



# Humana Dental 2024 Enrollment guide

Dental benefits that will make you smile



## Contact us

Dental member services — 800-233-4013 | [your.humana.com/hca](https://your.humana.com/hca)

Dental annual enrollment hotline — 855-811-0409

**Humana**<sup>®</sup>

# Dental coverage overview

## 2024 Enrollment summary of benefits

Humana Dental DHMO plan enables you to take better care of your teeth and pay less for coverage. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with Humana Dental.

- No waiting periods
- No annual maximums
- No deductibles
- No claims to file
- Services are prepaid



### Choose your primary care dentist (PCD)

#### After you enroll and receive your ID card:

- Go to [your.humana.com/hca](https://your.humana.com/hca)
- Click on “How to Select a Primary Care Dentist” tab
- Click “Find a Dentist” link
- Select “DHMO”, then “HS205 DHMO Network”
- Review participating primary care dentists (PCD)
- Decide on a PCD from the list
- Contact Humana Dental at **800-233-4013** with PCD name  
Monday – Friday: 8 a.m. – 6 p.m., Eastern time

\*Note: You must select a primary care dentist (PCD) prior to receiving dental services.

## Commonly asked questions

### How does the Humana dental plan work?

The Humana DHMO HS205 plan focuses on maintaining oral health, prevention and cost-containment. Members may see a primary care dentist (PCD) as often as necessary. There are no yearly maximums, no deductibles to meet and no waiting periods. The plan copayments for listed procedures are applicable for participating general dentists or participating specialists. The PCD will provide all your routine dental care. With the Humana dental DHMO plan, members pay their dentist directly, when applicable. Please see summary services for appointments and prepaid and discounted charges. Member listed costs are for services provided by participating PCDs only. Copayments are applicable at either a participating general dentist or a participating specialist.

### Why is it important to see my dentist regularly?

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist are integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems. The American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk of complications among people with diabetes.

### Do I have to choose a PCD?

Yes. You must select a primary care dentist (PCD) prior to receiving dental services. Your PCD will provide all your routine dental care. You have the freedom to select any participating dentist as your PCD. To choose a PCD, visit [your.humana.com/hca](https://your.humana.com/hca), click on “How to Select a Primary Care Dentist” tab. Click on “Find a Dentist”, select “DHMO” then “HS205 DHMO Network” to see a list of participating primary care dentists (PCDs). Lastly, call **800-233-4013**, Monday - Friday, 8 a.m. - 6 p.m., Eastern time, with your PCD name. You will be sent a Humana member ID card. Your PCD will be listed on your dental ID card.

Note: If you selected a primary care dentist (PCD) for your 2023 Humana dental plan, you do not have to do it again unless you want to choose a new PCD.

### Can I see dental specialists with the Humana DHMO HS205 plan?

Yes. A PCD may decide that a member needs to see a participating dental specialist. No referral is necessary to see a network specialist. Should members need a specialist, (e.g., endodontist, oral surgeon, periodontist and/or pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. To find a participating specialist, visit the home page on [your.humana.com/hca](https://your.humana.com/hca).

## Commonly asked questions, *continued*

### **If I'm not a member and have questions, whom do I call?**

Call us toll free at **855-811-0409** Monday – Friday, 8 a.m. – 8 p.m., for answers to questions about the new Humana DHMO HS205 plan. We can also help with the enrollment process. If you prefer to talk to us by email, please send your questions to: [oe@humana.com](mailto:oe@humana.com).

### **What can I expect from my dental plan?**

The Humana DHMO HS205 plan has you covered for any circumstance. Whether you simply need routine dental care or unexpected dental treatment, you know what to expect with your Humana dental plan. You have the freedom to select any participating dentist.

## Your.humana.com/hca

- Summary of benefits
- How to find a participating dentist
- How to select a primary care dentist
- Access your dental ID card
- Dental plan FAQs
- Lifestyle discounts
- Eyemed vision discount program
- Contact us

## Go to MyDentalIQ.com

Be healthy. Good health starts with a healthy mouth. Regular dental cleanings can help manage problems throughout the body, such as heart disease, diabetes and stroke. 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.

