$320.00
D2664*	Onlay - Resin based composite, four or more surfaces	$350.00
Crown and bridge (limited to one per tooth every five years)		**Member pays**
D2710*	Crown - resin-based composite (indirect)	$350.00
D2712*	Crown - ¾ resin-based composite (indirect)	$350.00
D2720*	Crown - Resin with High Noble Metal	$350.00
D2721	Crown - Resin with Predominantly Base Metal	$350.00
D2722*	Crown - Resin with Noble Metal	$350.00
D2740*	Crown - Porcelain/Ceramic	$350.00
D2750*	Crown - Porcelain Fused to High Noble Metal	$350.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$350.00
D2752*	Crown - Porcelain Fused to Noble Metal	$350.00
D2753*	Crown - Porcelain fused to titanium and titanium alloys	$350.00
D2780*	Crown - 3/4 Cast High Noble Metal	$350.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	$350.00
D2782*	Crown - 3/4 Cast Noble Metal	$350.00
D2783*	Crown - 3/4 porcelain/ceramic	$350.00
D2790*	Crown - Full Cast High Noble Metal	$350.00
D2791	Crown - Full Cast Predominantly Base Metal	$350.00
D2792*	Crown - Full Cast Noble Metal	$350.00
D2794*	Crown - Titanium and titanium alloy	$350.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	no charge
D2910	Re-cement or re-bond inlay, onlay, venner or partial coverage restoration	$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	$20.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	$90.00
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	$90.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$90.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$30.00

D2932	Prefabricated Resin Crown	$80.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	$80.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$80.00
D2950	Core Buildup, Including Any Pins when required	$65.00
D2951	Pin Retention - per tooth, in addition to restoration	$20.00
D2952*	Post and Core, in addition to crown, indirectly fabricated	$125.00
D2953*	Each additional indirectly fabricated post - same tooth	$120.00
D2954	Prefabricated Post and Core in addition to crown	$105.00
D2955	Post Removal	$15.00
D2957	Each additional Prefabricated Post - same tooth	$40.00
D2960	Labial Veneer (Resin Laminate) - direct	$260.00
D2961*	Labial Veneer (Resin Laminate) - indirect	$360.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	$425.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	$60.00
D2980	Crown repair necessitated by restorative material failure	$15.00
D2981	Inlay repair necessitated by restorative material failure	$15.00
D2982	Onlay repair necessitated by restorative material failure	$15.00
D2983	Veneer repair necessitated by restorative material failure	$15.00
D6940	Stress breaker	$160.00
D6950	Precision attachment	$210.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)		**Member pays**
D6205	Pontic - indirect resin based composite	$700.00
D6210*	Pontic - Cast High Noble Metal	$350.00
D6211	Pontic - Cast Predominantly Base Metal	$350.00
D6212*	Pontic - Cast Noble Metal	$350.00
D6240*	Pontic - Porcelain fused to High Noble Metal	$350.00
D6241	Pontic - Porcelain fused to Predominantly Base Metal	$350.00
D6242*	Pontic - Porcelain fused to Noble Metal	$350.00
D6243*	Pontic - Porcelain fused to titanium and titanium alloys	$350.00
D6750*	Retainer crown - Porcelain fused to High Noble Metal	$350.00
D6751	Retainer crown - Porcelain fused to Predominantly Base Metal	$350.00
D6752*	Retainer crown - Porcelain fused to Noble Metal	$350.00
D6753*	Retainer crown - Porcelain fused to Titanium and Titanium alloys	$350.00
D6790*	retainer crown - Full Cast High Noble Metal	$350.00
D6791	Retainer crown - Full Cast Predominantly Base Metal	$350.00
D6792*	Retainer crown - Full Cast Noble Metal	$350.00
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	$125.00
D6794*	Retainer crown Titanium and titanium alloys	$350.00
D6930	Re-cement or re-bond fixed partial denture	$30.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$60.00
Prosthodontics (fixed) (replacement limited to every five years)		**Member pays**
D5110*	Complete denture - maxillary	$475.00
D5120*	Complete denture - mandibular	$475.00
D5130*	Immediate denture - maxillary	$475.00
D5140*	Immediate denture - mandibular	$475.00
D5211*	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$450.00
D5212*	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	$450.00
D5213*	Maxillary Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$475.00
D5214*	Mandibular Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$475.00
D5221*	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$333.00
D5222*	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	$333.00
D5223*	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$523.00
D5224*	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$523.00
D5225*	Maxillary Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$475.00
D5226*	Mandibular Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$475.00
D5227*	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	$475.00
D5228*	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	$475.00
D5282*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), maxillary	$395.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$395.00
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$395.00
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$395.00
D5410	Adjust complete denture - maxillary	$20.00
D5411	Adjust complete denture - mandibular	$20.00
D5421	Adjust partial denture - maxillary	$20.00
D5422	Adjust partial denture - mandibular	$20.00

D5660*	Add clasp to existing partial denture - per tooth	$100.00
D5862	Precision attachment, by report	$150.00
D5875	Modification of removable prosthesis following implant surgery	$55.00
D5876	Add metal substructure to acrylic full denture (per arch)	$45.00
D5899	Unspecified removable prosthodontic procedure, by report	no charge
Endodontics (each procedure limited to once per tooth per life)		**Member pays**
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$20.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$15.00
D3220	Therapeutic Pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$55.00
D3221	Pulpal debridement, primary and permanent teeth	$120.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$40.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	$55.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$75.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$135.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$240.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$310.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	$95.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	$95.00
D3333	Internal Root Repair of Perforation Defects	$100.00
D3346	Retreatment of previous root canal therapy - anterior	$165.00
D3347	Retreatment of previous root canal therapy - premolar	$230.00
D3348	Retreatment of previous root canal therapy - molar	$315.00
D3351	Apexification/recalcification - Intial Visit (Apical closure / calcific repair of perforations, root resorption, etc.)	$110.00
D3352	Apexification/recalcification - Interim Medication replacement (includes any necessary radiographs)	$85.00
D3353	Apexification/recalcification - Final Visit (includes any necessary radiographs)	$110.00
D3410	Apicoectomy - anterior	$165.00
D3421	Apicoectomy - premolar (first root)	$170.00
D3425	Apicoectomy - molar (first root)	$170.00
D3426	Apicoectomy (each additional root)	$75.00
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	$30.00
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$25.00
D3430	Retrograde Filling - Per Root	$45.00
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$150.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	$150.00
D3450	Root Amputation - Per Root (Not covered in conjunction with procedure D3920)	$110.00
D3460	Endodontic endosseous implant	$700.00
D3470	Intentional reimplantation (including necessary splinting)	$175.00
D3471	Surgical repair of root resorption – anterior	$100.00
D3472	Surgical repair of root resorption – premolar	$165.00
D3473	Surgical repair of root resorption – molar	$120.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$100.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$100.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$100.00
D3910	Surgical Procedure to isolate tooth with rubber dam	$35.00
D3911	Intraorifice barrier	no charge
D3920	Hemisection (including any root removal), not including root canal therapy	$105.00
D3921	Decoronation or submergence of an erupted tooth	$85.00
D3950	Canal Preparation and fitting of performed dowel or post	$20.00
Periodontics (gum treatment)		**Member pays**
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$135.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$75.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$60.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$180.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$135.00
D4245	Apically Positioned Flap	$200.00
D4249	Clinical crown lengthening – hard tissue	$175.00
D4260	Osseous Surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$400.00
D4261	Osseous Surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$375.00
D4263	Bone Replacement Graft - retained natural tooth - first site in quadrant	$240.00
D4264	Bone Replacement Graft - retained natural tooth - each additional site in quadrant	$145.00

