

HumanaDental Prepaid HS205 Plan

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

A primary care dentist (PCD) may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HS plans, copayment amounts are applicable when treatment is performed by participating specialists.

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	Preventive		member pays
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$ 5.00	D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist)	no charge
D9430	Office visit (normal hours)	no charge	D1120	Prophylaxis—child, routine (two per calendar year)	no charge
D9440	Office visit (after regularly scheduled hours)	\$ 35.00	D1203	Topical application of fluoride (not including prophylaxis)—child (up to 16 years of age) (two per calendar year)	no charge
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	D1204	Topical application of fluoride—adult (two per calendar year, by primary care dentist)	no charge
Diagnostic			member pays		
D0120	Periodic oral examination (two per calendar year)	no charge	D1206	Topical fluoride varnish (for child <16) (two per calendar year)	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge	D1310	Nutrition counseling for the control or avoidance of dental disease	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge	D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge	D1330	Oral hygiene instruction	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval.	no charge	D1351	Sealant—per tooth (permanent teeth only to age 16)	\$ 10.00
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge	D1510*	Space maintainer—fixed, unilateral (through age 14)	\$ 50.00
D0180	Comprehensive periodontal evaluation (two per calendar year)	\$ 15.00	D1515*	Space maintainer—fixed, bilateral (through age 14)	\$ 70.00
D0210	X-ray intraoral—complete series including bitewings (once per three calendar years)	no charge	D1520*	Space maintainer—removable, unilateral (through age 14)	\$ 85.00
D0220	X-ray intraoral—periapical, first film	no charge	D1525*	Space maintainer—removable, bilateral (through age 14)	\$ 90.00
D0230	X-ray intraoral—periapical, each additional film	no charge	D1550	Recementation of space maintainer	\$ 10.00
D0240	X-rays intraoral—occlusal film	no charge	Restorative		
D0250	Extraoral—first film	no charge	member pays		
D0260	Extraoral—each additional film	no charge	D2140	Amalgam—one surface, primary or permanent	\$ 5.00
D0270	X-ray bitewing—single film (two per calendar year)	no charge	D2150	Amalgam—two surfaces, primary or permanent	\$ 5.00
D0272	X-ray bitewings—two films (two per calendar year)	no charge	D2160	Amalgam—three surfaces, primary or permanent	\$ 5.00
D0273	X-ray bitewings—three films (two per calendar year)	no charge	D2161	Amalgam—four or more surfaces, primary or permanent	\$ 5.00
D0274	Bitewings—four films (two per calendar year)	no charge	D2940	Sedative filling	\$ 10.00
D0277	X-ray bitewings, vertical—seven to eight films (two per calendar year)	no charge	Resin restorative		
D0330	Panoramic film (once per three calendar years)	no charge	(inlays and onlays limited to one per tooth every five years)		
D0350	Oral/facial photography images	no charge	member pays		
D0415	Collect microorganisms culture & sensitivity	no charge	D2330	Resin based composite—one surface, anterior	\$ 30.00
D0425	Caries susceptibility tests	no charge	D2331	Resin based composite—two surfaces, anterior	\$ 40.00
D0431	Oral cancer screening using a special light source	\$ 50.00	D2332	Resin based composite—three surfaces, anterior	\$ 45.00
D0460	Pulp vitality tests (not covered if a root canal is performed)	no charge	D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	\$ 65.00
D0470	Diagnostic casts	no charge	D2390	Resin based composite crown, anterior	\$ 70.00
D0472	Pathology report—gross examination of lesion	no charge	D2391	Resin based composite—one surface, posterior	\$ 45.00
D0473	Pathology report—microscopic examination of lesion	no charge	D2392	Resin based composite—two surfaces, posterior	\$ 55.00
D0474	Pathology report—microscopic examination of lesion and area	no charge	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—3/4 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 substrate	\$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
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	\$270.00
D2799	Provisional crown	no charge
D2910	Recement inlay, onlay or veneer	\$ 15.00
D2915	Recement cast or 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—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	\$ 50.00
D2951	Pin retention—per tooth, in addition to restoration	\$ 15.00
D2952*	Cast post and core in addition to crown	\$ 95.00
D2953*	Each additional cast 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, base metal post	\$ 35.00
D2960	Labial veneer (resin laminate)—chairside	\$250.00
D2961*	Labial veneer (resin laminate)—laboratory	\$300.00
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350.00
D2971	Additional procedure—new crown existing partial denture	\$ 50.00
D2980	Crown repair	no charge
D6940	Stress breaker	\$150.00
D6950	Precision attachment	\$195.00
D6970*	Cast post and core, in addition to fixed partial denture retainer	\$ 90.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer, base metal post	\$ 95.00
D6976*	Each additional cast post—same tooth	\$ 80.00
D6977	Each additional prefabricated post—same tooth	\$ 80.00

