

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

Member costs listed here are for services provided by your chosen participating primary care dentist (PCD) only. As your dental professional, your PCD may decide that you need to see an contracted dental specialist. No referral is necessary to see a network specialist.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by your participating general dentist, or you may refer yourself to any participating specialist. For CS plans, copayment amounts are applicable when treatment is performed by participating specialists.

## Summary of services

### Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) . . . . .	\$ 15.00
D9430	Office visit (normal hours) . . . . .	\$ 5.00
D9440	Office visit (after regularly scheduled hours) . . . . .	\$ 35.00
D9999	Emergency visit during regularly scheduled hours, by report . . . . .	\$ 20.00
D9999	Broken appointments (without 24 hr. notice, per 15 min)—maximum \$40 per broken appointment. No charge will be made due to emergencies. . . . .	\$ 10.00

### Diagnostic member pays

D0120	Periodic oral examination . . . . .	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0145	Oral evaluation for patient under 3 years . . . . .	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval . . . . .	no charge
D0170	Re-evaluation—LTD problem focused . . . . .	no charge
D0180	Comprehensive periodontal evaluation. . . . .	\$ 10.00
D0210	X-ray intraoral—complete series including bitewings . . . . .	no charge
D0220	X-ray intraoral—periapical, first film . . . . .	no charge
D0230	X-ray intraoral—periapical, each additional film . . . . .	no charge
D0240	Intraoral—Occlusal film . . . . .	no charge
D0250	Extraoral—First film . . . . .	no charge
D0260	Extraoral—Each additional film . . . . .	no charge
D0270	X-ray bitewing—single film . . . . .	no charge
D0272	X-ray bitewings—two films . . . . .	no charge
D0274	Bitewings—four films . . . . .	no charge
D0277	Vertical bitewings—7 to 8 films . . . . .	no charge
D0330	Panoramic film . . . . .	no charge
D0350	Oral/facial photographic images. . . . .	no charge
D0415	Collect microorganisms cult & sens . . . . .	no charge
D0425	Caries susceptibility tests . . . . .	no charge
D0431	Adjunct predx tst no cytol/bx proc . . . . .	\$ 50.00
D0460	Pulp vitality tests . . . . .	no charge
D0470	Diagnostic casts . . . . .	no charge
D0472	Access tiss—gross exam—prep/reprt . . . . .	no charge
D0473	Access tiss—gross/micro—prep/reprt . . . . .	no charge
D0474	Access tiss—gross and mic surg marg prep/reprt . . . . .	no charge

### Preventive member pays

D1110	Prophylaxis—adult, routine (once every 6 months) . . . . .	no charge
D1120	Prophylaxis—child, routine (once every 6 months) . . . . .	no charge
D1110	Prophylaxis—adult/child, (additional) . . . . .	\$ 20.00

D1120	Prophylaxis—adult/child, (additional) . . . . .	\$ 20.00
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) . . . . .	no charge
D1204	Topical fluoride—adult . . . . .	no charge
D1206	Topical fluoride varnish (for child <16) . . . . .	no charge
D1310	Nutritional counseling . . . . .	no charge
D1320	Tobacco counseling . . . . .	no charge
D1330	Oral hygiene instruction . . . . .	no charge
D1351	Sealant-per tooth . . . . .	\$ 10.00
D1510	Space maintainer—fixed, unilateral . . . . .	\$ 45.00+lab
D1515	Space maintainer—fixed, bilateral . . . . .	\$ 45.00+lab
D1520	Space maintainer—removable, unilateral . . . . .	\$ 85.00+lab
D1525	Space maintainer—removable, bilateral . . . . .	\$ 85.00+lab
D1550	Recementation of space maintainer . . . . .	\$ 10.00

### Restorative member pays

D2140	Amalgam—one surface, primary or permanent . . . . .	no charge
D2150	Amalgam—two surfaces, primary or permanent . . . . .	no charge
D2160	Amalgam—three surfaces, primary or permanent . . . . .	no charge
D2161	Amalgam—four or more surfaces, primary or permanent. . . . .	no charge
D2940	Sedative filling . . . . .	\$ 15.00
D2999	Sedative base (under fillings), by report . . . . .	no charge

