Your Humana benefits guide:

2026-2027 Dental Plans

Orange County Sheriff's Office

Humana

ORANGE COUNTY SHERIFF'S OFFICE

SHERIFF JOHN W. MINA

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 Dental **PPO Plus+**

FL TRP O1K INFS+ 100/100/50
Orange County Sheriffs Office

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: $50	Family: $150	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive and diagnostic services.			
Annual maximum (excludes orthodontia services)	$1,000 + extended annual maximum (see section below)			
Preventive Diagnostic services **Routine oral examinations** (2 per year) **Bitewing x-rays** (2 films under age 10, up to 4 films ages 10 and older) **Panoramic x-rays** (1 per 3 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 12+) **Routine cleanings** (4 per year) **Fluoride treatment** (1 per year, through age 18) **Space maintainers** (primary teeth, through age 15) **Oral Cancer Screening** (1 per year, ages 40 and older)	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services **Emergency care for pain relief** **Amalgam fillings** (1 per tooth every 2 years, composite for anterior/front teeth) **Composite fillings** (1 per tooth every 2 years, molar teeth) **Oral Surgery** (tooth extractions including impacted teeth) **General anesthesia**[1] **Stainless steel crowns** **Harmful habit appliances for children** (1 per lifetime, through age 14) **Periodontics** (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) **Endodontics** (root canals 1 per tooth per lifetime and 1 re-treatment) **Sealants** (permanent molars, through age 16) **Occlusal Guards** **Inlays/onlays** (1 per tooth every 5 years) **Bridges** (1 per tooth every 5 years) **Crowns** (1 per tooth every 5 years); Crown repairs **Fixed Dentures**	100% after deductible		100% after deductible	

Humana Dental **PPO Plus+**

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FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist INFS
Major services **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture repair and adjustments** (following 6 months of denture use) **Removable Dentures** **Implants** (crowns, bridges, and dentures each limited to 1per tooth every five years)	50% after deductible	50% after deductible
Extended annual max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/Child orthodontia - Plan pays 80 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

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.

Humana Dental **PPO**

FL TRP O1K INFS FLEX 100/80/50
Orange County Sheriffs Office

FLORIDA

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: $50	Family: $150	Individual: $50	Family: $150
	Deductible applies to all services excluding preventive and diagnostic services.			
Annual maximum (excludes orthodontia services)	$1,000 + extended annual maximum (see section below)			
Preventive Diagnostic services **Routine oral examinations** (2 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 12+) **Routine cleanings** (3 per year) **Fluoride treatment** (Twice per year through age 18) **Sealants** (permanent molars, through age 15) **Space maintainers** (primary teeth, through age 13) **Oral Cancer Screening** (1 per year, ages 40 and older)	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services **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) **General anesthesia**[1] **Stainless steel crowns** **Harmful habit appliances for children** (1 per lifetime, through age 14) **Periodontics** (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) **Endodontics** (root canals 1 per tooth per lifetime and 1 re-treatment) **Denture repair** (following 6 months of denture use)	80% after deductible		80% after deductible	

Humana Dental **PPO**

FL TRP O1K INFS FLEX 100/80/50
Orange County Sheriffs Office

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 per tooth every 5 years) **Dentures** (1 per tooth every 5 years) **Denture relines/rebases** (1 every 3 years, following 6 months of denture use) **Denture adjustments** (following 6 months of denture use)	50% after deductible	50% after deductible
Extended annual max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Adult/Child orthodontia - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,000 lifetime orthodontia maximum.	

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

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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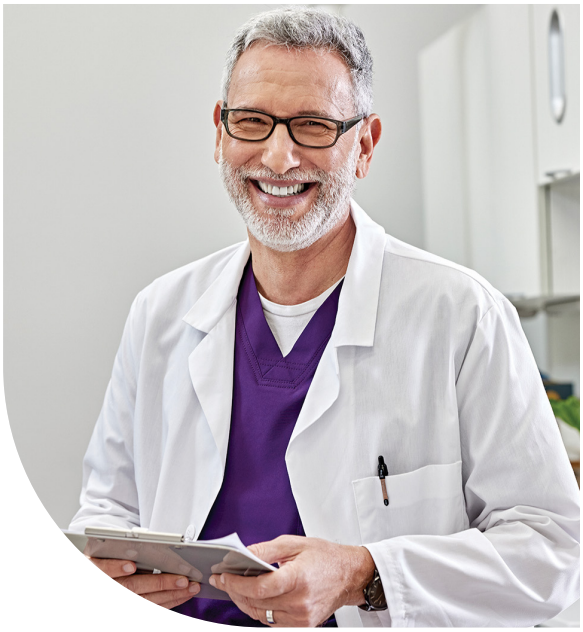
20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire 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.



