

# Humana Dental Value Plan (HI215)

The Humana Prepaid plan focuses on maintaining oral health, prevention and cost-containment. You may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods.

Your costs listed here are for services provided by a chosen participating primary care dentist (PCD) only. Unlisted procedures may receive a 25% discount off certain PCD's usual fees. Visit [HumanaOneNetwork.com](http://HumanaOneNetwork.com) to find a PCD who offers the discount on unlisted services.

**Specialists services:** Should you need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), you may be referred by a PCD, or you can self-refer to any participating specialist. Procedures performed by certain participating specialists may receive a 25% discount off the specialist's usual fees. Visit [HumanaOneNetwork.com](http://HumanaOneNetwork.com) to find a participating specialist who offers the discount on specialty services.

## Summary of services

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

### Appointments member pays

D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment) .....	\$ 45.00
D9430	Office visit (normal hours) .....	\$ 15.00
D9440	Office visit (after regularly scheduled hours) .....	\$ 55.00
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 (two per calendar year) .....	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year) .....	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval .....	no charge
D0170	Re-evaluation—problem focused (not post-operative visit) .....	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year) .....	\$ 35.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years) .....	no charge
D0220	X-ray intraoral—periapical, first film .....	no charge
D0230	X-ray intraoral—periapical, each additional film .....	no charge
D0240	X-rays intraoral—occlusal film .....	no charge
D0250	Extraoral—first film .....	no charge
D0260	Extraoral—each additional film .....	no charge
D0270	X-ray bitewing—single film (two per calendar year) .....	no charge
D0272	X-ray bitewings—two films (two per calendar year) .....	no charge
D0273	X-ray bitewings—three films (two per calendar year) .....	no charge
D0274	Bitewings—four films (two per calendar year) .....	no charge
D0277	X-ray bitewings, vertical—seven to eight films (two per calendar year) .....	no charge
D0330	Panoramic film (once per three calendar years) .....	no charge
D0350	Oral/facial photography images .....	no charge
D0415	Collect microorganisms culture & sensitivity .....	no charge
D0425	Caries susceptibility tests .....	no charge
D0431	Oral cancer screening using a special light source .....	\$ 70.00
D0460	Pulp vitality tests (not covered if a root canal is performed) .....	no charge
D0470	Diagnostic casts .....	no charge

D0472	Pathology report—gross examination of lesion .....	no charge
D0473	Pathology report—microscopic examination of lesion .....	no charge
D0474	Pathology report—microscopic examination of lesion and area .....	no charge

### Preventive member pays

D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist) .....	no charge
D1120	Prophylaxis—child, routine (two per calendar year) .....	no charge
D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year) .....	no charge
D1204	Topical application of fluoride—adult (two per calendar year, by primary care dentist) .....	no charge
D1206	Topical fluoride varnish (for child <16) (two per calendar year) .....	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease .....	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease .....	no charge
D1330	Oral hygiene instruction .....	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16) .....	\$ 20.00
D1510*	Space maintainer—fixed, unilateral (through age 14) .....	\$ 95.00
D1515*	Space maintainer—fixed, bilateral (through age 14) .....	\$ 135.00
D1520*	Space maintainer—removable, unilateral (through age 14) .....	\$ 105.00
D1525*	Space maintainer—removable, bilateral (through age 14) .....	\$ 115.00
D1550	Recementation of space maintainer .....	\$ 20.00

### Restorative member pays

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

**Resin restorative**

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

**member pays**

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

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

D2710*	Crown—resin based composite, indirect .....	\$ 410.00
D2712*	Crown—3/4 resin based composite, indirect .....	\$ 410.00
D2720*	Crown—resin with high noble metal .....	\$ 410.00
D2721	Crown—resin with predominantly base metal .....	\$ 410.00
D2722*	Crown—resin with noble metal .....	\$ 410.00
D2740*	Crown—porcelain/ceramic substrate .....	\$ 410.00
D2750*	Crown—porcelain fused to high noble metal .....	\$ 410.00
D2751	Crown—porcelain fused to predominantly base metal .....	\$ 410.00
D2752*	Crown—porcelain fused to noble metal .....	\$ 410.00
D2780*	Crown—3/4 cast high noble metal .....	\$ 410.00
D2781	Crown—3/4 cast predominantly base metal .....	\$ 410.00
D2782*	Crown—3/4 cast noble metal .....	\$ 410.00
D2783*	Crown—3/4 porcelain/ceramic .....	\$ 410.00
D2790*	Crown—full cast high noble metal .....	\$ 410.00
D2791	Crown—full cast predominantly base metal .....	\$ 410.00
D2792*	Crown—full cast noble metal .....	\$ 410.00
D2794*	Crown—titanium .....	\$ 410.00
D2799	Provisional crown .....	no charge
D2910	Recement inlay, onlay or veneer .....	\$ 25.00
D2915	Recement cast or prefabricated post and core .....	no charge
D2920	Recement crown .....	\$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth .....	\$ 110.00
D2931	Prefabricated stainless steel crown—permanent tooth .....	\$ 35.00
D2932	Prefabricated resin crown .....	\$ 110.00
D2933	Prefabricated stainless steel crown with resin window .....	\$ 110.00
D2934	Prefabricated esthetic coated stainless steel crown—primary tooth .....	\$ 110.00
D2950	Core buildup, including any pins .....	\$ 80.00
D2951	Pin retention—per tooth, in addition to restoration .....	\$ 25.00