## Know what your plan covers

Summary of benefits for Humana DHMO HS205 plan are on the following pages.

# Humana Dental DHMO HS205 plan

## 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.

ADA Code	Description	
<b>Appointments</b>		<b>Member pays</b>
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	\$5
D9430	Office visit (normal hours)	no charge
D9440	Office visit (after regularly scheduled hours)	\$35
D9986	Missed appointment	\$10
D9987	Cancelled appointment	\$10
D9999	Emergency visit during regularly scheduled hours, by report	\$20
<b>Diagnostic</b>		<b>Member pays</b>
D0120	Periodic oral examination (limited to twice in any 12 calendar months)	no charge
D0140	Limited oral evaluation – problem focused	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge
D0150	Comprehensive oral evaluation – new or established patient (limited to twice in any 12 calendar months)	no charge
D0160	Detailed and extensive oral evaluation – problem focused, by report	no charge
D0170	Re-evaluation – problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (limited to twice in any 12 calendar months)	\$15
D0210	X-ray intraoral – complete series including bitewings (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
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

# Humana DHMO HS205 plan

## Summary of services

Preventative		Member pays
D1110	Prophylaxis – adult, routine (limited to twice in any 12 calendar months, by primary care dentist)	no charge
D1120	Prophylaxis – child (limited to twice in any 12 calendar months)	no charge
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)	\$10
D1510*	Space maintainer – fixed, unilateral – per quadrant (through age 14)	\$50
D1516*	Space maintainer – fixed – bilateral, maxillary (through age 14)	\$70
D1517*	Space maintainer – fixed – bilateral, mandibular (through age 14)	\$70
D1520*	Space maintainer – removable, unilateral – per quadrant (through age 14)	\$85
D1526*	Space maintainer – removable – bilateral, maxillary (through age 14)	\$90
D1527*	Space maintainer – removable – bilateral, mandibular (through age 14)	\$90
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	\$10
D1552	Re-cement or re-bond bilateral space maintainer – mandibular	\$10
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant	\$10
D1575	Distal shoe space maintainer – fixed – unilateral (through age 14; primary teeth only)	\$130
Restorative		Member pays
D2140	Amalgam – one surface, primary or permanent	\$5
D2150	Amalgam – two surfaces, primary or permanent	\$5
D2160	Amalgam – three surfaces, primary or permanent	\$5
D2161	Amalgam – four or more surfaces, primary or permanent	\$5
D2940	Protective restoration	\$10
Resin restorative (inlays and onlays limited to one per tooth every five years)		Member pays
D2330	Resin based composite – one surface, anterior	\$30
D2331	Resin based composite – two surfaces, anterior	\$40
D2332	Resin based composite – three surfaces, anterior	\$45
D2335	Resin based composite – four or more surfaces or involving incisal angle (anterior)	\$65
D2390	Resin based composite crown, anterior	\$70
D2391	Resin based composite – one surface, posterior	\$45
D2392	Resin based composite – two surfaces, posterior	\$55
D2393	Resin based composite – three surfaces, posterior	\$80
D2394	Resin based composite – four or more surfaces, posterior	\$90
D2510*	Inlay – metallic, one surface	\$225
D2520*	Inlay – metallic, two surfaces	\$235
D2530*	Inlay – metallic, three or more surfaces	\$245
D2542*	Onlay – metallic, two surfaces	\$250
D2543*	Onlay – metallic, three surfaces	\$260