D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site	$115.00
D4266	Guided Tissue Regeneration, natural teeth - resorbable barrier, per site	$290.00
D4267	Guided Tissue Regeneration, natural teeth - nonresorbable barrier, per site	$375.00
D4268	Surgical revision procedure, per tooth	no charge
D4270	Pedicle Soft Tissue Graft Procedure	$295.00
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$400.00
D4274	Mesial/Distal or Proximal Wedge Procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$105.00
D4275	Non-Autogenous Connective Tissue Graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$425.00
D4276	Combined connective tissue and double pedicle graft, per tooth	$65.00
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$300.00
D4278	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$150.00
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	$240.00
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	$255.00
D4322	Splint – Intra-Coronal; natural teeth or prosthetic crowns	$120.00
D4323	Splint – Extra-Coronal; natural teeth or prosthetic crowns	$100.00
D4341	Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4342, per 2 years)	$70.00
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4341, per 2 years)	$60.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (Limited to 1 per year cross reduces D1110, D1120)	$65.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (one per 5 years)	$65.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limited to one per tooth per year to a maximum of three(3) tooth sites per quardrant, and performed no less than three(3) months following active periodontal therapy.)	$65.00
D4910	Periodontal Maintenance (Covered only after active periodontal therapy)	$55.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$20.00
D4921	Gingival irrigation with a medicinal agent – per quadrant	$5.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction of Coronal Remnants - Primary Tooth	no charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	$40.00
D7210	Extraction, Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$55.00
D7220	Removal of Impacted Tooth - Soft Tissue	$60.00
D7230	Removal of Impacted Tooth - Partially Bony	$85.00
D7240	Removal of Impacted Tooth - Completely Bony	$105.00
D7241	Removal of Impacted Tooth - Completely Bony, with unusual surgical complications	$140.00
D7250	Removal of residual tooth roots (cutting procedure)	$45.00
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$150.00
D7260	Oroantral Fistula Closure	$400.00
D7261	Primary Closure of a Sinus Perforation	$250.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$75.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$100.00
D7280	Exposure of an unerupted tooth	$135.00
D7282	Mobilization of Erupted or Malposed tooth to aid eruption	$110.00
D7283	Placement of device to facilitate eruption of impacted tooth	$60.00
D7284	Excisional Biopsy of minor salivary glands	$130.00
D7285	Incisional Biopsy of Oral Tissue-hard (bone, tooth)	$400.00
D7286	Incisional Biopsy of Oral Tissue-soft	$130.00
D7287	Exfoliative Cytological Sample Collection	$60.00
D7288	Brush Biopsy - Transepithelial Sample Collection	$65.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$30.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$45.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$20.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$85.00

D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$45.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	$350.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$1,000.00
D7410	Excision of benign lesion up to 1.25 cm	$25.00
D7411	Excision of benign lesion greater than 1.25 cm	$50.00
D7412	Excision of benign lesion, complicated	$50.00
D7450	Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm	$190.00
D7451	Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm	$260.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$110.00
D7472	Removal of Torus Palatinus	$75.00
D7473	Removal of Torus Mandibularis	$75.00
D7485	Reduction of Osseous Tuberosity	$65.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$40.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$25.00
D7520	Incision and drainage of abscess - extraoral soft tissue	$25.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$25.00
D7880	Occlusal orthotic device, by report (1 per 2 years)	$150.00
D7881	Occlusal orthotic device adjustment	$10.00
D7910	Suture of recent small wounds up to 5 cm	$30.00
D7921	Collection and application of autologous blood concentrate product	$125.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	no charge
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	$350.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$800.00
D7952	Sinus augmentation via a vertical approach	$500.00
D7961	Buccal / labial frenectomy (frenulectomy)	$30.00
D7962	Lingual frenectomy (frenulectomy)	$30.00
D7963	Frenuloplasty	$50.00
D7970	Excision Hyperplastic Tissue - per arch	$90.00
D7971	Excision of Pericoronal Gingival	$60.00
D7972	Surgical reduction of fibrous tuberosity	$125.00
D7994	Surgical placement: Zygomatic implant	$1,200.00
Repairs to prosthetics		**Member pays**
D5511*	Repair broken complete denture base, mandibular	$45.00
D5512*	Repair broken complete denture base, maxillary	$45.00
D5520*	Replace Missing or Broken Teeth - Complete Denture - per tooth	$45.00
D5611*	Repair resin partial denture base, mandibular	$45.00
D5612*	Repair resin partial denture base, maxillary	$45.00
D5621*	Repair cast partial framework, mandibular	$45.00
D5622*	Repair cast partial framework, maxillary	$45.00
D5630*	Repair or replace broken retentive clasping materials - per tooth	$45.00
D5640*	Replace missing or broken teeth - partial denture - per tooth	$45.00
D5650*	Add tooth to existing partial denture - per tooth	$45.00
D5670*	Replace all teeth and acrylic on cast metal framework -maxillary	$235.00
D5671*	Replace all teeth and acrylic on cast metal framework - mandibular	$290.00
D5710*	Rebase Complete Upper Denture	$210.00
D5711*	Rebase Complete Lower Denture	$210.00
D5720*	Rebase maxillary partial denture	$210.00
D5721*	Rebase mandibular partial denture	$210.00
D5725*	Rebase Hybrid Prosthesis	$210.00
D5730	Reline Complete Maxillary Denture (direct)	$80.00
D5731	Reline Complete Mandibular Denture (direct)	$80.00
D5740	Reline Maxillary Partial Denture (direct)	$80.00
D5741	Reline Mandibular Partial Denture (direct)	$80.00
D5750*	Reline Complete Maxillary Denture (indirect)	$125.00
D5751*	Reline Complete Mandibular Denture (indirect)	$125.00
D5760*	Reline Maxillary Partial Denture (indirect)	$125.00
D5761*	Reline Mandibular Partial Denture (indirect)	$125.00
D5765*	Soft Liner for complete or partial removable denture – indirect	$125.00
D5810*	Interim Complete Denture (Maxillary)	$275.00
D5811*	Interim Complete Denture (Mandibular)	$275.00
D5820*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary	$135.00
D5821*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - mandibular	$135.00
D5850	Tissue Conditioning, Maxillary	$40.00
D5851	Tissue Conditioning, Mandibular	$40.00
D5982*	Surgical stent	$100.00
D5987*	Commissure splint	$100.00
D5988*	Surgical splint	$100.00
D6214*	Pontic Titanium and titanium alloys	$350.00
D6245*	Pontic - Porcelain/Ceramic	$350.00
D6250*	Pontic - Resin with High Noble Metal	$350.00
D6251	Pontic - Resin with Predominantly Base Metal	$350.00
D6252*	Pontic - Resin with Noble Metal	$350.00

