

HumanaDental[®] Federal Advantage Plan

The HumanaDental Federal Advantage Plan is a network-based dental plan that emphasizes prevention and cost control. Members select any participating general dentist or specialist. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. Copayments listed below are paid by the member at the time of service. **Humana will pay the HumanaDental contracted Advantage fee amount for each procedure, minus the copayment.**

- Deductible None
- Annual maximum (excludes orthodontics) None
- Orthodontics lifetime maximum None
- Waiting period (excludes orthodontics) None
- Orthodontics waiting period. None

Basic services

| CDT code | Diagnostic benefit and limitations | Member copayment |
|----------|--|------------------|
| D0120 | Periodic oral examination (limit two per calendar year) | \$ 0.00 |
| D0140 | Limited oral evaluation – problem-focused (limit one every 12 months) | \$ 0.00 |
| D0145 | Oral evaluation for a patient younger than 3 years and counseling with primary caregiver (limit one per patient per lifetime). | \$ 0.00 |
| D0150 | Comprehensive oral evaluation – new or established patient (limit one every 12 months) | \$ 0.00 |
| D0180 | Comprehensive periodontal evaluation – new or established patient (limit one every 12 months) | \$ 0.00 |
| D0210 | Intraoral – complete series, including bitewings (limit one every three years). | \$ 0.00 |
| D0220 | Intraoral – periapical, first film | \$ 0.00 |
| D0230 | Intraoral – periapical, each additional film | \$ 0.00 |
| D0240 | Intraoral – occlusal film | \$ 0.00 |
| D0250 | Extraoral – first radiographic image. | \$ 0.00 |
| D0251 | Extraoral posterior dental radiographic image | \$ 0.00 |
| D0270 | Bitewing – one film (limit two per calendar year). | \$ 0.00 |
| D0272 | Bitewings – two films (limit two per calendar year). | \$ 0.00 |
| D0273 | Bitewings – three films (limit two per calendar year) | \$ 0.00 |
| D0274 | Bitewings – four films (limit two per calendar year). | \$ 0.00 |
| D0277 | Vertical bitewings – seven to eight films (limit two per calendar year) | \$ 0.00 |
| D0330 | Panoramic film (limit one every three years). | \$ 0.00 |
| D0425 | Caries susceptibility tests. | \$ 0.00 |

| CDT code | Preventive benefit and limitations | Member copayment |
|----------|--|------------------|
| D1110 | Prophylaxis – adult (limit two per calendar year) | \$ 0.00 |
| D1120 | Prophylaxis – child (limit two per calendar year) | \$ 0.00 |
| D1206 | Topical fluoride varnish – therapeutic application for moderate- to high-caries-risk patients (limit two per calendar year). | \$ 0.00 |
| D1208 | Topical application of fluoride (limit two per calendar year) | \$ 0.00 |
| D1351 | Sealant – per tooth (limit one per noncarious permanent molar every three years for patients younger than 18) | \$ 0.00 |

| CDT code | Preventive benefit and limitations (continued) | Member copayment |
|-----------------|---|-------------------------|
| D1352 | Preventive resin restoration in a moderate- to high-caries-risk patient – permanent tooth (limit one per noncarious permanent molar every three years for patients younger than 18) | \$ 0.00 |
| D1510 | Space maintainer-fixed, unilateral, per quadrant (limited to children under age 19) | \$ 0.00 |
| D1516 | Space maintainer-fixed-bilateral, maxillary | \$ 0.00 |
| D1517 | Space maintainer-fixed-bilateral, mandibular | \$ 0.00 |
| D1520 | Space maintainer-removable- unilateral, -per quadrant (limited to children under age 19) | \$ 0.00 |
| D1526 | Space maintainer-removable-bilateral, maxillary | \$ 0.00 |
| D1527 | Space maintainer-removable-bilateral, mandibular | \$ 0.00 |
| D1551 | Re-cement or re-bond bilateral space maintainer, maxillary (limited to children under age 19) | \$ 0.00 |
| D1552 | Re-cement or re-bond bilateral space maintainer, mandibular (limited to children under age 19) | \$ 0.00 |
| D1553 | Re-cement or re-bond unilateral space maintainer, per quadrant (limited to children under age 19) | \$ 0.00 |

| CDT code | Additional procedure covered as basic service | Member copayment |
|-----------------|---|-------------------------|
| D9110 | Palliative treatment of dental pain – minor procedure | \$ 0.00 |
| D9310 | Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician) | \$ 0.00 |
| D9440 | Office visit after regularly scheduled hours | \$ 0.00 |