## Humana DHMO HS205 plan

### Summary of services

Resin restorative (inlays and onlays limited to one per tooth every five years), continued		Member pays
D2544*	Onlay – metallic, four or more surfaces	\$270
D2610*	Inlay – porcelain/ceramic, one surface	\$250
D2620*	Inlay – porcelain/ceramic, two surfaces	\$260
D2630*	Inlay – porcelain/ceramic, three or more surfaces	\$270
D2642*	Onlay – porcelain/ceramic, two surfaces	\$275
D2643*	Onlay – porcelain/ceramic, three surfaces	\$285
D2644*	Onlay – porcelain/ceramic, four or more surfaces	\$295
D2650*	Inlay – resin based composite, one surface	\$225
D2651*	Inlay – resin based composite, two surfaces	\$235
D2652*	Inlay – resin based composite, three or more surfaces	\$245
D2662*	Onlay – resin based composite, two surfaces	\$250
D2663*	Onlay – resin based composite, three surfaces	\$260
D2664*	Onlay – resin based composite, four or more surfaces	\$270
Crown and bridge (limited to one per tooth every five years)		Member pays
D2710*	Crown – resin based composite, indirect	\$270
D2712*	Crown – 3/4 resin based composite, indirect	\$270
D2720*	Crown – resin with high noble metal	\$270
D2721	Crown – resin with predominantly base metal	\$270
D2722*	Crown – resin with noble metal	\$270
D2740*	Crown – porcelain/ceramic	\$270
D2750*	Crown – porcelain fused to high noble metal	\$270
D2751	Crown – porcelain fused to predominantly base metal	\$270
D2752*	Crown – porcelain fused to noble metal	\$270
D2753*	Crown – porcelain fused to titanium and titanium alloys	\$270
D2780*	Crown – 3/4 cast high noble metal	\$270
D2781	Crown – 3/4 cast predominantly base metal	\$270
D2782*	Crown – 3/4 cast noble metal	\$270
D2783*	Crown – 3/4 porcelain/ceramic	\$270
D2790*	Crown – full cast high noble metal	\$270
D2791	Crown – full cast predominantly base metal	\$270
D2792*	Crown – full cast noble metal	\$270
D2794*	Crown – titanium and titanium alloy	\$270
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	\$15
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	\$75
D2929	Crown – prefabricated porcelain/ceramic crown – primary tooth	\$75
D2930	Prefabricated stainless steel crown – primary tooth	\$75
D2931	Prefabricated stainless steel crown – permanent tooth	\$25
D2932	Prefabricated resin crown	\$50
D2933	Prefabricated stainless steel crown with resin window	\$50

# Humana DHMO HS205 plan

## Summary of services

<b>Crown and bridge (limited to one per tooth every five years), continued</b>		<b>Member pays</b>
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	\$50
D2950	Core buildup, including any pins	\$50
D2951	Pin retention – per tooth, in addition to restoration	\$15
D2952*	Cast post and core in addition to crown	\$95
D2953*	Each additional cast post – same tooth	\$100
D2954	Prefabricated post and core in addition to crown	\$85
D2955	Post removal (not in conjunction with endodontic therapy)	\$10
D2957	Each additional prefabricated post – same tooth, base metal post	\$35
D2960	Labial veneer (resin laminate) – direct	\$250
D2961*	Labial veneer (resin laminate) – indirect	\$300
D2962*	Labial veneer (porcelain laminate) – indirect	\$350
D2971	Additional procedure – new crown existing partial denture	\$50
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	\$150
D6950	Precision attachment, separate from prosthesis	\$195
<b>Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)</b>		<b>Member pays</b>
D6210*	Pontic – cast high noble metal	\$270
D6211	Pontic – cast predominantly base metal	\$270
D6212*	Pontic – cast noble metal	\$270
D6240*	Pontic – porcelain fused to high noble metal	\$270
D6241	Pontic – porcelain fused to predominantly base metal	\$270
D6242*	Pontic – porcelain fused to noble metal	\$270
D6243*	Pontic – porcelain fused to titanium and titanium alloys	\$270
D6750*	Retainer crown – porcelain fused to high noble metal	\$270
D6751	Retainer crown – porcelain fused to predominantly base metal	\$270
D6752*	Retainer crown – porcelain fused to noble metal	\$270
D6753*	Crown – porcelain fused to titanium and titanium alloys	\$270
D6790*	Retainer crown – full cast high noble metal	\$270
D6791	Retainer crown – full cast predominantly base metal	\$270
D6792*	Retainer crown – full cast noble metal	\$270
D6794*	Retainer crown – titanium and titanium alloy	\$270
D6930	Re-cement or re-bond fixed partial denture (per unit)	\$15
<b>Prosthodontics (fixed) (replacement limited to every five years)</b>		<b>Member pays</b>
D5110*	Complete denture – maxillary	\$375
D5120*	Complete denture – mandibular	\$375
D5130*	Immediate denture – maxillary	\$375
D5140*	Immediate denture – mandibular	\$375
D5211*	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$400
D5212*	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$400