D2952*	Cast post and core in addition to crown .....	\$ 175.00
D2953*	Each additional cast post—same tooth .....	\$ 140.00
D2954	Prefabricated post and core in addition to crown .....	\$ 120.00
D2955	Post removal .....	\$ 20.00
D2957	Each additional prefabricated post—same tooth, base metal post .....	\$ 45.00
D2960	Labial veneer (resin laminate)—chairside .....	\$ 290.00
D2961*	Labial veneer (resin laminate)—laboratory .....	\$ 425.00
D2962*	Labial veneer (porcelain laminate)—laboratory .....	\$ 475.00
D2971	Additional procedure—new crown existing partial denture .....	\$ 70.00
D2980	Crown repair .....	\$ 25.00
D6940	Stress breaker .....	\$ 170.00
D6950	Precision attachment .....	\$ 220.00
D6970*	Cast post and core, in addition to fixed partial denture retainer .....	\$ 120.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer, base metal post .....	\$ 120.00
D6976*	Each additional cast post—same tooth .....	\$ 100.00
D6977	Each additional prefabricated post—same tooth .....	\$ 100.00

**Prosthodontics (fixed)**

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

**member pays**

D6210*	Pontic—cast high noble metal .....	\$ 410.00
D6211	Pontic—cast predominantly base metal .....	\$ 410.00
D6212*	Pontic—cast noble metal .....	\$ 410.00
D6240*	Pontic—porcelain fused to high noble metal .....	\$ 410.00
D6241	Pontic—porcelain fused to predominantly base metal .....	\$ 410.00
D6242*	Pontic—porcelain fused to noble metal .....	\$ 410.00
D6750*	Crown—porcelain fused to high noble metal .....	\$ 410.00
D6751	Crown—porcelain fused to predominantly base metal .....	\$ 410.00
D6752*	Crown—porcelain fused to noble metal .....	\$ 410.00
D6790*	Crown—full cast high noble metal .....	\$ 410.00
D6791	Crown—full cast predominantly base metal .....	\$ 410.00
D6792*	Crown—full cast noble metal .....	\$ 410.00
D6794*	Crown—titanium .....	\$ 410.00
D6930	Recement fixed partial denture (per unit) .....	\$ 45.00
D6973	Core buildup for retainer, including any pins .....	\$ 70.00