Intermediate services

| CDT code | Restorative benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D2140 | Amalgam – one surface, primary or permanent (limit one per tooth every 24 months) | \$ 23.00 |
| D2150 | Amalgam – two surfaces, primary or permanent (limit one per tooth every 24 months) | \$ 31.00 |
| D2160 | Amalgam – three surfaces, primary or permanent (limit one per tooth every 24 months) | \$ 37.00 |
| D2161 | Amalgam – four or more surfaces, primary or permanent (limit one per tooth every 24 months) | \$ 44.00 |
| D2330 | Resin-based composite – one surface, anterior (limit one per tooth every 24 months) | \$ 29.00 |
| D2331 | Resin-based composite – two surfaces, anterior (limit one per tooth every 24 months) | \$ 36.00 |
| D2332 | Resin-based composite – three surfaces, anterior (limit one per tooth every 24 months) | \$ 44.00 |
| D2335 | Resin-based composite – four or more surfaces or involving incisal angle, anterior (limit one per tooth every 24 months) | \$ 52.00 |
| D2391 | Resin-based composite – one surface, posterior (limit one per tooth every 24 months) | \$ 43.00 |
| D2392 | Resin-based composite – two surfaces, posterior (limit one per tooth every 24 months) | \$ 56.00 |
| D2393 | Resin-based composite – three surfaces, posterior (limit one per tooth every 24 months) | \$ 69.00 |
| D2394 | Resin-based composite – four or more surfaces, posterior (limit one per tooth every 24 months) | \$ 83.00 |

| CDT code | Restorative benefit and limitations (continued) | Member copayment |
|-----------------|---|-------------------------|
| D2910 | Recement inlay | \$ 24.00 |
| D2920 | Recement crown | \$ 24.00 |
| D2930 | Prefabricated stainless-steel crown, primary tooth (limit one per tooth per lifetime up to age 15 [or older, if as a result of accidental injury]). | \$ 67.00 |
| D2931 | Prefabricated stainless-steel crown, permanent tooth (limit one per tooth per lifetime up to age 15 [or older, if as a result of accidental injury]). | \$ 74.00 |
| D2951 | Pin retention – per tooth, in addition to restoration. | \$ 16.00 |

| CDT code | Endodontic benefit and limitations | Member copayment |
|-----------------|---|-------------------------|
| D3110 | Pulp cap – direct (excluding final restoration) (limit one per tooth per lifetime) | \$ 21.00 |
| D3120 | Pulp cap – indirect (excluding final restoration) (limit one per tooth per lifetime). | \$ 19.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament (limit one per lifetime) | \$ 46.00 |
| D3221 | Pulpal debridement, primary and permanent teeth (limit one per lifetime). | \$ 60.00 |
| D3222 | Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development (limit one per lifetime) | \$ 64.00 |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | \$ 53.00 |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | \$ 60.00 |
| D3354 | Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp); does not include final restoration (limit one per lifetime) | \$ 230.00 |

| CDT code | Periodontal benefit and limitations | Member copayment |
|-----------------|---|-------------------------|
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant (limit one per quadrant every 24 months). | \$ 51.00 |
| D4342 | Periodontal scaling and root planing – one to three teeth per quadrant (limit one per quadrant every 24 months). | \$ 33.00 |
| D4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (limited to 1 every 36 months) | \$ 39.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled-release vehicle into diseased crevicular tissue, per tooth (limit one every 12 months to maximum of three tooth sites per quadrant) | \$ 17.00 |
| D4910 | Periodontal maintenance (limit four every 12 months) | \$ 32.00 |

| CDT code | Prosthetic benefit and limitations | Member copayment |
|-----------------|---|-------------------------|
| D5410 | Adjust complete denture – maxillary | \$ 22.00 |
| D5411 | Adjust complete denture – mandibular | \$ 22.00 |
| D5421 | Adjust partial denture – maxillary | \$ 22.00 |
| D5422 | Adjust partial denture – mandibular | \$ 22.00 |
| D5511 | Repair broken complete denture base, mandibular. | \$ 44.00 |
| D5512 | Repair broken complete denture base, maxillary. | \$ 44.00 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | \$ 41.00 |
| D5611 | Repair resin partial denture base, mandibular | \$ 46.00 |
| D5612 | Repair resin partial denture base, maxillary. | \$ 46.00 |
| D5621 | Repair cast partial framework, mandibular | \$ 49.00 |
| D5622 | Repair cast partial framework, maxillary | \$ 49.00 |
| D5630 | Repair or replace broken clasp | \$ 56.00 |