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 sign in to your MyHumana account or search as a guest.

Step 2: Enter your search information based on plan

For the **PPO** plans

- Enter your **ZIP code**
- In the pop-up 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.**

HumanaDental DHMO HS195 Plan

FLORIDA

Feel good about choosing a HumanaDental plan

The HumanaDental 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 HumanaDental.

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

Use your HumanaDental benefits

After you enroll in a plan and receive your ID card, you can manage your plan information on your personal home page on **Humana.com**.

- You have the freedom to select any participating general dentist as your primary care dentist. To select a dental provider from our network, simply visit **Humana.com**. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-342-5209.
- Life without claim forms! With the HumanaDental Prepaid plan you pay your dentist directly, when applicable.
- Your primary dentist will provide all of your routine dental care and you will pay any copayment or discounted charges at the time of service.

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

Go to MyDentalIQ.com

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

Tips to ensure a healthy mouth

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

Questions?

Check out **Humana.com**

Call **1-800-233-4013**, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025)

For exclusions and limitations, please review the Specialty Benefits Regulatory and Technical Information Guide available at **Disclosure.Humana.com**.

HumanaDental DHMO HS195 Plan

FLORIDA

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 a participating specialist dentist.

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. Visit **Humana.com** 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 (diagnostic service provided by dentist other than practitioner providing treatment)	no charge
D9430	Office visit (normal hours)	no charge
D9440	Office visit (after regularly scheduled hours)	$ 30.00
D9986	Missed appointment	$ 10.00
D9987	Cancelled appointment	$ 10.00
D9999	Emergency visit during regular scheduled hours, by report	$ 20.00

Diagnostic		**Member pays**
D0120	Periodic oral examination (limited to twice in any 12 calendar months)	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 (limited to twice in any 12 calendar months)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Limited/comprehensive/detailed and extensive oral eval (limited to twice in any 12 calendar months)	no charge
D0210	X-ray intraoral - comprehensive series of radiographic images (once per three calendar years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image	no charge
D0240	X-rays intraoral—occlusal radiographic image	no charge
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270	X-ray bitewing—single radiographic image (limited to twice in any 12 calendar months)	no charge
D0272	X-ray bitewings—two radiographic images (limited to twice in any 12 calendar months)	no charge
D0273	X-ray bitewings—three radiographic images (limited to twice in any 12 calendar months)	no charge
D0274	Bitewings—four radiographic images (limited to twice in any 12 calendar months)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (limited to twice in any 12 calendar months)	no charge
D0330	Panoramic radiographic image (once per three calendar years)	no charge
D0350	Oral/facial photography images	no charge
D0415	Collect microorganisms culture & sensitivity	no charge
D0425	Caries susceptibility tests	no charge
D0431	Oral cancer screening using a special light source	$ 50.00
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 (limited to twice in any 12 calendar months, by primary care dentist)	no charge
	Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year)	$ 35.00
D1120	Prophylaxis—child (limited to twice in any 12 calendar months)	no charge
	Additional—child prophylaxis, with or without fluoride (maximum of two additional per year)	$ 25.00
D1206	Topical application of fluoride varnish (for child <16) (limited to twice in any 12 calendar months)	no charge