## Humana DHMO HS205 plan

### Summary of services

<b>Prosthodontics (fixed) (replacement limited to every five years), continued</b>		<b>Member pays</b>
D5213*	Maxillary partial denture – cast metal (including retentive/clasping materials, rests and teeth)	\$425
D5214*	Mandibular partial denture – cast metal (including retentive/clasping materials, rests and teeth)	\$425
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$263
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$263
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$413
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$413
D5225*	Upper partial denture – flexible (including retentive/clasping materials, rests and teeth)	\$425
D5226*	Lower partial denture – flexible (including retentive/clasping materials, rests and teeth)	\$425
D5282*	Removable unilateral partial denture – one piece metal (including retentive/clasping materials, rests and teeth), maxillary	\$350
D5283*	Removable unilateral partial denture – one piece metal (including retentive/clasping materials, rests and teeth), mandibular	\$350
D5284*	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	\$350
D5286*	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant	\$350
D5410	Adjust complete denture – maxillary	\$15
D5411	Adjust complete denture – mandibular	\$15
D5421	Adjust partial denture – maxillary	\$15
D5422	Adjust partial denture – mandibular	\$15
D5660*	Add clasp to existing partial denture – per tooth	\$90
<b>Endodontics (each procedure limited to once per tooth per life)</b>		<b>Member pays</b>
D3110	Pulp cap – direct (excluding final restoration)	\$15
D3120	Pulp cap – indirect (excluding final restoration)	\$10
D3220	Therapeutic pulpotomy (excluding final restoration)	\$40
D3221	Pulpal debridement, primary and permanent teeth (not to be used when root canal is done on the same day)	\$85
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$45
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$50
D3310	Root canal therapy – anterior tooth (excluding final restoration)	\$110
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$195
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$250
D3331	Treatment of root canal obstruction – non-surgical access	\$80
D3332	Incomplete endodontic therapy – inoperable or fractured tooth	\$80
D3333	Internal root repair of perforation defects	\$90
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$90
D3352	Apexification/recalcification – interim medication replacement (includes any necessary radiographs)	\$80



## Humana DHMO HS205 plan

### Summary of services

Endodontics (each procedure limited to once per tooth per life), continued		Member pays
D3353	Apexification/recalcification – final visit (includes any necessary radiographs)	\$90
D3410	Apicoectomy – anterior	\$135
D3421	Apicoectomy – premolar (first root)	\$120
D3425	Apicoectomy – molar (first root)	\$120
D3426	Apicoectomy – (each additional root)	\$60
D3430	Retrograde filling – per root	\$40
D3450	Root amputation – per root (not covered in conjunction with procedure D3920)	\$95
D3910	Surgical procedure to isolate tooth with rubber dam	\$20
D3920	Hemisection not included in root canal therapy	\$90
D3950	Canal preparation and fitting of preformed dowel or post	\$15
Periodontics (gum treatment)		Member pays
D4210	Gingivectomy/gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	\$120
D4211	Gingivectomy/gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$55
D4240	Gingival flap, including root planing – four or more teeth, per quadrant	\$150
D4241	Gingival flap, including root planing – one to three teeth, per quadrant	\$120
D4245	Apically positioned flap	\$175
D4249	Clinical crown lengthening – hard tissue	\$150
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$350
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$325
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	\$180
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	\$95
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration – resorbable barrier, per site	\$230
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	\$275
D4270	Pedicle soft tissue graft procedure	\$260
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$350
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$90
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$265
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$130
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	\$210
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	\$228