| CDT code | Prosthodontic benefit and limitations (continued) | Member copayment |
|-----------------|---|-------------------------|
| D5640 | Replace broken teeth – per tooth | \$ 42.00 |
| D5650 | Add tooth to existing partial denture | \$ 52.00 |
| D5660 | Add clasp to existing partial denture | \$ 57.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework, maxillary (limit one every five years) | \$ 78.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework, mandibular (limit one every five years) | \$ 171.00 |
| D5710 | Rebase complete maxillary denture | \$ 138.00 |
| D5711 | Rebase complete mandibular denture | \$ 133.00 |
| D5720 | Rebase maxillary partial denture | \$ 127.00 |
| D5721 | Rebase mandibular partial denture | \$ 124.00 |
| D5730 | Reline complete maxillary denture (chairside) | \$ 82.00 |
| D5731 | Reline complete mandibular denture (chairside) | \$ 82.00 |
| D5740 | Reline maxillary partial denture (chairside) | \$ 77.00 |
| D5741 | Reline mandibular partial denture (chairside) | \$ 75.00 |
| D5750 | Reline complete maxillary denture (laboratory) | \$ 114.00 |
| D5751 | Reline complete mandibular denture (laboratory) | \$ 114.00 |
| D5760 | Reline maxillary partial denture (laboratory) | \$ 112.00 |
| D5761 | Reline mandibular partial denture (laboratory) | \$ 112.00 |
| D5850 | Tissue conditioning (maxillary) | \$ 36.00 |
| D5851 | Tissue conditioning (mandibular) | \$ 36.00 |
| D6930 | Recement fixed partial denture | \$ 33.00 |
| D6980 | Fixed partial denture repair, by report | \$ 63.00 |

| CDT code | Oral surgery benefit and limitations | Member copayment |
|-----------------|---|-------------------------|
| D7111 | Extraction, coronal remnants – deciduous tooth | \$ 38.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | \$ 32.00 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | \$ 53.00 |
| D7220 | Removal of impacted tooth – soft tissue | \$ 68.00 |
| D7230 | Removal of impacted tooth – partially bony | \$ 89.00 |
| D7240 | Removal of impacted tooth – completely bony | \$ 105.00 |
| D7241 | Removal of impacted tooth – completely bony, with unusual surgical complications | \$ 152.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | \$ 73.00 |
| D7251 | Coronectomy – intentional partial tooth removal (limit one per tooth per lifetime) | \$ 186.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth | \$ 154.00 |
| D7280 | Surgical access of an unerupted tooth | \$ 171.00 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$ 84.00 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$ 68.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | \$ 155.00 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | \$ 124.00 |
| D7471 | Removal of exostosis | \$ 259.00 |
| D7510 | Incision and drainage of abscess – intraoral soft tissue | \$ 73.00 |
| D7910 | Suture of recent, small wounds up to 5 cm | \$ 110.00 |

| CDT code | Oral surgery benefit and limitations (continued) | Member copayment |
|-----------------|---|-------------------------|
| D7921 | Collection and application of autologous blood concentrate product (limit one per tooth per lifetime) | \$ 450.00 |
| D7971 | Excision of pericoronal gingiva | \$ 61.00 |

| CDT code | Additional procedures covered as intermediate services | Member copayment |
|-----------------|--|-------------------------|
| D6092 | Recement implant-/abutment-supported crown | \$ 24.00 |
| D6093 | Recement implant-/abutment-supported fixed partial denture | \$ 33.00 |