### Resin restorative member pays

D2330	Resin based composite—one surface, anterior . . . . .	\$ 35.00
D2331	Resin based composite—two surfaces, anterior . . . . .	\$ 40.00
D2332	Resin based composite—three surfaces, anterior . . . . .	\$ 50.00
D2335	Resin composite—four or more surfaces, with incisal ang . . . . .	\$ 70.00
D2390	Resin composite crown anterior . . . . .	\$ 70.00
D2391	Resin based composite—one surface, posterior . . . . .	\$ 60.00
D2392	Resin based composite—two surfaces, posterior . . . . .	\$ 80.00
D2393	Resin based composite—three surfaces, posterior . . . . .	\$ 100.00
D2394	Resin based composite—four or more surfaces, posterior . . . . .	\$ 120.00
D2510	Inlay—metallic, one surface . . . . .	\$ 95.00
D2520	Inlay—metallic, two surfaces . . . . .	\$ 105.00
D2530	Inlay—metallic, three or more surfaces . . . . .	\$ 130.00
D2542	Onlay—metallic, two surfaces . . . . .	\$ 230.00
D2543	Onlay—metallic, three surfaces . . . . .	\$ 230.00
D2544	Onlay—metallic, four or more surfaces. . . . .	\$ 230.00
D2610	Inlay—porcelain/ceramic, one surface. . . . .	\$ 230.00
D2620	Inlay—Porcelain/ceramic, two surfaces . . . . .	\$ 230.00
D2630	Inlay—Porcelain/ceramic, three surfaces . . . . .	\$ 230.00
D2642	Onlay—Porcelain/ceramic, two surfaces . . . . .	\$ 230.00
D2643	Onlay—Porcelain/ceramic, three surfaces . . . . .	\$ 230.00
D2644	Onlay—Porcelain/ceramic, four or more surfaces . . . . .	\$ 230.00

D2650	Inlay—resin composite, composite/resin, one surface .	\$230.00
D2651	Inlay—resin composite, composite/resin, two surfaces	\$230.00
D2652	Inlay—resin composite, composite/resin, three or more surfaces . . . . .	\$230.00
D2662	Onlay—resin composite, composite/resin, two surfaces . . . . .	\$230.00
D2663	Onlay—resin composite, composite/resin, three surfaces . . . . .	\$230.00
D2664	Onlay—resin composite, composite/resin, four or more surfaces . . . . .	\$230.00

**Crown and bridge member pays**

D2710	Crown—resin based composite indirect . . . . .	\$230.00
D2712	Crown—3/4 resin based composite indirect . . . . .	\$230.00
D2720*	Crown—resin with high noble metal . . . . .	\$230.00
D2721	Crown—resin with predom base metal . . . . .	\$230.00
D2722*	Crown—resin with noble metal . . . . .	\$230.00
D2740	Crown—porcelain/ceramic substrate . . . . .	\$280.00+lab
D2750*	Crown—porcelain fused to high noble metal . . . . .	\$280.00
D2751	Crown—porcelain fused to predominantly base metal	\$280.00
D2752*	Crown—porcelain fused to noble metal . . . . .	\$280.00
D2780*	Crown—3/4 cast high noble metal. . . . .	\$230.00
D2781	Crown—3/4 cast predom base metal . . . . .	\$230.00
D2782*	Crown—3/4 cast noble metal. . . . .	\$230.00
D2783	Crown—3/4 porcelain/ceramic . . . . .	\$230.00
D2794	Crown titanium . . . . .	\$230.00
D2790*	Crown—full cast high noble metal . . . . .	\$280.00
D2791	Crown—full cast predominantly base metal . . . . .	\$280.00
D2792*	Crown—full cast noble metal . . . . .	\$280.00
D2799	Provisional crown. . . . .	no charge
D2910	Recement inlay . . . . .	\$ 15.00
D2915	Recement cast/prefabricated post and core . . . . .	no charge
D2920	Recement crown . . . . .	\$ 15.00
D2930	Prefabricated stainless steel crown—primary tooth . .	\$ 75.00
D2931	Prefabricated stainless steel crown-perm . . . . .	\$ 25.00
D2932	Prefabricated resin crown . . . . .	\$ 35.00
D2933	Prefabricated stainless steel crown resin window . . .	\$ 35.00
D2950	Core buildup, including any pins . . . . .	\$ 45.00
D2951	Pin retention—per tooth, in addition to restoration .	\$ 15.00
D2952	Cast post and core in addition to crown . . . . .	\$ 90.00+lab
D2953	Each additional cast post—same tooth . . . . .	\$ 90.00+lab
D2954	Prefabricated post and core in addition to crown . .	\$ 90.00
D2955	Post removal . . . . .	\$ 10.00
D2957	Each additional prefabricated post - same tooth. . . .	\$ 30.00
D2962	Labial veneer (porcelain laminate)—laboratory . . . .	\$280.00+lab