D6253*	Interim Pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer - cast metal, resin bonded fixed prosthesis	$275.00
D6548*	Retainer - porcelain/ceramic, resin bonded fixed prosthesis	$275.00
D6549	Retainer – for resin bonded fixed prosthesis	$275.00
D6600*	Retainer Inlay - porcelain/ceramic, two surfaces	$350.00
D6601*	Retainer Inlay - porcelain/ceramic, three or more surfaces	$350.00
D6602*	Retainer Inlay - cast high noble metal, two surfaces	$350.00
D6603*	Retainer Inlay - cast high noble metal, three or more surfaces	$350.00
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	$350.00
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	$350.00
D6606*	Retainer Inlay - cast noble metal, two surfaces	$350.00
D6607*	Retainer Inlay - cast noble metal, three or more surfaces	$350.00
D6608*	Retainer Onlay - porcelain/ceramic, two surfaces	$350.00
D6609*	Retainer Onlay - porcelain/ceramic, three or more surfaces	$350.00
D6610*	Retainer Onlay - cast high noble metal, two surfaces	$350.00
D6611*	Retainer Onlay - cast high noble metal, three or more surfaces	$350.00
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	$350.00
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	$350.00
D6614*	Retainer Onlay - cast noble metal, two surfaces	$350.00
D6615*	Retainer Onlay - cast noble metal, three or more surfaces	$350.00
D6624*	Retainer Inlay - titanium	$350.00
D6634*	Retainer Onlay - titanium	$350.00
D6710*	Retainer Crown - indirect resin based composite	$350.00
D6720*	Retainer Crown - resin with high noble metal	$350.00
D6721	Retainer Crown - resin with predominantly base metal	$350.00
D6722*	Retainer Crown - resin with noble metal	$350.00
D6740*	Retainer Crown - porcelain/ceramic	$350.00
D6780*	Retainer Crown - 3/4 cast high noble metal	$350.00
D6781	Retainer Crown - 3/4 cast predominantly base metal	$350.00
D6782*	Retainer Crown - 3/4 cast noble metal	$350.00
D6783*	Retainer Crown - 3/4 porcelain/ceramic	$350.00
D6784*	Retainer Crown ¾ - titanium and titanium alloys	$350.00
Adjunctive general service		**Member pays**
D9110	Palliative treatment of dental pain - per visit	$5.00
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
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	no charge
D9222	Deep Sedation/General Anesthesia – first 15 minutes	$92.00
D9223	Deep Dedation/General Anesthesia – each subsequent 15 minute increment	$78.00
D9230	Inhalation of nitrous oxide/anesthesia anxiolysis	$30.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	$92.00
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	$78.00
D9248	Non-intravenous conscious sedation	$15.00
D9311	Consultation with a medical health care professional	no charge
D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9610	Therapeutic parenteral drug, single administration	$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$25.00
D9613	Infiltration of sustained release therapeutic drug, per quadrant	$50.00
D9630	Drugs or medicaments dispensed in the office for home use	$15.00
D9910	Application of desensitizing medicament	$15.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	no charge
D9912	Pre-visit patient screening	no charge
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	no charge
D9932	Cleaning and inspection of removable complete denture, maxillary	no charge
D9933	Cleaning and inspection of removable complete denture, mandibular	no charge
D9934	Cleaning and inspection of removable partial denture, maxillary	no charge
D9935	Cleaning and inspection of removable partial denture, mandibular	no charge
D9941	Fabrication of athletic mouthguard (1 per year)	$100.00
D9942	Repair and/or reline of occlusal guard	$40.00
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard – hard appliance, full arch (1 per 2 years)	$130.00
D9945	Occlusal guard – soft appliance, full arch (1 per 2 years)	$120.00
D9946	Occlusal guard – hard appliance, partial arch (1 per 2 years)	$120.00
D9950	Occlusion analysis – mounted case	$75.00

D9951	Occlusal Adjustment - Limited	$40.00
D9952	Occlusal Adjustment - Complete	$185.00
D9961	Duplicate/copy patient's records	no charge
D9973	External bleaching – per tooth	$30.00
D9990	Certified translation or sign-language services – per visit	no charge
D9991	Dental case management – addressing appointment compliance barriers	no charge
D9992	Dental case management – care coordination	no charge
D9993	Dental case management – motivational interviewing	no charge
D9994	Dental case management – patient education to improve oral health literacy	no charge
D9997	Dental case management – patients with special health care needs	no charge
Bleaching		**Member pays**
D9972	External Bleaching peformed in the office - Per Arch	$185.00
D9975	External Bleaching peformed at home - Per Arch	$185.00
Orthodontics		**Member pays**
NOTE: Members may receive up to a 25% discount by visiting an in-network orthodontist. Visit **Humana.com** to find a participating orthodontist.		

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availabilty of services.
- 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 **Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure**.

Offered by CompBenefits Company

Humana Dental
Prepaid HS405 Plan

FLORIDA

Feel good about choosing a Humana Dental plan

The Humana Dental 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 Humana Dental.

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

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 Humana Dental Prepaid plan enables you to take better care of your teeth, and you'll pay less for your dental care doing so.

Tips to ensure a healthy mouth

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

Specialty Benefits Regulatory and Technical Information Guide available at **Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure**.

Using your Humana Dental benefits

You must select an in-network primary care dentist to access care on this plan. Simply visit **Humana.com/findadentist** to find a dentist.

Register or sign in to **MyHumana** at **Humana.com** to view your coverage details, ID cards, find a dentist and more!

Life without claims forms!
Your primary dentist will provide all of your routine dental care and you will pay any copayments to your dentist at the time of service.

Questions?

Visit **Humana.com** or call **866-427-7478** Monday – Saturday, 8 a.m. – 11 p.m., and Sunday, 11 a.m. – 8 p.m., Eastern time.

Find a dentist at **Humana.com/findadentist**.

Humana®

Humana Dental
Prepaid HS405 Plan

FLORIDA

The Humana Dental Prepaid plans focus on maintaining oral health, prevention and cost-containment. There are no yearly maximums, no deductibles to meet and no waiting periods. Plan copayments for listed procedures are applicable at either a participating general dentist or a participating specialist. Procedures not listed on this document are not covered under the plan.