Major services

| CDT code | Restorative benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D2510 | Inlay – metallic – one surface – an alternate benefit will be provided (limit one per tooth every five years) | \$ 353.00 |
| D2520 | Inlay – metallic – two surfaces – an alternate benefit will be provided (limit one per tooth every five years) | \$ 341.00 |
| D2530 | Inlay – metallic – three surfaces – an alternate benefit will be provided (limit one per tooth every five years) | \$ 432.00 |
| D2542 | Onlay – metallic, two surfaces (limit one per tooth every five years) | \$ 315.00 |
| D2543 | Onlay – metallic, three surfaces (limit one per tooth every five years) | \$ 342.00 |
| D2544 | Onlay – metallic, four or more surfaces (limit one per tooth every five years) | \$ 362.00 |
| D2740 | Crown – titanium and titanium alloy (limited to 1 per tooth every 5 years) | \$ 430.00 |
| D2750 | Crown – porcelain fused to high-noble metal (limit one per tooth every five years) | \$ 432.00 |
| D2751 | Crown – porcelain fused to predominantly base metal (limit one per tooth every five years) | \$ 396.00 |
| D2752 | Crown – porcelain fused to noble metal (limit one per tooth every five years) | \$ 408.00 |
| D2753 | Crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 437.00 |
| D2780 | Crown – 3/4 cast high-noble metal (limit one per tooth every five years) | \$ 447.00 |
| D2781 | Crown – 3/4 cast predominantly base metal (limit one per tooth every five years) | \$ 419.00 |
| D2782 | Crown – 3/4 cast noble metal (limit one per tooth every five years) | \$ 431.00 |
| D2783 | Crown – 3/4 porcelain/ceramic (limit one per tooth every five years) | \$ 456.00 |
| D2790 | Crown – full cast high-noble metal (limit one per tooth every five years) | \$ 412.00 |
| D2791 | Crown – full cast predominantly base metal (limit one per tooth every five years) | \$ 381.00 |
| D2792 | Crown – full cast noble metal (limit one per tooth every five years) | \$ 389.00 |
| D2794 | Crown – titanium and titanium alloy (limited to 1 per tooth every 5 years) | \$ 417.00 |
| D2950 | Core buildup, including any pins. | \$ 90.00 |
| D2954 | Prefabricated post and core, in addition to crown | \$ 109.00 |
| D2980 | Crown repair, by report. | \$ 70.00 |
| D2981 | Inlay repair, necessitated by restorative material failure | \$ 141.00 |
| D2982 | Onlay repair, necessitated by restorative material failure | \$ 141.00 |
| D2983 | Veneer repair, necessitated by restorative material failure | \$ 141.00 |
| D2990 | Resin infiltration of incipient smooth surface lesions. | \$ 45.00 |

| CDT code | Endodontic benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D3310 | Anterior root canal (excluding final restoration) | \$ 328.00 |
| D3320 | Bicuspid root canal (excluding final restoration) | \$ 400.00 |
| D3330 | Molar root canal (excluding final restoration) | \$ 508.00 |
| D3346 | Retreatment of previous root canal therapy – anterior | \$ 426.00 |
| D3347 | Retreatment of previous root canal therapy – bicuspid | \$ 502.00 |
| D3348 | Retreatment of previous root canal therapy – molar | \$ 600.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$ 175.00 |
| D3352 | Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | \$ 87.00 |
| D3353 | Apexification/recalcification – final visit (apical closure/calcific repair of perforations, root resorption, etc.) | \$ 250.00 |
| D3354 | Pulpal regeneration (completion of regenerative treatment in an immature permanent tooth with a necrotic pulp) – does not include final restoration. | \$ 230.00 |
| D3430 | Retrograde filling – per root. | \$ 115.00 |
| D3410 | Apicoectomy/periradicular surgery – anterior | \$ 342.00 |
| D3421 | Apicoectomy/periradicular surgery – bicuspid (first root) | \$ 359.00 |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | \$ 420.00 |
| D3426 | Apicoectomy/periradicular surgery (each additional root) | \$ 146.00 |
| D3450 | Root amputation – per root. | \$ 208.00 |
| D3920 | Hemisection (including any root removal) – not including root canal therapy. | \$ 165.00 |

| CDT code | Periodontal benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant | \$ 226.00 |
| D4211 | Gingivectomy or gingivoplasty – one to three teeth, per quadrant. | \$ 81.00 |
| D4212 | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth | \$ 91.00 |
| D4240 | Gingival flap procedure, including root planing – four or more contiguous teeth or bounded teeth spaces per quadrant | \$ 298.00 |
| D4241 | Gingival flap procedure, including root planing – one to three teeth or bounded teeth spaces, per quadrant (limit one every 36 months) | \$ 236.00 |
| D4249 | Clinical crown lengthening – hard tissue | \$ 332.00 |
| D4260 | Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces, per quadrant | \$ 510.00 |
| D4261 | Osseous surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces, per quadrant | \$ 285.00 |
| D4268 | Surgical revision procedure, per tooth. | \$ 130.00 |
| D4270 | Pedicle soft tissue graft procedure | \$ 363.00 |
| D4273 | Subepithelial connective tissue graft procedures (including donor site surgery) | \$ 421.00 |
| D4275 | Soft tissue allograft (limit one every 36 months) | \$ 447.00 |
| D4276 | Combined connective tissue and double pedicle graft, per tooth (limit one every 36 months) | \$ 475.00 |
| D4277 | Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in a graft (limit one every 36 months) | \$ 560.00 |
| D4278 | Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site (limit one every 36 months) | \$ 280.00 |
| 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. | \$ 253.00 |