**Prosthodontics (fixed) member pays**

D6210*	Pontic—cast high noble metal . . . . .	\$280.00
D6211	Pontic—cast predominantly base metal . . . . .	\$280.00
D6212*	Pontic—cast noble metal . . . . .	\$280.00
D6240*	Pontic—porcelain fused to high noble metal . . . . .	\$280.00
D6241	Pontic—porcelain fused to predominantly base metal	\$280.00
D6242*	Pontic—porcelain fused to noble metal . . . . .	\$280.00
D6750*	Crown—porcelain fused to high noble metal . . . . .	\$280.00
D6751	Crown—porcelain fused to predominantly base metal	\$280.00
D6752*	Crown—porcelain fused to noble metal . . . . .	\$280.00
D6790*	Crown—full cast high noble metal . . . . .	\$280.00
D6791	Crown—full cast predominantly base metal . . . . .	\$280.00
D6792*	Crown—full cast noble metal . . . . .	\$280.00
D6930	Recement fixed partial denture (per unit) . . . . .	\$ 10.00

**Endodontics member pays**

D3220	Therapeutic pulpotomy . . . . .	\$ 35.00
D3221	Pulpal debridement, primary and permanent teeth . .	\$100.00
D3310	Root canal therapy—anterior (excluding final restoration) . . . . .	\$100.00
D3320	Root canal therapy—bicuspid (excluding final restoration) . . . . .	\$200.00
D3330	Root canal therapy—molar (excluding final restoration) . . . . .	\$250.00
D3410	Apicoectomy/periradicular surgery—anterior . . . . .	\$125.00
D3421	Apicoectomy/periradicular surgery—bicuspid . . . . .	\$ 95.00
D3425	Apicoectomy/periradicular surgery—molar . . . . .	\$ 95.00

D3426	Apicoectomy/periradicular surgery . . . . .	\$ 60.00
D3430	Retrograde filling—per root . . . . .	\$ 40.00
D3450	Root amputation—per root . . . . .	\$ 95.00
D3910	Surgical proc isolated tooth with rubber dam. . . . .	\$ 19.00
D3920	Hemisection not include root canal therapy . . . . .	\$ 90.00
D3950	Canal prep and fit preformed dowel/post. . . . .	\$ 15.00

**Periodontics (gum treatment) member pays**

D4210	Gingivectomy/gingivoplasty per quadrant . . . . .	\$125.00
D4211	Gingivectomy/gingivoplasty per tooth . . . . .	\$ 40.00
D4240	Gingival flap procedure—four or more. . . . .	\$150.00
D4241	Gingival flap procedure—one to three . . . . .	\$113.00
D4245	Apically positioned flap . . . . .	\$165.00
D4249	Clinical crown lengthening—hard tissue. . . . .	\$120.00
D4260	Osseous surgery, per quadrant . . . . .	\$350.00
D4261	Osseous surgery—1 to 3 teeth, per quadrant. . . . .	\$350.00
D4263	Bone replacement graft—first site in quadrant . . . .	\$180.00
D4264	Bone replacement graft—first site in quadrant . . . .	\$ 95.00
D4265	Bio material aid soft and osseous tissue regen . . . . .	\$ 95.00
D4266	Guid tissue regen—resorb barrier-site. . . . .	\$215.00
D4267	Guid tissue regen—nonresorb barrier-site. . . . .	\$255.00
D4270	Pedicle soft tissue graft procedure . . . . .	\$245.00
D4271	Free soft tissue graft procedure (including donor site surgery) . . . . .	\$225.00
D4273	Subepith connective tissue graft tooth . . . . .	\$ 75.00
D4274	Distal or proximal wedge procedure . . . . .	\$ 70.00
D4275	Soft tissue allograft . . . . .	\$380.00
D4320	Provisional splinting—intra coronal. . . . .	\$ 95.00
D4321	Provisional splinting—extra coronal . . . . .	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant . .	\$ 50.00
D4342	Periodontal scaling and root planing 1 to 3 teeth per quadrant . . . . .	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis . . . . .	\$ 45.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) . . . . .	\$ 45.00
D4910	Periodontal maintenance . . . . .	\$ 50.00