D1208 Topical application of fluoride—excluding varnish (limited to twice in any 12 calendar months)....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 instruction.....no charge
D1351 Sealant—per tooth (permanent teeth only to age 16).....no charge
D1510* Space maintainer—fixed, unilateral—per quadrant (through age 14).....$ 25.00
D1516* Space maintainer—fixed—bilateral, maxillary (through age 14).....$ 25.00
D1517* Space maintainer—fixed—bilateral, mandibular (through age 14).....$ 25.00
D1520* Space maintainer—removable, unilateral—per quadrant (through age 14).....$ 35.00
D1526* Space maintainer—removable—bilateral, maxillary (through age 14).....$ 35.00
D1527* Space maintainer—removable—bilateral, mandibular (through age 14).....$ 35.00
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.....$ 15.00
D1557 Removal of fixed bilateral space maintainer—maxillary.....$ 15.00
D1558 Removal of fixed bilateral space maintainer—mandibular.....$ 15.00
D1575 Distal shoe space maintainer—fixed, unilateral—per quadrant (through age 14; primary teeth only).....$ 55.00

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 Protective restoration.....no charge

Resin restorative
(inlays and onlays limited to one per tooth every five years) **Member pays**

D2330 Resin based composite—one surface, anterior..no charge
D2331 Resin based composite—two surfaces, anterior. no charge
D2332 Resin based composite—three surfaces, anterior.....no charge
D2335 Resin based composite—four or more surfaces (anterior).....no charge
D2390 Resin based composite crown, anterior.....$ 30.00
D2391 Resin based composite—one surface, posterior. $ 30.00
D2392 Resin based composite—two surfaces, posterior.....$ 45.00
D2393 Resin based composite—three surfaces, posterior.....$ 65.00
D2394 Resin based composite—four or more surfaces, posterior.....$ 65.00
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.....$ 245.00
D2543* Onlay—metallic, three surfaces.....$ 260.00
D2544* Onlay—metallic, four or more surfaces.....$ 270.00
D2610* Inlay—porcelain/ceramic, one surface.....$ 245.00
D2620* Inlay—porcelain/ceramic, two surfaces.....$ 245.00
D2630* Inlay—porcelain/ceramic, three or more surfaces.....$ 245.00
D2642* Onlay—porcelain/ceramic, two surfaces.....$ 245.00
D2643* Onlay—porcelain/ceramic, three surfaces.....$ 245.00
D2644* Onlay—porcelain/ceramic, four or more surfaces.....$ 245.00
D2650* Inlay—resin based composite, one surface.....$ 245.00
D2651* Inlay—resin based composite, two surfaces....$ 245.00
D2652* Inlay—resin based composite, three or more surfaces.....$ 245.00
D2662* Onlay—resin based composite, two surfaces....$ 245.00
D2663* Onlay—resin based composite, three surfaces..$ 245.00
D2664* Onlay—resin based composite, four or more surfaces.....$ 245.00

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

D2710* Crown—resin based composite, indirect.....$ 245.00
D2712* Crown—3/4 resin based composite, indirect....$ 245.00
D2720* Crown—resin with high noble metal.....$ 245.00
D2721 Crown—resin with predominantly base metal...$ 245.00
D2722* Crown—resin with noble metal.....$ 245.00
D2740* Crown—porcelain/ceramic.....$ 245.00
D2750* Crown—porcelain fused to high noble metal....$ 245.00
D2751 Crown—porcelain fused to predominantly base metal.....$ 245.00
D2752* Crown—porcelain fused to noble metal.....$ 245.00
D2753* Crown—porcelain fused to titanium and titanium alloys.....$ 245.00
D2780* Crown—3/4 cast high noble metal.....$ 245.00
D2781 Crown—3/4 cast predominantly base metal....$ 245.00
D2782* Crown—3/4 cast noble metal.....$ 245.00
D2783* Crown—3/4 porcelain/ceramic.....$ 245.00
D2790* Crown—full cast high noble metal.....$ 245.00
D2791 Crown—full cast predominantly base metal....$ 245.00
D2792* Crown—full cast noble metal.....$ 245.00
D2794* Crown—titanium and titanium alloy.....$ 245.00
D2799 Interim crown – further treatment or completion of diagnosis necessary prior to final impression.....no charge