| CDT code | Periodontal benefit and limitations (continued) | Member copayment |
|-----------------|--|-------------------------|
| D4285 | Nonautogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site | \$ 268.00 |
| D4355 | Full mouth debridement to enable comprehensive evaluation and diagnosis (limit one per lifetime) | \$ 51.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled-release vehicle into diseased crevicular tissue, per tooth (limit one every 12 months to maximum of three tooth sites per quadrant) | \$ 17.00 |
| D5110 | Complete denture – maxillary (limit one every five years) | \$ 510.00 |
| D5120 | Complete denture – mandibular (limit one every five years) | \$ 510.00 |
| D5130 | Immediate denture – maxillary (limit one every five years). | \$ 544.00 |
| D5140 | Immediate denture – mandibular (limit one every five years) | \$ 544.00 |
| D5211 | Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) (limit one every five years) | \$ 407.00 |
| D5212 | Mandibular partial denture – resin base (including any conventional clasps, rests and teeth) (limit one every five years) | \$ 435.00 |
| D5213 | Maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited to 1 per tooth every 5 year . . . | \$ 559.00 |
| D5214 | Mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited to 1 per tooth every 5 years) \$ | 559.00 |
| D5221 | Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth) - (limited to 1 per tooth every 5 years | \$ 407.00 |
| D5222 | Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) - (limited to 1 per tooth every 5 years | \$ 435.00 |
| D5223 | Immediate maxillary partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited to 1 per tooth every 5 years) | \$ 559.00 |
| D5224 | Immediate mandibular partial denture - cast metal framework with resin denture base (including retentive/clasping materials, rests and teeth) – (limited to 1 per tooth every 5 years) | \$ 559.00 |
| D5282 | Removable unilateral partial denture, maxillary. | \$ 295.00 |
| D5283 | Removable unilateral partial denture, mandibular | \$ 295.00 |
| D5284 | Removable unilateral partial denture – one piece flexible base (including clasps and teeth), per quadrant (limited to 1 per quadrant every 5 years) | \$ 295.00 |
| D5286 | Removable unilateral partial denture – one piece resin (including clasps and teeth), per quadrant mandibular (limited to 1 per quadrant every 5 years) | \$ 295.00 |
| D6010 | Surgical placement of implant body: endosteal implant (limit one per tooth per lifetime) | \$ 980.00 |
| D6055 | Connecting bar – implant-supported or abutment-supported (limit one every five years) | \$ 300.00 |
| D6056 | Prefabricated abutment – includes modification and placement (limit one every five years) | \$ 280.00 |
| D6057 | Custom fabricated abutment – includes placement (limit one every five years). | \$ 390.00 |
| D6058 | Abutment-supported porcelain/ceramic crown (limit one every five years). | \$ 680.00 |
| D6059 | Abutment-supported porcelain fused to metal crown – high-noble metal (limit one every five years) | \$ 630.00 |
| D6060 | Abutment-supported porcelain fused to metal crown – predominantly base metal (limit one every five years) | \$ 560.00 |
| D6061 | Abutment-supported porcelain fused to metal crown – noble metal (limit one every five years) | \$ 630.00 |
| D6062 | Abutment-supported cast metal crown – high-noble metal (limit one every five years) | \$ 650.00 |