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/findadentist** 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 (Normally Not The Same Dentist Who Provides The Treatment)	$5.00
D9430	Office Visit (normal hours)	no charge
D9440	Office Visit - After Regularly Scheduled Hours	$35.00
D9986	Missed Appointment	$10.00
D9987	Cancelled Appointment	$10.00
D9999	Emergency visit during regularly scheduled hours	$20.00
Diagnostic		**Member pays**
D0120	Periodic Oral Evaluation - established patient (two per year)	no charge
D0140	Limited Oral Evaluation - Problem Focused	no charge
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	no charge
D0150	Comprehensive Oral Evaluation - New or Established Patient (two per year)	no charge
D0160	Detailed and Extensive Oral Evaluation - Problem Focused, By Report	no charge
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	no charge
D0171	Re-evaluation – post-operative office visit	no charge
D0180	Comprehensive Periodontal Evaluation - New or Established Patient (two per year)	$15.00
D0190	Screening of a patient	no charge
D0191	Assessment of a patient	no charge
D0210	Intraoral - comprehensive series of radiographic images (Limit 1 D0210 or D0709 every 3 years)	no charge
D0220	Intraoral - Periapical first radiographic image	no charge
D0230	Intraoral - periapical each additional radiographic image	no charge
D0240	Intraoral - occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0251	Extra-oral posterior dental radiographic image (Limited to one D0251 or D0705 per year)	no charge
D0270	Bitewing - Single radiographic image (Two per year)	no charge
D0272	Bitewings - Two radiographic images (Two per year)	no charge
D0273	Bitewings - Three radiographic images (Two per year)	no charge
D0274	Bitewings - Four radiographic images (Two per year)	no charge
D0277	Vertical Bitewings - 7 To 8 radiographic images (Two per year)	no charge
D0310	Sialography	$105.00
D0320	Temporomandibular joint arthrogram, including injection	$175.00
D0321	Other temporomandibular joint radiographic images, by report	$105.00
D0322	Tomographic survey	$105.00
D0330	Panoramic radiographic image (Limited to 1 D0330 or D0701 every 3 years	no charge
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis	$30.00
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	no charge
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$120.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium (only covered in conjunction with the surgical placement of an implant; limit of a total of only one D0364, D0365, D0366 or D0367 per year)	$140.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures (limit 1 per year)	$125.00
D0369	Maxillofacial MRI capture and interpretation	$125.00
D0370	Maxillofacial ultrasound capture and interpretation	$110.00
D0371	Sialoendoscopy capture and interpretation	$110.00

D0380	Cone beam CT image capture with limited field of view – less than one whole jaw	$100.00
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible	$90.00
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium	$90.00
D0383	Cone beam CT image capture with field of view of both jaws; with or without cranium	$120.00
D0384	Cone beam CT image capture for tmj series including two or more exposures	$90.00
D0385	Maxillofacial MRI image capture	$110.00
D0386	Maxillofacial ultrasound image capture	$110.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	no charge
D0393	Virtual treatment simulation using 3D image volume or surface scan	no charge
D0394	Digital subtraction of two or more images or image volumes of the same modality	no charge
D0395	Fusion of two or more 3D image volumes of one or more modalities	no charge
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	no charge
D0415	Collection of microorganisms for culture and sensitivity	no charge
D0419	Assessment of salivary flow by measurement	no charge
D0425	Caries susceptibility tests	no charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	$50.00
D0460	Pulp Vitality Tests (Not covered if root canal is performed)	no charge
D0470	Diagnostic Casts	no charge
D0472	Accession of tissue, gross examination, preparation and transmission of written report	no charge
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	no charge
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	no charge
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	no charge
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	no charge
D0502	Other oral pathology procedures, by report	no charge
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	no charge
D0601	Caries risk assessment and documentation, with a finding of low risk	no charge
D0602	Caries risk assessment and documentation, with a finding of moderate risk	no charge
D0603	Caries risk assessment and documentation, with a finding of high risk	no charge
D0701	Panoramic radiographic image – image capture only (limited to one D0330 or D0701 every 3 years)	no charge
D0702	2-D cephalometric radiographic image – image capture only	$30.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	$5.00
D0705	Extra-oral posterior dental radiographic image – image capture only (limited to one D0251 or D0705 per year)	no charge
D0706	Intraoral – occlusal radiographic image – image capture only	no charge
D0707	Intraoral – periapical radiographic image – image capture only	$5.00
D0708	Intraoral – bitewing radiographic image – image capture only	no charge
D0709	Intraoral – complete series of radiographic images – image capture only (limit one D0210 or D0709 every 3 years)	no charge

Preventive		Member pays
D1110	Prophylaxis - Adult (Three per year, by primary care dentist)	no charge
D1120	Prophylaxis - Child (Three per year)	no charge
D1206	Topical application of Fluoride Varnish (Two per year; for child <16)	no charge
D1208	Topical application of Flouride - Excluding varnish (Two per year; for child <16)	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 Instructions	no charge
D1351	Sealant - Per Tooth (Permanent teeth only through age 15)	$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$5.00
D1353	Sealant repair – per tooth	$5.00
D1354	Interim caries arresting medicament application – per tooth	$5.00
D1355	Caries preventive medicament application – per tooth	$5.00
D1510*	Space Maintainer - fixed unilateral - per quadrant (Through age 14)	$50.00
D1516*	Space maintainer – fixed – bilateral, maxillary (Through age 14)	$70.00
D1517*	Space maintainer – fixed – bilateral, mandibular (Through age 14)	$70.00
D1520*	Space Maintainer - Removable - Unilateral - per quadrant (Through age 14)	$85.00

D1526*	Space maintainer - removable - bilateral, maxillary (Through age 14)	$90.00
D1527*	Space maintainer - removable - bilateral, mandibular (Through age 14)	$90.00
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	$10.00
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	$10.00
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	$10.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	$5.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$5.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$5.00
D1575	Distal shoe space maintainer – fixed unilateral - per quadrant (Through age 14; primary teeth only)	$130.00