D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	no charge
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	no charge
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	$ 45.00
D2929	Crown-Prefabricated porcelain/ceramic crown - primary tooth	$ 25.00
D2930	Prefabricated stainless steel crown—primary tooth	$ 25.00
D2931	Prefabricated stainless steel crown—permanent tooth	$ 25.00
D2932	Prefabricated resin crown	$ 45.00
D2933	Prefabricated stainless steel crown with resin window	$ 45.00
D2950	Core buildup, including any pins	$ 70.00
D2951	Pin retention—per tooth, in addition to restoration	$ 10.00
D2952*	Cast post and core in addition to crown	$ 50.00
D2953*	Each additional cast post—same tooth	$ 50.00
D2954	Prefabricated post and core in addition to crown	$ 30.00
D2955	Post removal (not in conjunction with endodontic therapy)	$ 10.00
D2957	Each additional prefabricated post—same tooth, base metal post	$ 30.00
D2960	Labial Veneer (Resin Laminate) - direct	$ 250.00
D2961*	Labial Veneer (Resin Laminate) - indirect	$ 300.00
D2962*	Labial Veneer (porcelain Laminate) - indirect	$ 350.00
D2970	Temporary crown (fractured tooth)	no charge
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	$ 110.00
D6950	Precision attachment, separate from prosthesis	$ 195.00
D6980*	Fixed partial denture repair necessitated by restorative material failure	$ 45.00

Prosthodontics (fixed)

(replacement limited to every five years, adjustments once per year)		**Member pays**
D6210*	Pontic—cast high noble metal	$ 245.00
D6211	Pontic—cast predominantly base metal	$ 245.00
D6212*	Pontic—cast noble metal	$ 245.00
D6240*	Pontic—porcelain fused to high noble metal	$ 245.00
D6241	Pontic—porcelain fused to predominantly base metal	$ 245.00
D6242*	Pontic—porcelain fused to noble metal	$ 245.00
D6243*	Pontic—porcelain fused to titanium and titanium alloys	$ 245.00
D6750*	Retainer crown—porcelain fused to high noble metal	$ 245.00
D6751	Retainer crown—porcelain fused to predominantly base metal	$ 245.00
D6752*	Retainer crown—porcelain fused to noble metal	$ 245.00
D6753*	Crown—porcelain fused to titanium and titanium alloys	$ 245.00
D6790*	Retainer crown—full cast high noble metal	$ 245.00
D6791	Retainer crown—full cast predominantly base metal	$ 245.00
D6792*	Retainer crown—full cast noble metal	$ 245.00
D6794*	Retainer crown—titanium and titanium alloy	$ 245.00
D6930	Re-cement or re-bond fixed partial denture (per unit)	no charge
D6973	Core buildup for retainer, including any pins	$ 10.00

Prosthodontics

(replacement limited to every five years)		**Member pays**
D5110*	Complete denture—maxillary	$ 325.00
D5120*	Complete denture—mandibular	$ 325.00
D5130*	Immediate denture—maxillary	$ 350.00
D5140*	Immediate denture—mandibular	$ 350.00
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 (including retentive/clasping materials, rests and teeth)	$ 425.00
D5214*	Mandibular partial denture—cast metal (including retentive/clasping materials, rests and teeth)	$ 425.00
D5221	Immediate maxillary partial denture—resin base (including retentive/clasping materials, rests and teeth.	$ 350.00
D5222	Immediate mandibular partial denture—resin base (including retentive/clasping materials, rests and teeth)	$ 350.00
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$ 350.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$ 350.00
D5225*	Upper Partial Denture - Flexible (Including retentive/clasping materials, rests and teeth)	$ 425.00
D5226*	Lower 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	$ 300.00

D5283*	Removable unilateral partial denture - one piece metal (including retentive/clasping materials, rests and teeth), mandibular	$ 300.00
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	$ 300.00
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	$ 300.00
D5410	Adjust complete denture—maxillary	$ 10.00
D5411	Adjust complete denture—mandibular	$ 10.00
D5421	Adjust partial denture—maxillary	$ 10.00
D5422	Adjust partial denture—mandibular	$ 10.00
D5660*	Add clasp to existing partial denture—per tooth	$ 35.00

Endodontics

(each procedure limited to once per tooth per life)