**Prosthodontics member pays**

D5110	Complete denture—maxillary . . . . .	\$300.00+lab
D5120	Complete denture—mandibular . . . . .	\$300.00+lab
D5130	Immediate denture—maxillary . . . . .	\$300.00+lab
D5140	Immediate denture—mandibular . . . . .	\$300.00+lab
D5211	Maxillary partial denture—resin base . . . . .	\$300.00+lab
D5212	Mandibular partial denture—resin base . . . . .	\$300.00+lab
D5213	Maxillary partial denture—cast metal framework, resin denture bases . . . . .	\$300.00+lab
D5214	Mandibular partial denture—cast metal framework, resin denture bases . . . . .	\$300.00+lab
D5225	Maxillary partial denture flex base . . . . .	\$365.00
D5226	Mandibular part denture flex base . . . . .	\$365.00
D5281	Remove uni part denture-1pc cast metal . . . . .	\$300.00
D5410	Adjust complete denture—maxillary . . . . .	\$ 30.00
D5411	Adjust complete denture—mandibular . . . . .	\$ 30.00
D5421	Adjust partial denture—maxillary . . . . .	\$ 30.00
D5422	Adjust partial denture—mandibular . . . . .	\$ 30.00

**Repairs to prosthetics member pays**

D5510	Repair broken complete denture base . . . . .	\$15.00+lab
D5520	Replace missing or broken teeth—complete denture (each tooth) . . . . .	\$15.00+lab
D5610	Repair resin denture base . . . . .	\$15.00+lab
D5620	Repair cast framework . . . . .	\$ 30.00
D5630	Repair or replace broken clasp . . . . .	\$15.00+lab
D5640	Replace broken teeth—per tooth . . . . .	\$15.00+lab
D5650	Add tooth to existing partial denture . . . . .	\$30.00+lab
D5730	Reline complete maxillary denture (chairside) . . . .	\$ 50.00
D5731	Reline complete mandibular denture (chairside) . . . .	\$ 50.00
D5740	Reline maxillary partial denture (chairside) . . . . .	\$ 50.00
D5741	Reline mandibular partial denture (chairside) . . . . .	\$ 50.00
D5750	Reline complete maxillary denture (laboratory) . . . .	\$35.00+lab
D5751	Reline complete mandibular denture (laboratory) . . .	\$35.00+lab
D5760	Reline maxillary partial denture (laboratory) . . . . .	\$35.00+lab