| CDT code | Periodontal benefit and limitations (continued) | Member copayment |
|----------|---|---------------------|
| D6063 | Abutment-supported cast metal crown – predominantly base metal (limit one every five years) | \$ 630.00 |
| D6064 | Abutment-supported cast metal crown – noble metal (limit one every five years) | \$ 680.00 |
| D6065 | Implant-supported porcelain/ceramic crown (limit one every five years). | \$ 680.00 |
| D6066 | Implant supported crown – porcelain, high noble alloys (limited to 1 per tooth every 5 years). | \$ 731.00 |
| D6067 | Implant supported crown – high noble alloys (limited to 1 per tooth every 5 years) | \$ 635.00 |
| D6068 | Abutment-supported retainer for porcelain/ceramic fixed partial denture (limit one every five years) | \$ 500.00 |
| D6069 | Abutment-supported retainer for porcelain fused to metal fixed partial denture – high-noble metal (limit one every five years) | \$ 650.00 |
| D6070 | Abutment-supported retainer for porcelain fused to metal fixed partial denture – predominantly base metal (limit one every five years) | \$ 590.00 |
| D6071 | Abutment-supported retainer for porcelain fused to metal fixed partial denture – noble metal (limit one every five years) | \$ 620.00 |
| D6072 | Abutment-supported retainer for cast metal fixed partial denture – high-noble metal (limit one every five years) | \$ 610.00 |
| D6073 | Abutment-supported retainer for cast metal fixed partial denture – predominantly base metal (limit one every five years) | \$ 540.00 |
| D6074 | Abutment-supported retainer for cast metal fixed partial denture – noble metal (limit one every five years) | \$ 690.00 |
| D6075 | Implant-supported retainer for ceramic fixed partial denture (limit one every five years) | \$ 690.00 |
| D6076 | Implant supported retainer for FPD – porcelain fused to high noble alloys (limited to 1 per tooth every 5 years). | \$ 604.00 |
| D6077 | Implant supported retainer for metal FPD – high noble alloys (limited to 1 per tooth every 5 years). | \$ 466.00 |
| D6078 | Implant-/abutment-supported fixed denture for completely edentulous arch (limit one every five years). | \$1,130.00 |
| D6079 | Implant-/abutment-supported fixed denture for partially edentulous arch (limit one every five years). | \$ 570.00 |
| D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsertion of prosthesis (limit one every five years) | \$ 50.00 |
| D6081 | Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure | \$ 110.00 |
| D6082 | Implant supported crown – porcelain fused to predominantly base alloys (limited to 1 per tooth every 5 years) | \$ 676.00 |
| D6083 | Implant supported crown – porcelain fused to noble alloys (limited to 1 per tooth every 5 years) | \$ 690.00 |
| D6084 | Implant supported crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 740.00 |
| D6086 | Implant supported crown – predominantly base alloys (limited to 1 per tooth every 5 years) | \$ 588.00 |
| D6087 | Implant supported crown – noble alloys (limited to 1 per tooth every 5 years) | \$ 600.00 |
| D6088 | Implant supported crown – titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 643.00 |
| D6090 | Repair implant-supported prosthesis, by report (limit one every five years). | \$ 80.00 |
| D6091 | Replacement of semi-precision or precision attachment (male or female component) of implant-/abutment-supported prosthesis, per attachment (limit one every five years) | \$ 30.00 |
| D6094 | Abutment supported crown – titanium (limited to 1 per tooth every 5 years). | \$ 630.00 |

| CDT code | Periodontal benefit and limitations (continued) | Member copayment |
|----------|--|---------------------|
| D6095 | Repair implant abutment (limit one every five years) | \$ 70.00 |
| D6097 | Abutment supported crown – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 638.00 |
| D6098 | Implant supported retainer – porcelain fused to predominantly base alloys (limited to 1 per tooth every 5 years) | \$ 558.00 |
| D6099 | Implant supported retainer FPD – porcelain fused to noble alloys (limited to 1 per tooth every 5 years) | \$ 570.00 |
| D6100 | Implant removal (limit one every five years) | \$ 180.00 |
| D6110 | Implant-/abutment-supported removable denture for edentulous arch – maxillary (limit one every five years) | \$1,020.00 |
| D6111 | Implant-/abutment-supported removable denture for edentulous arch – mandibular (limit one every five years) | \$1,020.00 |
| D6112 | Implant-/abutment-supported removable denture for partially edentulous arch – maxillary (limit one every five years) | \$ 930.00 |
| D6113 | Implant-/abutment-supported removable denture for partially edentulous arch – mandibular (limit one every five years) | \$ 930.00 |
| D6114 | Implant-/abutment-supported fixed denture for edentulous arch – maxillary (limit one every five years) | \$1,130.00 |
| D6115 | Implant-/abutment-supported fixed denture for edentulous arch – mandibular (limit one every five years) | \$1,130.00 |
| D6116 | Implant-/abutment-supported fixed denture for partially edentulous arch – maxillary (limit one every five years) | \$ 570.00 |
| D6117 | Implant-/abutment-supported fixed denture for partially edentulous arch – mandibular (limit one every five years) | \$ 570.00 |
| D6120 | Implant supported retainer – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 611.00 |
| D6121 | Implant supported retainer for metal FPD – predominantly base alloys (limited to 1 per tooth every 5 years) | \$ 431.00 |
| D6122 | Implant supported retainer for metal FPD – noble alloys (limited to 1 per tooth every 5 years) | \$ 440.00 |
| D6123 | Implant supported retainer for metal FPD – titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 472.00 |
| D6194 | Abutment supported retainer crown for FPD – titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 630.00 |
| D6195 | Abutment supported retainer – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 630.00 |
| D6210 | Pontic – cast high-noble metal (limit one per tooth every five years) | \$ 399.00 |
| D6211 | Pontic – cast predominantly base metal (limit one per tooth every five years) | \$ 375.00 |
| D6212 | Pontic – cast noble metal (limit one per tooth every five years) | \$ 391.00 |
| D6214 | Pontic – titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 405.00 |
| D6240 | Pontic – porcelain fused to high-noble metal (limit one per tooth every five years) | \$ 407.00 |
| D6241 | Pontic – porcelain fused to predominantly base metal (limit one per tooth every five years) | \$ 373.00 |
| D6242 | Pontic – porcelain fused to noble metal (limit one per tooth every five years) | \$ 388.00 |
| D6243 | Pontic – porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 416.00 |
| D6245 | Pontic – porcelain/ceramic (limit one per tooth every five years) | \$ 384.00 |
| D6545 | Retainer – cast metal for resin-bonded fixed prosthesis | \$ 178.00 |
| D6548 | Retainer – porcelain/ceramic for resin-bonded fixed prosthesis | \$ 196.00 |
| D6600 | Inlay – porcelain/ceramic, two surfaces (limit one per tooth every five years) | \$ 356.00 |