		Member pays
D3110	Pulp cap—direct (excluding final restoration)	$ 5.00
D3120	Pulp cap—indirect (excluding final restoration)	$ 5.00
D3220	Therapeutic pulpotomy (excluding final restoration)	$ 30.00
D3221	Pulpal debridement, primary and permanent teeth (Not to be used when root canal is done on the same day)	$ 55.00
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	$ 40.00
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	$ 40.00
D3310	Root canal therapy—anterior tooth (excluding final restoration)	$ 100.00
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	$ 152.00
D3330	Endodontic therapy, molar tooth (excluding final restorations)	$ 210.00
D3331	Treatment of root canal obstruction—non-surgical access	$ 85.00
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	$ 96.00
D3333	Internal root repair of perforation defects	$ 85.00
D3346	Retreatment of previous root canal therapy—anterior	$ 180.00
D3347	Retreatment of previous root canal therapy—bicuspid	$ 280.00
D3348	Retreatment of previous root canal therapy—molar	$ 325.00
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	$ 70.00
D3352	Apexification/recalcification—interim medication replacement (includes any necessary radiographs)	$ 70.00
D3353	Apexification/recalcification—final visit (includes any necessary radiographs)	$ 70.00
D3410	Apicoectomy—anterior	$ 95.00
D3421	Apicoectomy—premolar (first root)	$ 95.00
D3425	Apicoectomy—molar (first root)	$ 95.00
D3426	Apicoectomy—(each additional root)	$ 60.00
D3430	Retrograde filling—per root	$ 60.00
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	$ 95.00
D3910	Surgical procedure to isolate tooth with rubber dam	$ 19.00
D3920	Hemisection not included in root canal therapy	$ 90.00
D3950	Canal preparation and fitting of preformed dowel or post	$ 15.00

Periodontics (gum treatment)		**Member pays**
D4210	Gingivectomy/gingivoplasty—four or more contiguous teeth or tooth bounded spaces per quadrant	$ 110.00
D4211	Gingivectomy/gingivoplasty—one to three contiguous teeth or tooth bounded spaces per quadrant	$ 83.00
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	$ 113.00
D4245	Apically positioned flap	$ 165.00
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	$ 300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$ 225.00
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	$ 215.00
D4267	Guided tissue regeneration, natural teeth - nonresorbable barrier, per site	$ 255.00
D4270	Pedicle soft tissue graft procedure	$ 245.00
D4271	Free soft tissue graft procedure (including donor site surgery)	$ 245.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$ 75.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	$ 100.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	$ 380.00

D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	$ 245.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in graft site	$ 120.00
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	$ 75.00
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	$ 380.00
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 (limited to a maximum of four (4) quadrants will be paid in any combination per 24 calendar months)	$ 50.00
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)	$ 38.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation—full mouth, after oral evaluation (this service will reduce the number of cleanings available under D1110 and/or D1120)	$ 50.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (once per five 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)	$ 65.00
D4910	Periodontal maintenance (covered only after active periodontal therapy)	$ 40.00
D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	$ 55.00

Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction, coronal remnants—primary tooth	$ 5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$ 5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$ 30.00
D7220	Removal of impacted tooth—soft tissue	$ 50.00
D7230	Removal of impacted tooth—partially bony	$ 65.00
D7240	Removal of impacted tooth—completely bony	$ 80.00
D7241	Removal of impacted tooth—completely bony, unusual complications by report	$ 100.00
D7250	Surgical removal of residual tooth roots	$ 40.00
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	$ 50.00
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	$ 100.00
D7282	Mobilization of erupted or malposed tooth to aid eruption	$ 90.00
D7283	Placement of device to facilitate eruption of impacted tooth	$ 90.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$ 150.00
D7286	Incisional biopsy of oral tissue-soft (all others)	$ 60.00
D7287	Exfoliative cytological sample collection	$ 50.00
D7288	Brush biopsy—transepithelial sample collection	$ 50.00
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	$ 60.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	$ 25.00
D7471	Removal of lateral exostosis (maxilla or mandible)	$ 80.00
D7472	Removal of torus palatinus	$ 60.00
D7473	Removal of torus mandibularis	$ 60.00
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)	$ 35.00
D7520	Incision and drainage of abscess—extraoral soft tissue	$ 35.00
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	$ 35.00
D7910	Suture of recent small wounds up to 5 cm.	$ 25.00
D7961	Buccal / labial frenectomy (frenulectomy)	$ 50.00
D7962	Lingual frenectomy (frenulectomy)	$ 50.00
D7963	Frenuloplasty	$ 50.00
D7970	Excision hyperplastic tissue—per arch	$ 55.00
D7971	Excision of pericoronoal gingiva	$ 40.00