Restorative		**Member pays**
D2140	Amalgam - One Surface, Primary or Permanent	$5.00
D2150	Amalgam - Two Surfaces, Primary or Permanent	$5.00
D2160	Amalgam - Three Surfaces, Primary or Permanent	$5.00
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	$5.00
D2410	Gold foil – one surface	$45.00
D2420	Gold foil – two surfaces	$60.00
D2430	Gold foil – three surfaces	$85.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	$20.00
D2940	Placement of Interim direct restoration	$10.00
D2949	Restorative foundation for an indirect restoration	$25.00
D2975	Coping	$70.00
D2990	Resin infiltration of incipient smooth surface lesions	$15.00
Resin restorative (inlays and onlays limited to one per tooth every five years)		**Member pays**
D2330	Resin-Based Composite - One Surface, Anterior	$30.00
D2331	Resin-Based Composite - Two Surfaces, Anterior	$40.00
D2332	Resin-Based Composite - Three Surfaces, Anterior	$45.00
D2335	Resin-Based Composite - four or more surfaces (Anterior)	$65.00
D2390	Resin-Based Composite Crown, Anterior	$70.00
D2391	Resin-Based Composite - One Surface, Posterior	$45.00
D2392	Resin-Based Composite - Two Surfaces, Posterior	$55.00
D2393	Resin-Based Composite - Three Surfaces, Posterior	$80.00
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	$90.00
D2510*	Inlay - Metallic - One Surface	$225.00
D2520*	Inlay - Metallic - Two Surfaces	$235.00
D2530*	Inlay - Metallic - Three or More Surfaces	$245.00
D2542*	Onlay - Metallic - Two Surfaces	$250.00
D2543*	Onlay - Metallic - Three Surfaces	$260.00
D2544*	Onlay - Metallic - Four or More Surfaces	$270.00
D2610*	Inlay - Porcelain/ceramic, one surface	$250.00
D2620*	Inlay - Porcelain/ceramic, two surfaces	$260.00
D2630*	Inlay - Porcelain/ceramic, three or more surfaces	$270.00
D2642*	Onlay - Porcelain/ceramic, two surfaces	$275.00
D2643*	Onlay - Porcelain/ceramic, three surfaces	$285.00
D2644*	Onlay - Porcelain/ceramic, four or more surfaces	$295.00
D2650*	Inlay - Resin based composite, one surface	$225.00
D2651*	Inlay - Resin based composite, two surfaces	$235.00
D2652*	Inlay - Resin based composite, three or more surfaces	$245.00
D2662*	Onlay - Resin based composite, two surfaces	$250.00
D2663*	Onlay - Resin based composite, three surfaces	$260.00
D2664*	Onlay - Resin based composite, four or more surfaces	$270.00
Crown and bridge (limited to one per tooth every five years)		**Member pays**
D2710*	Crown - resin-based composite (indirect)	$270.00
D2712*	Crown - ¾ resin-based composite (indirect)	$270.00
D2720*	Crown - Resin with High Noble Metal	$270.00
D2721	Crown - Resin with Predominantly Base Metal	$270.00
D2722*	Crown - Resin with Noble Metal	$270.00
D2740*	Crown - Porcelain/Ceramic	$270.00
D2750*	Crown - Porcelain Fused to High Noble Metal	$270.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	$270.00
D2752*	Crown - Porcelain Fused to Noble Metal	$270.00
D2753*	Crown - Porcelain fused to titanium and titanium alloys	$270.00
D2780*	Crown - 3/4 Cast High Noble Metal	$270.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	$270.00
D2782*	Crown - 3/4 Cast Noble Metal	$270.00
D2783*	Crown - 3/4 porcelain/ceramic	$270.00
D2790*	Crown - Full Cast High Noble Metal	$270.00
D2791	Crown - Full Cast Predominantly Base Metal	$270.00
D2792*	Crown - Full Cast Noble Metal	$270.00
D2794*	Crown - Titanium and titanium alloy	$270.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	no charge
D2910	Re-cement or re-bond inlay, onlay, venner or partial coverage restoration	$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	$15.00
D2928	Prefabricated porcelain/ceramic crown – Permanent tooth	$75.00
D2929	Prefabricated Porcelain/Ceramic Crown - Primary Tooth	$75.00
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	$75.00
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	$25.00

D2932	Prefabricated Resin Crown	$50.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	$50.00
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	$50.00
D2950	Core Buildup, Including Any Pins when required	$50.00
D2951	Pin Retention - per tooth, in addition to restoration	$15.00
D2952*	Post and Core, in addition to crown, indirectly fabricated	$95.00
D2953*	Each additional indirectly fabricated post - same tooth	$100.00
D2954	Prefabricated Post and Core in addition to crown	$85.00
D2955	Post Removal	$10.00
D2957	Each additional Prefabricated Post - same tooth	$35.00
D2960	Labial Veneer (Resin Laminate) - direct	$250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	$300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	$350.00
D2971	Additional 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	$150.00
D6950	Precision attachment	$195.00
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)		**Member pays**
D6205	Pontic - indirect resin based composite	$490.00
D6210*	Pontic - Cast High Noble Metal	$270.00
D6211	Pontic - Cast Predominantly Base Metal	$270.00
D6212*	Pontic - Cast Noble Metal	$270.00
D6240*	Pontic - Porcelain fused to High Noble Metal	$270.00
D6241	Pontic - Porcelain fused to Predominantly Base Metal	$270.00
D6242*	Pontic - Porcelain fused to Noble Metal	$270.00
D6243*	Pontic - Porcelain fused to titanium and titanium alloys	$270.00
D6750*	Retainer crown - Porcelain fused to High Noble Metal	$270.00
D6751	Retainer crown - Porcelain fused to Predominantly Base Metal	$270.00
D6752*	Retainer crown - Porcelain fused to Noble Metal	$270.00
D6753*	Retainer crown - Porcelain fused to Titanium and Titanium alloys	$270.00
D6790*	retainer crown - Full Cast High Noble Metal	$270.00
D6791	Retainer crown - Full Cast Predominantly Base Metal	$270.00
D6792*	Retainer crown - Full Cast Noble Metal	$270.00
D6793	Interim retainer crown - further treatment or completion of diagnosis necessary prior to final impression	$90.00
D6794*	Retainer crown Titanium and titanium alloys	$270.00
D6930	Re-cement or re-bond fixed partial denture	$15.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$40.00
Prosthodontics (fixed) (replacement limited to every five years)		**Member pays**
D5110*	Complete denture - maxillary	$375.00
D5120*	Complete denture - mandibular	$375.00
D5130*	Immediate denture - maxillary	$375.00
D5140*	Immediate denture - mandibular	$375.00
D5211*	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400.00
D5212*	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	$400.00
D5213*	Maxillary Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$425.00
D5214*	Mandibular Partial Denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$425.00
D5221*	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263.00
D5222*	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	$263.00
D5223*	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413.00
D5224*	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$413.00
D5225*	Maxillary Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$425.00
D5226*	Mandibular 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	$350.00
D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$350.00
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$350.00
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$350.00
D5410	Adjust complete denture - maxillary	$15.00
D5411	Adjust complete denture - mandibular	$15.00
D5421	Adjust partial denture - maxillary	$15.00
D5422	Adjust partial denture - mandibular	$15.00

D5660*	Add clasp to existing partial denture - per tooth	$90.00
D5862	Precision attachment, by report	$105.00
D5875	Modification of removable prosthesis following implant surgery	$40.00
D5876	Add metal substructure to acrylic full denture (per arch)	$30.00
D5899	Unspecified removable prosthodontic procedure, by report	no charge