| CDT code | Periodontal benefit and limitations (continued) | Member copayment |
|-----------------|--|-------------------------|
| D6601 | Inlay – porcelain/ceramic, three or more surfaces (limit one per tooth every five years) | \$ 389.00 |
| D6602 | Inlay – cast high-noble metal, two surfaces (limit one per tooth every five years) | \$ 342.00 |
| D6603 | Inlay – cast high-noble metal, three or more surfaces (limit one per tooth every five years) | \$ 391.00 |
| D6604 | Inlay – cast predominantly base metal, two surfaces (limit one per tooth every five years) | \$ 341.00 |
| D6605 | Inlay – cast predominantly base metal, three or more surfaces (limit one per tooth every five years) | \$ 379.00 |
| D6606 | Inlay – cast noble metal, two surfaces (limit one per tooth every five years) | \$ 343.00 |
| D6607 | Inlay – cast noble metal, three or more surfaces (limit one per tooth every five years) | \$ 384.00 |
| D6608 | Onlay – porcelain/ceramic, two surfaces (limit one per tooth every five years) | \$ 394.00 |
| D6609 | Onlay – porcelain/ceramic, three or more surfaces (limit one per tooth every five years) | \$ 418.00 |
| D6610 | Onlay – cast high-noble metal, two surfaces (limit one per tooth every five years) | \$ 412.00 |
| D6611 | Onlay – cast high-noble metal, three or more surfaces (limit one per tooth every five years) | \$ 381.00 |
| D6612 | Onlay – cast predominantly base metal, two surfaces (limit one per tooth every five years) | \$ 409.00 |
| D6613 | Onlay – cast predominantly base metal, three or more surfaces (limit one per tooth every five years) | \$ 368.00 |
| D6614 | Onlay – cast noble metal, two surfaces (limit one per tooth every five years) | \$ 408.00 |
| D6615 | Onlay – cast noble metal, three or more surfaces (limit one per tooth every five years) | \$ 368.00 |
| D6740 | Crown – porcelain/ceramic (limit one per tooth every five years) | \$ 381.00 |
| D6750 | Crown – porcelain fused to high-noble metal (limit one per tooth every five years) | \$ 435.00 |
| D6751 | Crown – porcelain fused to predominantly base metal (limit one per tooth every five years) | \$ 401.00 |
| D6752 | Crown – porcelain fused to noble metal (limit one per tooth every five years) | \$ 411.00 |
| D6753 | Retainer crown - porcelain fused to titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 441.00 |
| D6780 | Crown – 3/4 cast high-noble metal (limit one per tooth every five years) | \$ 388.00 |
| D6781 | Crown – 3/4 cast predominantly base metal (limit one per tooth every five years) | \$ 394.00 |
| D6782 | Crown – 3/4 cast noble metal (limit one per tooth every five years) | \$ 392.00 |
| D6783 | Crown – 3/4 porcelain/ceramic (limit one per tooth every five years) | \$ 418.00 |
| D6784 | Retainer crown – 3/4 titanium and titanium alloys (limited to 1 per tooth every 5 years) | \$ 420.00 |
| D6790 | Crown – full cast high-noble metal (limit one per tooth every five years) | \$ 415.00 |
| D6791 | Crown – full cast predominantly base metal (limit one per tooth every five years) | \$ 389.00 |
| D6792 | Crown – full cast noble metal (limit one per tooth every five years) | \$ 399.00 |
| D6794 | Retainer crown – titanium and titanium alloys (limited to 1 per tooth every 5 years) . . | \$ 416.00 |