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 (each 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 broken teeth—per tooth	$ 35.00
D5650*	Add tooth to existing partial denture	$ 35.00
D5670*	Replace all teeth and acrylic on cast metal framework—maxillary	$ 165.00
D5671*	Replace all teeth and acrylic on cast metal framework—mandibular	$ 165.00
D5710*	Rebase complete maxillary denture	$ 75.00
D5711*	Rebase complete mandibular denture	$ 75.00
D5720*	Rebase maxillary partial denture	$ 75.00
D5721*	Rebase mandibular partial denture	$ 75.00
D5725*	Rebase hybrid prosthesis	$ 75.00
D5730	Reline complete maxillary denture (direct)	$ 65.00
D5731	Reline complete mandibular denture (direct)	$ 65.00
D5740	Reline Maxillary Partial Denture (direct)	$ 65.00
D5741	Reline Mandibular Partial Denture (direct)	$ 65.00
D5750*	Reline Complete Maxillary Denture (indirect)	$ 85.00
D5751*	Reline Complete Mandibular Denture (indirect)	$ 85.00
D5760*	Reline Maxillary Partial Denture (indirect)	$ 85.00
D5761*	Reline Mandibular Partial Denture (indirect)	$ 85.00
D5765*	Soft liner for complete or partial removable denture – indirect	$ 85.00
D5810*	Interim complete denture (maxillary)	$ 230.00
D5811*	Interim complete denture (mandibular)	$ 230.00
D5820*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - maxillary	$ 160.00
D5821*	Interim Partial Denture (including retentive/ clasping materials, rests, and teeth) - mandibular	$ 170.00
D5850	Tissue conditioning, maxillary	$ 20.00
D5851	Tissue conditioning, mandibular	$ 20.00
D5862*	Precision attachment, by report	$ 160.00
D6214*	Pontic—titanium and titanium alloy	$ 245.00
D6245*	Pontic—porcelain/ceramic	$ 245.00
D6250*	Pontic—resin with high noble metal	$ 245.00
D6251	Pontic—resin with predominantly base metal	$ 245.00
D6252*	Pontic—resin with noble metal	$ 245.00
D6253*	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	$ 150.00
D6549	Resin retainer – for resin bonded fixed prosthesis	$ 150.00
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	$ 245.00
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	$ 245.00
D6602*	Retainer inlay—cast high noble metal, two surfaces	$ 245.00
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	$ 245.00
D6604	Retainer inlay—cast predominantly base metal, two surfaces	$ 245.00
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	$ 245.00
D6606*	Retainer inlay—cast noble metal, two surfaces	$ 245.00
D6607*	Retainer inlay—cast noble metal, three or more surfaces	$ 245.00
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	$ 245.00
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	$ 245.00
D6610*	Retainer onlay—cast high noble metal, two surfaces	$ 245.00
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	$ 245.00
D6612	Retainer onlay—cast predominantly base metal, two surfaces	$ 245.00
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	$ 245.00
D6614*	Retainer onlay—cast noble metal, two surfaces	$ 245.00
D6615*	Retainer onlay—cast noble metal, three or more surfaces	$ 245.00
D6710*	Retainer crown—indirect resin based composition	$ 245.00
D6720*	Retainer crown—resin with high noble metal	$ 245.00
D6721	Retainer crown—resin with predominantly base metal	$ 245.00
D6722*	Retainer crown—resin with noble metal	$ 245.00
D6740*	Retainer crown—porcelain/ceramic	$ 245.00
D6780*	Retainer crown—3/4 cast high noble metal	$ 245.00
D6781	Retainer crown—3/4 cast predominantly base metal	$ 245.00
D6782*	Retainer crown—3/4 cast noble metal	$ 245.00
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	$ 245.00
D6784	Retainer crown—3/4 titanium and titanium alloys	$ 245.00