Prosthodontics (fixed)

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

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

D6750*	Crown—porcelain fused to high noble metal	\$270.00
D6751	Crown—porcelain fused to predominantly base metal	\$270.00
D6752*	Crown—porcelain fused to noble metal	\$270.00
D6790*	Crown—full cast high noble metal	\$270.00
D6791	Crown—full cast predominantly base metal	\$270.00
D6792*	Crown—full cast noble metal	\$270.00
D6794*	Crown—titanium	\$270.00
D6930	Recement fixed partial denture (per unit)	\$ 15.00
D6973	Core buildup for retainer, including any pins	\$ 50.00

Prosthodontics (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	\$400.00
D5212*	Mandibular partial denture—resin base	\$400.00
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	\$425.00
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	\$425.00
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425.00
D5281*	Removable partial denture—one piece cast metal	\$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	\$ 90.00

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	\$ 40.00
D3221	Pulpal debridement, primary and permanent teeth	\$ 85.00
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	Root canal therapy—anterior (excluding final restoration)	\$110.00
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$195.00
D3330	Root canal therapy—molar (excluding final restoration)	\$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
D3351	Apexification/recalcification—initial visit	\$ 90.00
D3352	Apexification/recalcification—interim	\$ 80.00
D3353	Apexification/recalcification—final visit	\$ 90.00
D3410	Apicoectomy/periradicular surgery—anterior	\$135.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$120.00
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$120.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 60.00
D3430	Retrograde filling—per root	\$ 40.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	\$ 20.00
D3920	Hemisection not included in root canal therapy	\$ 90.00
D3950	Root canal prepare and fit preformed dowel/post	\$ 15.00

Periodontics (gum treatment)

member pays

D4210	Gingivectomy/gingivoplasty—four or more teeth, per quadrant	\$120.00
D4211	Gingivectomy/gingivoplasty per tooth—one to three teeth, per quadrant	\$ 55.00
D4240	Gingival flap, including root planing—four or more teeth, per quadrant	\$150.00

D4241	Gingival flap, including root planing—one to three teeth, per quadrant	\$120.00
D4245	Apically positioned flap	\$175.00
D4249	Clinical crown lengthening—hard tissue	\$150.00
D4260	Osseous surgery—four or more teeth or bounded spaces, per quadrant	\$350.00
D4261	Osseous surgery—one to three teeth, per quadrant	\$325.00
D4263	Bone replacement graft—first site in quadrant	\$180.00
D4264	Bone replacement graft—each additional site in quadrant bone	\$ 95.00
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$ 95.00
D4266	Guided tissue regeneration—resorbable barrier, per site	\$230.00
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$275.00
D4270	Pedicle soft tissue graft procedure	\$260.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$265.00
D4273	Subepithelial connective tissue graft, tooth	\$350.00
D4274	Distal or proximal wedge procedure	\$ 90.00
D4275	Soft tissue allograft	\$380.00
D4320	Provisional splinting—intracoronal	\$ 95.00
D4321	Provisional splinting—extracoronal	\$ 85.00
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 55.00
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$ 50.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar years)	\$ 50.00
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$ 60.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$ 45.00

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	\$ 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, unusual complications by report	\$110.00
D7250	Surgical removal of residual tooth roots	\$ 40.00
D7260	Oroantral fistula closure	\$350.00
D7261	Primary closure of a sinus perforation	\$225.00
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$ 55.00
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$ 90.00
D7285	Biopsy of oral tissue—hard (bone, tooth)	\$350.00
D7286	Biopsy of oral tissue—soft (all others)	\$120.00
D7287	Exfoliative cytological sample collection	\$ 50.00
D7288	Brush biopsy—transepithelial sample collection	\$ 55.00
D7310	Alveoloplasty in conjunction with extractions—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—per quadrant	\$ 75.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$ 30.00
D7450	Removal of benign odontogenic cyst or tumor—up to 1.25 cm	\$160.00
D7451	Removal of benign odontogenic cyst or tumor—greater than 1.25 cm	\$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	Surgical reduction of osseous tuberosity	\$ 60.00
D7510	Incision and drainage of abscess—intraoral soft tissue	\$ 35.00
D7970	Excision hyperplastic tissue—per arch	\$ 85.00
D7971	Excision of pericoronal gingival	\$ 55.00