| CDT code | Additional procedure covered as major service | Member copayment |
|-----------------|---|-------------------------|
| D0160 | Detailed and extensive oral evaluation – problem-focused, by report (limit one per patient per lifetime) | \$ 53.00 |

| CDT code | Additional procedure covered as major service (continued) | Member copayment |
|-----------------|---|-------------------------|
| D9944 | Occlusal guard – hard appliance, full arch (limited to 1 arch-maxillary or mandibular every 5 years) | \$ 155.00 |
| D9945 | Occlusal guard – soft appliance, full arch (limited to 1 arch-maxillary or mandibular every 5 years) | \$ 155.00 |
| D9946 | Occlusal guard – hard appliance, partial arch (limited to 1 arch-maxillary or mandibular every 5 years) | \$ 155.00 |

General services

| CDT code | Benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D9215 | Local anesthesia | \$ 0.00 |
| D9223 | Deep sedation/general anesthesia – each 15-minute increment | \$ 60.00 |
| D9243 | Deep sedation/general anesthesia – each 15-minute increment | \$ 53.00 |
| D9610 | Therapeutic parenteral drug, single administration | \$ 23.00 |
| D9612 | Therapeutic parenteral drugs, two or more administrations, different medications | \$ 38.00 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | \$ 70.00 |
| D9239 | Intravenous moderate (conscious) sedation/anesthesia – first 15 minutes | \$ 62.00 |
| D9930 | Treatment of complications (post-surgical) – unusual circumstances, by report | \$ 0.00 |
| D9941 | Fabrication of athletic mouthguard | \$ 95.00 |
| D9974 | Internal bleaching – per tooth | \$ 161.00 |

Orthodontic services

Humana only offers supplemental payments for orthodontic services under codes D8070, D8080 and D8090. See the Federal Advantage Plan orthodontic fee schedule for details. Please call us at 1-877-692-2468 if you do not have a federal orthodontic schedule.

| CDT code | Benefit and limitations | Member copayment |
|-----------------|--|-------------------------|
| D8010 | Limited orthodontic treatment of the primary dentition (limited to one treatment per lifetime) | \$ 685.00 |
| D8020 | Limited orthodontic treatment of the transitional dentition (limited to one treatment per lifetime) | \$ 894.00 |
| D8030 | Limited orthodontic treatment of the adolescent dentition (limited to one treatment per lifetime) | \$1,007.00 |
| D8050 | Interceptive orthodontic treatment of the primary dentition (limited to one treatment per lifetime) | \$1,240.00 |
| D8060 | Interceptive orthodontic treatment of the transitional dentition (limited to one treatment per lifetime) | \$1,431.00 |
| D8070 | Comprehensive orthodontic treatment of the transitional dentition (limited to one treatment per lifetime) | \$2,829.00 |
| D8080 | Comprehensive orthodontic treatment of the adolescent dentition (limited to one treatment per lifetime) | \$2,885.00 |
| D8090 | Comprehensive orthodontic treatment of adult dentition (limited to one treatment per lifetime) | \$2,885.00 |
| D8210 | Removable appliance therapy (limited to one treatment per lifetime) | \$ 583.00 |
| D8220 | Fixed appliance therapy (limited to one treatment per lifetime) | \$ 662.00 |
| D8660 | Preorthodontic treatment visit (limited to one treatment per lifetime) | \$ 35.00 |
| D8670 | Periodic orthodontic treatment visit (as part of contract) (limited to one treatment per lifetime) | \$ 116.00 |
| D8680 | Orthodontic retention (removal of appliances, construction and placement of retainer[s]) (limited to one treatment per lifetime) | \$ 286.00 |

General provisions:

1. When the contracted fee is greater than the member copayment, the dentist should submit a claim to the plan for payment of the difference.
2. Should the member need to be referred to a participating specialist (e.g., endodontist, oral surgeon, orthodontist, periodontist, pediatric dentist, prosthodontist), the participating general dentist may refer the member directly without preauthorization.
3. This is meant to be a partial listing of the plan provisions. Please contact the federal contact center at 1-877-692-2468 for questions regarding plan benefits or payment provisions.

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