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

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

<b>Repairs to prosthetics</b>	<b>member pays</b>
D5510* Repair broken complete denture base.....	\$ 65.00
D5520* Replace missing or broken teeth—complete denture (each tooth) .....	\$ 65.00
D5610* Repair resin denture base.....	\$ 65.00
D5620* Repair cast framework.....	\$ 65.00
D5630* Repair or replace broken clasp .....	\$ 65.00
D5640* Replace broken teeth—per tooth .....	\$ 65.00
D5650* Add tooth to existing partial denture .....	\$ 60.00
D5670* Replace all teeth and acrylic framework—maxillary...	\$ 255.00
D5671* Replace all teeth and acrylic framework—mandibular...	\$ 350.00
D5710* Rebase complete maxillary denture.....	\$ 230.00
D5711* Rebase complete mandibular denture .....	\$ 230.00
D5720* Rebase maxillary partial denture.....	\$ 230.00
D5721* Rebase mandibular partial denture .....	\$ 230.00
D5730 Reline complete maxillary denture (chairside).....	\$ 110.00
D5731 Reline complete mandibular denture (chairside) .....	\$ 110.00
D5740 Reline maxillary partial denture (chairside).....	\$ 110.00
D5741 Reline mandibular partial denture (chairside) .....	\$ 110.00
D5750* Reline complete maxillary denture (laboratory) .....	\$ 180.00
D5751* Reline complete mandibular denture (laboratory) .....	\$ 180.00
D5760* Reline maxillary partial denture (laboratory) .....	\$ 180.00
D5761* Reline mandibular partial denture (laboratory) .....	\$ 180.00
D5810* Interim complete denture (maxillary).....	\$ 300.00
D5811* Interim complete denture (mandibular) .....	\$ 300.00
D5820* Interim partial denture (maxillary).....	\$ 210.00
D5821* Interim partial denture (mandibular) .....	\$ 210.00
D5850 Tissue conditioning, maxillary .....	\$ 45.00
D5851 Tissue conditioning, mandibular .....	\$ 45.00
D6214* Pontic titanium.....	\$ 410.00
D6245* Pontic—porcelain/ceramic .....	\$ 410.00
D6250* Pontic—resin with high noble metal .....	\$ 410.00
D6251 Pontic—resin with predominantly base metal .....	\$ 410.00
D6252* Pontic—resin with noble metal .....	\$ 410.00
D6253* Provisional pontic .....	no charge
D6545* Retainer—cast metal, resin bonded fixed prosthesis...	\$ 300.00
D6548* Retainer—porcelain/ceramic, resin bonded fixed prosthesis .....	\$ 300.00
D6600* Inlay—porcelain/ceramic, two surfaces .....	\$ 410.00
D6601* Inlay—porcelain/ceramic, three or more surfaces .....	\$ 410.00
D6602* Inlay—cast high noble metal, two surfaces .....	\$ 410.00
D6603* Inlay—cast high noble metal, three or more surfaces...	\$ 410.00
D6604 Inlay—cast predominantly base metal, two surfaces...	\$ 410.00
D6605 Inlay—cast predominantly base metal, three or more surfaces .....	\$ 410.00
D6606* Inlay—cast noble metal, two surfaces .....	\$ 410.00
D6607* Inlay—cast noble metal, three or more surfaces .....	\$ 410.00
D6608* Onlay—porcelain/ceramic, two surfaces .....	\$ 410.00
D6609* Onlay—porcelain/ceramic, three or more surfaces .....	\$ 410.00

**NOTE:**

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may receive a 25 percent discount by using certain participating dentists. Visit **HumanaOneNetwork.com** to find a participating dentist who offers the discount on non-covered 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.

D6610* Onlay—cast high noble metal, two surfaces.....	\$ 410.00
D6611* Onlay—cast high noble metal, three or more surfaces...	\$ 410.00
D6612 Onlay—cast predominantly base metal, two surfaces...	\$ 410.00
D6613 Onlay—cast predominantly base metal, three or more surfaces .....	\$ 410.00
D6614* Onlay—cast noble metal, two surfaces .....	\$ 410.00
D6615* Onlay—cast noble metal, three or more surfaces .....	\$ 410.00
D6624* Inlay titanium .....	\$ 410.00
D6634* Onlay titanium .....	\$ 410.00
D6710* Crown—indirect resin based composition .....	\$ 410.00
D6720* Crown—resin with high noble metal .....	\$ 410.00
D6721 Crown—resin with predominantly base metal.....	\$ 410.00
D6722* Crown—resin with noble metal .....	\$ 410.00
D6740* Crown—porcelain/ceramic .....	\$ 410.00
D6780* Crown—3/4 cast high noble metal.....	\$ 410.00
D6781 Crown—3/4 cast predominantly base metal .....	\$ 410.00
D6782* Crown—3/4 cast noble metal.....	\$ 410.00
D6783* Crown—3/4 porcelain/ceramic, denture.....	\$ 410.00

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

<b>Bleaching</b>	<b>member pays</b>
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D9972 External bleaching—per arch.....	\$ 210.00
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<b>Orthodontics</b>	<b>member pays</b>
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NOTE: Members may receive a 25 percent savings by visiting certain in-network orthodontists. Visit **HumanaOneNetwork.com** to find a participating orthodontist who provides a discount on non-covered orthodontia services.

## Use your Humana Dental benefits

The Humana Dental Value Plan (HI215) has you covered for any circumstance. Whether you simply need quality 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

### Know what your plan covers

Attached is a summary of Humana Dental Value Plan (HI215) benefits which are described in detail in the policy. Here's what you can expect:

- You have the freedom to select any participating general dentist as your primary care dentist.
- Life without claim forms! With the Humana Dental Value Plan (HI215) you pay your dentist directly, when applicable.
- Your primary care dentist will provide all of your routine dental care and any copayment or discounted charges will be paid at the time of service.
- If you need a specialty dentist, you may receive a 25 percent discount by using certain participating specialty dentists from our network. Visit **HumanaOneNetwork.com** to find a specialist offering the discount on specialty services.

## Choose Humana dental benefits

### Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The Humana Dental Value Plan (HI215) enables you to take better care of your teeth, and you'll pay less doing so.

## Check your dental IQ anytime

Log on to **MyDentalIQ.com** and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at **MyDentalIQ.com** takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.