Endodontics (each procedure limited to once per tooth per life)		**Member pays**
D3110	Pulp Cap - Direct (Excluding Final Restoration)	$15.00
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	$10.00
D3220	Therapeutic Pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	$40.00
D3221	Pulpal debridement, primary and permanent teeth	$85.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	$30.00
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth (Excluding Final Restoration)	$45.00
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth (Excluding Final Restoration)	$50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$110.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$195.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$250.00
D3331	Treatment of Root Canal Obstruction; Non-Surgical Access	$80.00
D3332	Incomplete Endodontic Therapy; Inoperable or Fractured Tooth	$80.00
D3333	Internal Root Repair of Perforation Defects	$90.00
D3346	Retreatment of previous root canal therapy - anterior	$115.00
D3347	Retreatment of previous root canal therapy - premolar	$160.00
D3348	Retreatment of previous root canal therapy - molar	$220.00
D3351	Apexification/recalcification - Intial Visit (Apical closure / calcific repair of perforations, root resorption, etc.)	$90.00
D3352	Apexification/recalcification - Interim Medication replacement (includes any necessary radiographs)	$80.00
D3353	Apexification/recalcification - Final Visit (includes any necessary radiographs)	$90.00
D3410	Apicoectomy - anterior	$135.00
D3421	Apicoectomy - premolar (first root)	$120.00
D3425	Apicoectomy - molar (first root)	$120.00
D3426	Apicoectomy (each additional root)	$60.00
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	$20.00
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$18.00
D3430	Retrograde Filling - Per Root	$40.00
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	$105.00
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	$105.00
D3450	Root Amputation - Per Root (Not covered in conjunction with procedure D3920)	$95.00
D3460	Endodontic endosseous implant	$490.00
D3470	Intentional reimplantation (including necessary splinting)	$120.00
D3471	Surgical repair of root resorption – anterior	$70.00
D3472	Surgical repair of root resorption – premolar	$115.00
D3473	Surgical repair of root resorption – molar	$85.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	$70.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	$70.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	$70.00
D3910	Surgical Procedure to isolate tooth with rubber dam	$20.00
D3911	Intraorifice barrier	no charge
D3920	Hemisection (including any root removal), not including root canal therapy	$90.00
D3921	Decoronation or submergence of an erupted tooth	$60.00
D3950	Canal Preparation and fitting of performed dowel or post	$15.00

Periodontics (gum treatment)		**Member pays**
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	$55.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$40.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	$150.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	$120.00
D4245	Apically Positioned Flap	$175.00
D4249	Clinical crown lengthening – hard tissue	$150.00
D4260	Osseous Surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$350.00
D4261	Osseous Surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$325.00
D4263	Bone Replacement Graft - retained natural tooth - first site in quadrant	$180.00
D4264	Bone Replacement Graft - retained natural tooth - each additional site in quadrant	$95.00

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	$230.00
D4267	Guided Tissue Regeneration, natural teeth - nonresorbable barrier, per site	$275.00
D4268	Surgical revision procedure, per tooth	no charge
D4270	Pedicle Soft Tissue Graft Procedure	$260.00
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$350.00
D4274	Mesial/Distal or Proximal Wedge Procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$90.00
D4275	Non-Autogenous Connective Tissue Graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$380.00
D4276	Combined connective tissue and double pedicle graft, per tooth	$45.00
D4277	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$265.00
D4278	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	$130.00
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$210.00
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$228.00
D4322	Splint – Intra-Coronal; natural teeth or prosthetic crowns	$95.00
D4323	Splint – Extra-Coronal; natural teeth or prosthetic crowns	$85.00
D4341	Periodontal Scaling and Root Planing, Four or More Teeth Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4342, per 2 years)	$55.00
D4342	Periodontal Scaling and Root Planing- One to Three Teeth, Per Quadrant (A maximum of four (4) quadrants will be paid in any combinations D4341, per 2 years)	$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (Limited to 1 per year cross reduces D1110, D1120)	$55.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (one per 5 years)	$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limited to one per tooth per year to a maximum of three(3) tooth sites per quardrant, and performed no less than three(3) months following active periodontal therapy.)	$60.00
D4910	Periodontal Maintenance (Covered only after active periodontal therapy)	$45.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$15.00
D4921	Gingival irrigation with a medicinal agent – per quadrant	$5.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction of Coronal Remnants - Primary Tooth	no charge
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	no charge
D7210	Extraction, Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$40.00
D7220	Removal of Impacted Tooth - Soft Tissue	$55.00
D7230	Removal of Impacted Tooth - Partially Bony	$70.00
D7240	Removal of Impacted Tooth - Completely Bony	$85.00
D7241	Removal of Impacted Tooth - Completely Bony, with unusual surgical complications	$110.00
D7250	Removal of residual tooth roots (cutting procedure)	$40.00
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	$105.00
D7260	Oroantral Fistula Closure	$350.00
D7261	Primary Closure of a Sinus Perforation	$225.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$55.00
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$70.00
D7280	Exposure of an unerupted tooth	$100.00
D7282	Mobilization of Erupted or Malposed tooth to aid eruption	$90.00
D7283	Placement of device to facilitate eruption of impacted tooth	$40.00
D7284	Excisional Biopsy of minor salivary glands	$120.00
D7285	Incisional Biopsy of Oral Tissue-hard (bone, tooth)	$350.00
D7286	Incisional Biopsy of Oral Tissue-soft	$120.00
D7287	Exfoliative Cytological Sample Collection	$50.00
D7288	Brush Biopsy - Transepithelial Sample Collection	$55.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	$20.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$40.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$15.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	$75.00