## Humana DHMO HS205 plan

### Summary of services

Periodontics (gum treatment), continued		Member pays
D4320	Provisional splinting – intracoronal	\$95
D4321	Provisional splinting – extracoronal	\$85
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)	\$55
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)	\$50
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)	\$55
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit (once per five years)	\$50
D4381	Localized delivery of chemotherapeutic agents (per tooth) (limited to once per tooth per 12 months to a maximum of three tooth sites per quadrant, and performed no less than three months following active periodontal therapy)	\$60
D4910	Periodontal maintenance (covered only after active periodontal therapy).	\$45
Extractions/oral and maxillofacial surgery		Member pays
D7111	Extraction, coronal remnants – primary tooth	no charge
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	no charge
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$40
D7220	Removal of impacted tooth – soft tissue	\$55
D7230	Removal of impacted tooth – partially bony	\$70
D7240	Removal of impacted tooth – completely bony	\$85
D7241	Removal of impacted tooth – completely bony, unusual complications by report	\$110
D7250	Surgical removal of residual tooth roots	\$40
D7260	Oroantral fistula closure	\$350
D7261	Primary closure of a sinus perforation	\$225
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	\$55
D7280	Exposure of an unerupted tooth (excluding wisdom teeth)	\$100
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$90
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$350
D7286	Incisional biopsy of oral tissue-soft (all others)	\$120
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy – transepithelial sample collection	\$55
D7310	Alveoloplasty in conjunction with extractions – per quadrant	\$40
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$15
D7320	Alveoloplasty not in conjunction with extractions – per quadrant	\$75
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$30
D7450	Removal of benign odontogenic cyst or tumor – up to 1 .25 cm	\$160
D7451	Removal of benign odontogenic cyst or tumor – greater than 1 .25 cm	\$235
D7471	Removal of lateral exostosis (maxilla or mandible)	\$90

# Humana DHMO HS205 plan

## Summary of services

Extractions/oral and maxillofacial surgery, continued		Member pays
D7472	Removal of torus palatinus	\$65
D7473	Removal of torus mandibularis	\$65
D7485	Reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess – intraoral soft tissue	\$35
D7970	Excision hyperplastic tissue – per arch	\$85
D7971	Excision of pericoronal gingival	\$55
Repairs to prosthetics		Member pays
D5511*	Repair broken complete denture base, mandibular	\$35
D5512*	Repair broken complete denture base, maxillary	\$35
D5520*	Replace missing or broken teeth – complete denture (each tooth)	\$35
D5611*	Repair resin partial denture base, mandibular	\$35
D5612*	Repair resin partial denture base, maxillary	\$35
D5621*	Repair cast partial framework, mandibular	\$35
D5622*	Repair cast partial framework, maxillary	\$35
D5630*	Repair or replace broken retentive clasping materials – per tooth	\$35
D5640*	Replace broken teeth – per tooth	\$35
D5650*	Add tooth to existing partial denture	\$35
D5670*	Replace all teeth and acrylic on cast metal framework – maxillary	\$210
D5671*	Replace all teeth and acrylic on cast metal framework – mandibular	\$225
D5710*	Rebase complete maxillary denture	\$200
D5711*	Rebase complete mandibular denture	\$200
D5720*	Rebase maxillary partial denture	\$200
D5721*	Rebase mandibular partial denture	\$200
D5730	Reline complete maxillary denture (direct)	\$60
D5731	Reline complete mandibular denture (direct)	\$60
D5740	Reline maxillary partial denture (direct)	\$60
D5741	Reline mandibular partial denture (direct)	\$60
D5750*	Reline complete maxillary denture (indirect)	\$95
D5751*	Reline complete mandibular denture (indirect)	\$95
D5760*	Reline maxillary partial denture (indirect)	\$95
D5761*	Reline mandibular partial denture (indirect)	\$95
D5810*	Interim complete denture (maxillary)	\$250
D5811*	Interim complete denture (mandibular)	\$250
D5820*	Interim partial denture (including retentive/clasping materials, rests, and teeth) – maxillary	\$80
D5821*	Interim partial denture (including retentive/clasping materials, rests, and teeth) – mandibular	\$80
D5850	Tissue conditioning, maxillary	\$30
D5851	Tissue conditioning, mandibular	\$30
D6214*	Pontic – titanium and titanium alloy	\$270
D6245*	Pontic – porcelain/ceramic	\$270
D6250*	Pontic – resin with high noble metal	\$270
D6251	Pontic – resin with predominantly base metal	\$270
D6252*	Pontic – resin with noble metal	\$270