Repairs to prosthetics member pays

D5510*	Repair broken complete denture base	\$ 35.00
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$ 35.00
D5610*	Repair resin denture base	\$ 35.00
D5620*	Repair cast framework	\$ 35.00
D5630*	Repair or replace broken clasp	\$ 35.00
D5640*	Replace broken teeth—per tooth	\$ 35.00
D5650*	Add tooth to existing partial denture	\$ 35.00
D5670*	Replace all teeth and acrylic framework—maxillary	\$210.00
D5671*	Replace all teeth and acrylic framework—mandibular	\$225.00
D5710*	Rebase complete maxillary denture	\$200.00
D5711*	Rebase complete mandibular denture	\$200.00
D5720*	Rebase maxillary partial denture	\$200.00
D5721*	Rebase mandibular partial denture	\$200.00
D5730	Reline complete maxillary denture (chairside)	\$ 60.00
D5731	Reline complete mandibular denture (chairside)	\$ 60.00
D5740	Reline maxillary partial denture (chairside)	\$ 60.00
D5741	Reline mandibular partial denture (chairside)	\$ 60.00
D5750*	Reline complete maxillary denture (laboratory)	\$ 95.00
D5751*	Reline complete mandibular denture (laboratory)	\$ 95.00
D5760*	Reline maxillary partial denture (laboratory)	\$ 95.00
D5761*	Reline mandibular partial denture (laboratory)	\$ 95.00
D5810*	Interim complete denture (maxillary)	\$250.00
D5811*	Interim complete denture (mandibular)	\$250.00
D5820*	Interim partial denture (maxillary)	\$ 80.00
D5821*	Interim partial denture (mandibular)	\$ 80.00
D5850	Tissue conditioning, maxillary	\$ 30.00
D5851	Tissue conditioning, mandibular	\$ 30.00
D6214*	Pontic titanium	\$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*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$250.00
D6548*	Retainer—porcelain/ceramic, resin bonded fixed prosthesis	\$250.00
D6600*	Inlay—porcelain/ceramic, two surfaces	\$270.00
D6601*	Inlay—porcelain/ceramic, three or more surfaces	\$270.00
D6602*	Inlay—cast high noble metal, two surfaces	\$270.00
D6603*	Inlay—cast high noble metal, three or more surfaces	\$270.00
D6604	Inlay—cast predominantly base metal, two surfaces	\$270.00
D6605	Inlay—cast predominantly base metal, three or more surfaces	\$270.00
D6606*	Inlay—cast noble metal, two surfaces	\$270.00
D6607*	Inlay—cast noble metal, three or more surfaces	\$270.00
D6608*	Onlay—porcelain/ceramic, two surfaces	\$270.00
D6609*	Onlay—porcelain/ceramic, three or more surfaces	\$270.00
D6610*	Onlay—cast high noble metal, two surfaces	\$270.00
D6611*	Onlay—cast high noble metal, three or more surfaces	\$270.00
D6612	Onlay—cast predominantly base metal, two surfaces	\$270.00
D6613	Onlay—cast predominantly base metal, three or more surfaces	\$270.00
D6614*	Onlay—cast noble metal, two surfaces	\$270.00
D6615*	Onlay—cast noble metal, three or more surfaces	\$270.00
D6624*	Inlay titanium	\$270.00
D6634*	Onlay titanium	\$270.00
D6710*	Crown—indirect resin based composition	\$270.00
D6720*	Crown—resin with high noble metal	\$270.00
D6721	Crown—resin with predominantly base metal	\$270.00
D6722*	Crown—resin with noble metal	\$270.00
D6740*	Crown—porcelain/ceramic	\$280.00
D6780*	Crown—3/4 cast high noble metal	\$270.00
D6781	Crown—3/4 cast predominantly base metal	\$270.00
D6782*	Crown—3/4 cast noble metal	\$270.00
D6783*	Crown—3/4 porcelain/ceramic, denture	\$270.00

Adjunctive general service		member pays
D9110	Palliative (emergency) treatment	\$ 20.00
D9215	Local anesthesia	no charge
D9220	General anesthesia—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth).	\$165.00
D9221	General anesthesia—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth).	\$ 70.00
D9230	Analgesia (nitrous oxide), per 15 minutes	\$ 15.00
D9241	I.V. conscious sedation—first 30 minutes (limited to the removal of partial, or complete bony impacted teeth).	\$165.00
D9242	I.V. conscious sedation—additional 15 minutes (limited to the removal of partial, or complete bony impacted teeth)	\$ 70.00
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment—limited	\$ 35.00
D9952	Occlusal adjustment—complete	\$165.00

Bleaching		member pays
D9972	External bleaching—per arch	\$175.00
Orthodontics		member pays
D8070 or D8080—children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,900.00
D8090—adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases.		
	Consultation	no charge
	Evaluation	\$ 45.00
	Records/treatment planning	\$250.00
	Orthodontic treatment	\$1,900.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)).	\$455.00

- NOTE:
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
 - Unlisted procedures are at the participating 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 \$75 per unit
 - Some covered services are typically only offered by a specialist (like many oral surgery procedures)
 - Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