D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	$30.00
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	$245.00
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$700.00
D7410	Excision of benign lesion up to 1.25 cm	$18.00
D7411	Excision of benign lesion greater than 1.25 cm	$35.00
D7412	Excision of benign lesion, complicated	$35.00
D7450	Removal of Benign Odontogenic Cyst or Tumor -Up to 1.25cm	$160.00
D7451	Removal of Benign Odontogenic Cyst or Tumor -Greater Than 1.25cm	$235.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	$90.00
D7472	Removal of Torus Palatinus	$65.00
D7473	Removal of Torus Mandibularis	$65.00
D7485	Reduction of Osseous Tuberosity	$60.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	$35.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18.00
D7520	Incision and drainage of abscess - extraoral soft tissue	$18.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	$18.00
D7880	Occlusal orthotic device, by report (1 per 2 years)	$105.00
D7881	Occlusal orthotic device adjustment	$5.00
D7910	Suture of recent small wounds up to 5 cm	$20.00
D7921	Collection and application of autologous blood concentrate product	$90.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	no charge
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	$245.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	$560.00
D7952	Sinus augmentation via a vertical approach	$350.00
D7961	Buccal / labial frenectomy (frenulectomy)	$20.00
D7962	Lingual frenectomy (frenulectomy)	$20.00
D7963	Frenuloplasty	$35.00
D7970	Excision Hyperplastic Tissue - per arch	$85.00
D7971	Excision of Pericoronal Gingival	$55.00
D7972	Surgical reduction of fibrous tuberosity	$90.00
D7994	Surgical placement: Zygomatic implant	$840.00
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 - per 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 missing or broken teeth - partial denture - per tooth	$35.00
D5650*	Add tooth to existing partial denture - per tooth	$35.00
D5670*	Replace all teeth and acrylic on cast metal framework -maxillary	$210.00
D5671*	Replace all teeth and acrylic on cast metal framework - mandibular	$225.00
D5710*	Rebase Complete Upper Denture	$200.00
D5711*	Rebase Complete Lower Denture	$200.00
D5720*	Rebase maxillary partial denture	$200.00
D5721*	Rebase mandibular partial denture	$200.00
D5725*	Rebase Hybrid Prosthesis	$200.00
D5730	Reline Complete Maxillary Denture (direct)	$60.00
D5731	Reline Complete Mandibular Denture (direct)	$60.00
D5740	Reline Maxillary Partial Denture (direct)	$60.00
D5741	Reline Mandibular Partial Denture (direct)	$60.00
D5750*	Reline Complete Maxillary Denture (indirect)	$95.00
D5751*	Reline Complete Mandibular Denture (indirect)	$95.00
D5760*	Reline Maxillary Partial Denture (indirect)	$95.00
D5761*	Reline Mandibular Partial Denture (indirect)	$95.00
D5765*	Soft Liner for complete or partial removable denture – indirect	$95.00
D5810*	Interim Complete Denture (Maxillary)	$250.00
D5811*	Interim Complete Denture (Mandibular)	$250.00
D5820*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - maxillary	$80.00
D5821*	Interim Partial Denture (including retentive/clasping materials, rests, and teeth) - mandibular	$80.00
D5850	Tissue Conditioning, Maxillary	$30.00
D5851	Tissue Conditioning, Mandibular	$30.00
D5982*	Surgical stent	$70.00
D5987*	Commissure splint	$70.00
D5988*	Surgical splint	$70.00
D6214*	Pontic Titanium and titanium alloys	$270.00
D6245*	Pontic - Porcelain/Ceramic	$270.00
D6250*	Pontic - Resin with High Noble Metal	$270.00
D6251	Pontic - Resin with Predominantly Base Metal	$270.00
D6252*	Pontic - Resin with Noble Metal	$270.00

D6253*	Interim Pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer - cast metal, resin bonded fixed prosthesis	$250.00
D6548*	Retainer - porcelain/ceramic, resin bonded fixed prosthesis	$250.00
D6549	Retainer – for resin bonded fixed prosthesis	$250.00
D6600*	Retainer Inlay - porcelain/ceramic, two surfaces	$270.00
D6601*	Retainer Inlay - porcelain/ceramic, three or more surfaces	$270.00
D6602*	Retainer Inlay - cast high noble metal, two surfaces	$270.00
D6603*	Retainer Inlay - cast high noble metal, three or more surfaces	$270.00
D6604	Retainer Inlay - cast predominantly base metal, two surfaces	$270.00
D6605	Retainer Inlay - cast predominantly base metal, three or more surfaces	$270.00
D6606*	Retainer Inlay - cast noble metal, two surfaces	$270.00
D6607*	Retainer Inlay - cast noble metal, three or more surfaces	$270.00
D6608*	Retainer Onlay - porcelain/ceramic, two surfaces	$270.00
D6609*	Retainer Onlay - porcelain/ceramic, three or more surfaces	$270.00
D6610*	Retainer Onlay - cast high noble metal, two surfaces	$270.00
D6611*	Retainer Onlay - cast high noble metal, three or more surfaces	$270.00
D6612	Retainer Onlay - cast predominantly base metal, two surfaces	$270.00
D6613	Retainer Onlay - cast predominantly base metal, three or more surfaces	$270.00
D6614*	Retainer Onlay - cast noble metal, two surfaces	$270.00
D6615*	Retainer Onlay - cast noble metal, three or more surfaces	$270.00
D6624*	Retainer Inlay - titanium	$270.00
D6634*	Retainer Onlay - titanium	$270.00
D6710*	Retainer Crown - indirect resin based composite	$270.00
D6720*	Retainer Crown - resin with high noble metal	$270.00
D6721	Retainer Crown - resin with predominantly base metal	$270.00
D6722*	Retainer Crown - resin with noble metal	$270.00
D6740*	Retainer Crown - porcelain/ceramic	$280.00
D6780*	Retainer Crown - 3/4 cast high noble metal	$270.00
D6781	Retainer Crown - 3/4 cast predominantly base metal	$270.00
D6782*	Retainer Crown - 3/4 cast noble metal	$270.00
D6783*	Retainer Crown - 3/4 porcelain/ceramic	$270.00
D6784*	Retainer Crown ¾ - titanium and titanium alloys	$270.00
Adjunctive general service		**Member pays**
D9110	Palliative treatment of dental pain - per visit	$5.00
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
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	no charge
D9222	Deep Sedation/General Anesthesia – first 15 minutes	$83.00
D9223	Deep Dedation/General Anesthesia – each subsequent 15 minute increment	$71.00
D9230	Inhalation of nitrous oxide/anesthesia anxiolysis	$15.00
D9239	Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes	$83.00
D9243	Intravenous moderate (conscious) sedation/anesthesia – each subsequent 15 minute increment	$71.00
D9248	Non-intravenous conscious sedation	$5.00
D9311	Consultation with a medical health care professional	no charge
D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9610	Therapeutic parenteral drug, single administration	$5.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$18.00
D9613	Infiltration of sustained release therapeutic drug, per quadrant	$35.00
D9630	Drugs or medicaments dispensed in the office for home use	$5.00
D9910	Application of desensitizing medicament	$5.00
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	no charge
D9912	Pre-visit patient screening	no charge
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	no charge
D9932	Cleaning and inspection of removable complete denture, maxillary	no charge
D9933	Cleaning and inspection of removable complete denture, mandibular	no charge
D9934	Cleaning and inspection of removable partial denture, maxillary	no charge
D9935	Cleaning and inspection of removable partial denture, mandibular	no charge
D9941	Fabrication of athletic mouthguard (1 per year)	$70.00
D9942	Repair and/or reline of occlusal guard	$30.00
D9943	Occlusal guard adjustment	$5.00
D9944	Occlusal guard – hard appliance, full arch (1 per 2 years)	$90.00
D9945	Occlusal guard – soft appliance, full arch (1 per 2 years)	$85.00
D9946	Occlusal guard – hard appliance, partial arch (1 per 2 years)	$85.00
D9950	Occlusion analysis – mounted case	$50.00