Adjunctive general service		**Member pays**
D9110	Palliative treatment of dental pain - per visit	$ 10.00
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
D9222	Deep sedation/general anesthesia – first 15 minutes	$ 75.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$ 64.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	$ 15.00
D9239	Intravenous moderate (conscious) sedation/ analgesia – first 15 minutes	$ 75.00
D9243	Intravenous moderate (conscious) sedation/ analgesia – each subsequent 15 minute increment	$ 64.00
D9248	Non-intravenous conscious sedation	$ 15.00

D9450	Case presentation, subsequent detailed and extensive treatment planning	no charge
D9610	Non-intravenous conscious sedation	$ 15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	$ 25.00
D9630	Other drugs and/or medicaments, by report	$ 15.00
D9910	Application of desensitizing medicament	$ 15.00
D9940	Occlusal guard, by report	$ 85.00
D9942	Repair and/or reline of occlusal guard	$ 40.00
D9951	Occlusal adjustment—limited	$ 30.00
D9952	Occlusal adjustment—complete	$ 100.00

Bleaching		**Member pays**
D9972	External bleaching in office—per arch	$ 125.00
D9975	External bleaching in home—per arch	$ 125.00

Orthodontics		**Member pays**
D8070	Comprehensive orthodontic treatment of the transitional dentition	$1,850.00
	Consultation	no charge
	Evaluation	$ 35.00
	Records/treatment planning	$ 250.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	$1,850.00
	Consultation	no charge
	Evaluation	$ 35.00
	Records/treatment planning	$ 250.00
D8090	Comprehensive orthodontic treatment of the adult dentition	$1,850.00
	Consultation	no charge
	Evaluation	$ 35.00
	Records/treatment planning	$ 250.00
D8680	Orthodontic retention	$ 300.00
D8698	Re-cement or re-bond fixed retainer, maxillary	no charge
D8699	Re-cement or re-bond fixed retainer, mandibular	no charge

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- 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**.

Offered by CompBenefits Company.

Humana®

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 sign in to your MyHumana account or search as a guest.

Step 2: Enter your search information based on plan

For the **DHMO** plan

- Enter your **ZIP code**
- In the pop-up window, choose **"DHMO"** for "Coverage Type"
- Select the network: **HS195 DHMO/Prepaid Network**
- 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 they're 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.

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.**

Pre-determination of your Humana Dental benefits

If you expect to pay more than $300 for dental care, your dentist may submit a proposed dental treatment plan that Humana will use to determine if your dental benefits cover the treatment.

- This is known as a “predetermination of benefits” (also called “prior authorization”)
- The dental treatment plan may include:
  - A list of services to be performed, including any supporting documentation
  - A written description from the dentist of the treatment
  - An itemized list of costs

Please note: With limited exceptions, predetermination of benefits must be granted before the service is provided. It will remain valid for up to 90 days after the review and is not a guarantee of what we will pay toward the treatment.

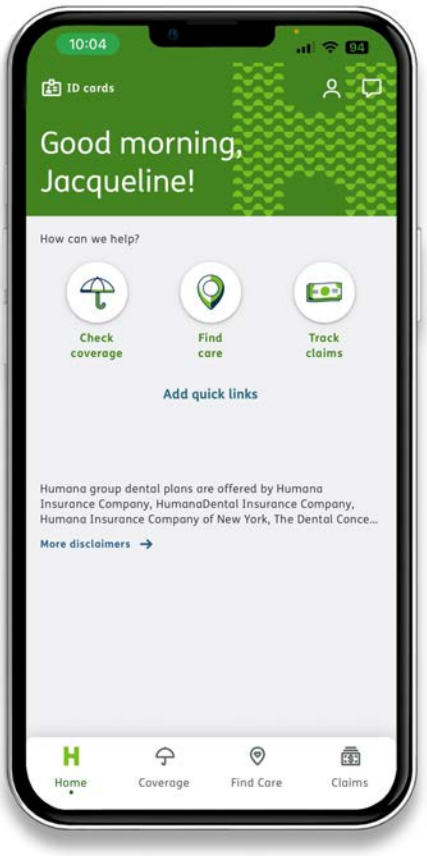
Manage your Humana plan online

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 detail** 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

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.

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 or administered by Humana Insurance Company, or CompBenefits Company.

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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