D5761	Reline mandibular partial denture (laboratory)	\$35.00+lab
D5810	Interim complete denture	\$230.00
D5811	Interim complete denture	\$230.00
D5820	Interim partial denture	\$ 60.00
D5821	Interim partial denture	\$ 60.00
D5850	Tissue conditioning—maxillary	\$ 30.00
D5851	Tissue conditioning—mandibular	\$ 30.00
D6214	Pontic—titanium	\$230.00
D6245	Pontic—porcelain/ceramic	\$250.00
D6250*	Pontic—resin with high noble metal	\$230.00
D6251	Pontic—resin with predom base metal	\$230.00
D6252*	Pontic—resin with noble metal	\$230.00
D6253	Provisional pontic	no charge
D6545	Retn—cast metal resin bond fix prosth	\$200.00
D6600	Inlay—porcelain/ceramic two surfaces	\$230.00
D6601	Inlay—porcelain/ceramic three or more surfaces	\$230.00
D6602*	Inlay—cast high noble metal two surfaces	\$230.00
D6603*	Inlay—cast high noble metal three or more surfaces	\$230.00
D6604	Inlay—cast predom base metal two surfaces	\$230.00
D6605	Inlay—cast predom base metal three or more surfaces	\$230.00
D6606*	Inlay—cast noble metal two surfaces	\$230.00
D6607*	Inlay—cast noble metal three or more surfaces	\$230.00
D6608	Onlay—porcelain/ceramic two surfaces	\$230.00
D6609	Onlay—porcelain/ceramic three or more surfaces	\$230.00
D6610*	Onlay—cast high noble metal two surfaces	\$230.00
D6611*	Onlay—cast high noble metal three or more surfaces	\$230.00
D6612	Onlay—cast predom base metal two surfaces	\$230.00
D6613	Onlay—cast predom base metal three or more surfaces	\$230.00
D6614*	Onlay—cast noble metal two surfaces	\$230.00
D6615*	Onlay—cast noble metal three or more surfaces	\$230.00
D6710	Crown—indirect resin based composite	\$230.00
D6720*	Crown—resin with high noble metal	\$230.00
D6721	Crown—resin predom base metal—Denture	\$230.00
D6722*	Crown—resin with noble metal	\$230.00
D6740	Crown—porcelain/ceramic	\$230.00
D6780*	Crown—3/4 cast high noble	\$230.00
D6781	Crown—3/4 cast predom base metal	\$230.00
D6782*	Crown—3/4 cast noble metal—denture	\$230.00
D6783	Crown—3/4 porcelain/ceramic—denture	\$230.00

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

D7111	Coronal remnants, deciduous tooth	no charge
D7140	Extraction, erupted tooth or exposed tooth	no charge
D7210	Surgical removal of erupted tooth	\$ 40.00
D7220	Removal of impacted tooth—soft tissue	\$ 50.00
D7230	Removal of impacted tooth—partially bony	\$ 70.00
D7240	Removal of impacted tooth—completely bony	\$ 85.00
D7241	Remove impacted tooth—completely bony with surgery comp.	\$100.00
D7250	Surgical removal of residual tooth roots	\$ 35.00
D7270	Tooth reimpl and stbl acc displaced	\$ 50.00
D7280	Surgical access an unerupted tooth	\$ 85.00
D7282	Mobilize erupt/malpstn tooth aid erupt	\$ 90.00
D7283	Placement device facility erupt impacted tooth	\$ 90.00
D7285	Biopsy of oral tissue hard	no charge
D7286	Biopsy of oral tissue soft	no charge
D7287	Exfoliative cytolog sample collection	\$ 50.00
D7288	Brush bx transepith sample collection	\$ 50.00

D7310	Alveoloplasty in conjunction with extractions—per quadrant	\$ 35.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 35.00
D7320	Alveoloplasty not in conjunction with extractions—per quadrant	\$ 70.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 70.00
D7471	Removal of lateral exostosis	\$ 80.00
D7472	Removal of torus palatinus	\$ 60.00
D7473	Removal of torus mandibularis	\$ 60.00
D7485	Surgical rduc osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess—intraoral	\$ 25.00

**Anesthesia member pays**

D9215	Local anesthesia	no charge
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 15.00

**Adjunctive general services member pays**

D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 25.00
D9952	Occlusal adjustment—complete	\$150.00

**Orthodontics member pays**

NOTE: Orthodontics only apply to the CS series. Orthodontic coverage is optional with C plans for 10+ groups. If you do not choose orthodontia coverage, employees can still receive a 25 percent savings by visiting an in-network orthodontist.

D8070	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,800.00
D8080	Comprehensive orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition; Adult 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$2,000.00
D8680	Retention	\$450.00

\* The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. There is an additional charge for precious (high noble) and semi-precious (noble) metal.

Note:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures are at the dentists usual fee less 25%.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$50 per unit.

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*CompBenefits*

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