D9951	Occlusal Adjustment - Limited	$35.00
D9952	Occlusal Adjustment - Complete	$165.00
D9961	Duplicate/copy patient's records	no charge
D9973	External bleaching – per tooth	$20.00
D9990	Certified translation or sign-language services – per visit	no charge
D9991	Dental case management – addressing appointment compliance barriers	no charge
D9992	Dental case management – care coordination	no charge
D9993	Dental case management – motivational interviewing	no charge
D9994	Dental case management – patient education to improve oral health literacy	no charge
D9997	Dental case management – patients with special health care needs	no charge
Bleaching		**Member pays**
D9972	External Bleaching peformed in the office - Per Arch	$175.00
D9975	External Bleaching peformed at home - Per Arch	$175.00
Orthodontics		**Member pays**
D8010	Limited orthodontic treatment of the primary dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$850.00
D8020	Limited orthodontic treatment of the transitional dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$850.00
D8030	Limited orthodontic treatment of the adolescent dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$800.00
D8040	Limited orthodontic treatment of the adult dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,000.00
D8070	Comprehensive Orthodontic treatment of the transitional dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8080	Comprehensive Orthodontic treatment of the adolescent dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8090	Comprehensive Orthodontic treatment of the adult dentition	
	Consultation	no charge
	Evaluation	$45.00
	Records/ treatment planning	$250.00
	Ortho treatment	$1,900.00
D8210	Removable appliance therapy	$50.00
D8220	Fixed appliance therapy	$50.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	$50.00
D8670	Periodic orthodontic treatment visit	no charge
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	$455.00
D8681	Removable orthodontic retainer adjustment	no charge
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment	$140.00
D8698	Re-cement or re-bond fixed retainer – maxillary	no charge
D8699	Re-cement or re-bond fixed retainer – mandibular	no charge
D8701	Repair of fixed retainer, includes reattachment – Upper	no charge
D8702	Repair of fixed retainer, includes reattachment – Lower	no charge

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availabilty of services.
- 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 **Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure**.

Offered by CompBenefits Company

For PPO & Traditional Preferred plans only

Virtual dental care 24/7

When it's urgent, you can see a dentist virtually

Humana members have access to **$0 teledentistry**, also known as virtual dental care, as part of your Humana dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room. **Teledentistry dentists can:**

- **Write prescriptions when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help you determine if you need urgent/emergency care** or home care until you can see their dentist
- **Help you find a dentist** if you don't have one or if requested

Starting a virtual dental visit:

Once your dental plan coverage begins, you can sign up for a virtual visit account so you're ready when you need to see a dentist virtually:

1. Go to **dental.com/Humana** from your computer, tablet or mobile device and click on the **"See a dentist now"** button
2. Entering your dental insurance information:
   - Select "Group" for "Product Type"
   - "Subscriber ID" is your "Member ID" listed on your dental ID card.

Note: Teledenistry not available in all states.

How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to **humana.com/findadentist** and select the "Dentist" tab.

Step 2: Enter your search information based on plan

For the **PPO and Traditional Preferred plans**

- Enter your **ZIP code**
- In the popup window, choose **"PPO"** for "Coverage Type"
- Select the network: **PPO/Traditional Preferred**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**

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Step 1: Scan the QR code or go to **humana.com/findadentist** and select the "Dentist" tab.

Step 2: Enter your search information based on plan

For the **DHMO/Prepaid plans**

- Enter your **ZIP code**
- In the popup window, choose **"DHMO"** for "Coverage Type"
- Select the network: **HS405 or HD410**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.
- Choose a dentist from the search results, call to confirm their accepting new patients, and then take note of their **Dental ID** number.
- After you enroll, the dentist you selected will need to be assigned as your Primary Care Dentist (PCD) before you get dental services. To do this, contact Humana using the number on the back of your ID card and provide the Dental ID number for your chosen PCD.

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You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**

What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.

Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on LASIK, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more

Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to **MyHumana.com**.

Look for "Special Discounts" in the "Coverage" section of MyHumana.

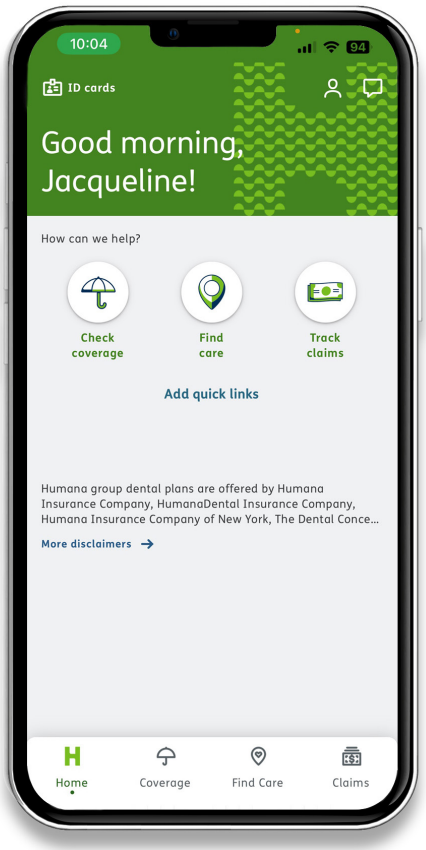
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most out of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account **or download and register on the MyHumana App** for iOS and Android.

Download on the App Store

GET IT ON Google Play

Learn more at humana.com/member/manage-your-account

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

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

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

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.

Humana group dental plans are insured, offered, or administered by Humana Insurance Company, HumanaDental Insurance Company, The Dental Concern, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of New York, or Humana Medical Plan of Utah, CompBenefits Company, or DentiCare, Inc. (d/b/a CompBenefits). In Arizona, group dental plans Insured by Humana Insurance Company. For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card/Dental ID card and requesting a copy. In New Mexico, group dental plans Insured by Humana Insurance Company. In Texas, group dental plans Insured by Humana Insurance Company.

In California, DHMO/Prepaid plans offered by LIBERTY Dental Plan of California, Inc. and administered by HumanaDental Insurance Company. In Colorado, DHMO/Prepaid plans Alpha Dental Plan is offered by Beta Health Association, Inc. and administered by HumanaDental Insurance Company. In D.C., Delaware, Maryland, New Jersey, Pennsylvania and Virginia, DHMO/Prepaid plans offered by Dominion National Dental plans underwritten by Dominion Dental Services, Inc. and administered by Humana Insurance Company.

Dental PPO plans are not offered in all states.

For Texas: This plan provides benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists.

Humana group vision plans are insured or offered by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company of New York, or The Dental Concern, Inc. In Arizona, group vision plans insured by Humana Insurance Company. In New Mexico, group vision plans insured by Humana Insurance Company.

Vision plan members may receive discounts on items not covered by the plan from network providers. Members should contact their network provider to determine what discounts are available.

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card/Dental ID card and requesting a copy.

For New Mexico: This is a limited policy. This is a dental/vision only policy.

Life plans insured by Humana Insurance Company. In Kentucky, life plans insured by Humana Insurance Company of Kentucky.

Disability plans Insured by Humana Insurance Company, Humana Insurance Company of Kentucky or Humana Insurance Company of New York.

THIS IS A DISABILITY INCOME POLICY. This policy provides disability income insurance only. It does not provide basic hospital, basic medical, or major medical insurance. A waiting period and/or pre-existing condition exclusion may apply. A pre-existing condition is defined as any injury or sickness the employee received medical care for before the effective date. See policy for complete details. NEW YORK ONLY: This policy provides disability income insurance only. It does not provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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