## Humana DHMO HS205 plan

### Summary of services

Repairs to prosthetics, continued		Member pays
D6253*	Provisional pontic	no charge
D6545*	Retainer – cast metal, resin bonded fixed prosthesis	\$250
D6548*	Retainer – porcelain/ceramic, resin bonded fixed prosthesis	\$250
D6549	Resin retainer – for resin bonded fixed prosthesis	\$250
D6600*	Retainer inlay – porcelain/ceramic, two surfaces	\$270
D6601*	Retainer inlay – porcelain/ceramic, three or more surfaces	\$270
D6602*	Retainer inlay – cast high noble metal, two surfaces	\$270
D6603*	Retainer inlay – cast high noble metal, three or more surfaces	\$270
D6604	Retainer inlay – cast predominantly base metal, two surfaces	\$270
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	\$270
D6606*	Retainer inlay – cast noble metal, two surfaces	\$270
D6607*	Retainer inlay – cast noble metal, three or more surfaces	\$270
D6608*	Retainer onlay – porcelain/ceramic, two surfaces	\$270
D6609*	Retainer onlay – porcelain/ceramic, three or more surfaces	\$270
D6610*	Retainer onlay – cast high noble metal, two surfaces	\$270
D6611*	Retainer onlay – cast high noble metal, three or more surfaces	\$270
D6612	Retainer onlay – cast predominantly base metal, two surfaces	\$270
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	\$270
D6614*	Retainer onlay – cast noble metal, two surfaces	\$270
D6615*	Retainer onlay – cast noble metal, three or more surfaces	\$270
D6624*	Retainer inlay titanium	\$270
D6634*	Retainer onlay titanium	\$270
D6710*	Retainer crown – indirect resin based composition	\$270
D6720*	Retainer crown – resin with high noble metal	\$270
D6721	Retainer crown – resin with predominantly base metal	\$270
D6722*	Retainer crown – resin with noble metal	\$270
D6740*	Retainer crown – porcelain/ceramic	\$280
D6780*	Retainer crown – 3/4 cast high noble metal	\$270
D6781	Retainer crown – 3/4 cast predominantly base metal	\$270
D6782*	Retainer crown – 3/4 cast noble metal	\$270
D6783*	Retainer crown – 3/4 porcelain/ceramic, denture	\$270
D6784	Retainer crown – 3/4 titanium and titanium alloys	\$270
Adjunctive general service		Member pays
D9215	Local anesthesia in conjunction with operative or surgical procedures	no charge
D9222	Deep sedation/general anesthesia – first 15 minutes	\$83
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	\$71
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	\$83
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	\$71
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9951	Occlusal adjustment – limited	\$35
D9952	Occlusal adjustment – complete	\$165

## Humana DHMO HS205 plan

### Summary of services

Bleaching		Member pays
D9972	External bleaching in office – per arch	\$175
D9975	External bleaching in home – per arch	\$175
Orthodontics		Member pays
D8070 or D8080	Children up to 19 years of age, up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$45
	Records/treatment planning	\$250
	Orthodontic treatment	\$1,900
D8090	Adult 19 years of age and over, up to 24 months of routine orthodontic treatment for Class I and Class II cases	
	Consultation	no charge
	Evaluation	\$45
	Records/treatment planning	\$250
D8680	Orthodontic retention	\$455
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)

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\*The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed \$125 per unit and \$75 per unit for semi-precious metal.

# Receive EyeMed discounts with your HS205 Humana Dental plan

As a Humana member, you receive the EyeMed Vision discount program at no cost to you. EyeMed has over 135,000 access points including LensCrafters®, Pearle Vision®, Target Optical® and many other private practitioners.

## To find an EyeMed provider

- Call EyeMed’s toll-free locator service at **866-995-9316**.
- To find a LASIK or PRK vision-correction provider, call **877-5LASER6 (1-877-552-7376)**.
- It’s easy to obtain your discount from an EyeMed provider. Just present your Humana member ID card.

## Vision discount program

(retail prices may vary by location)

Exams discount routine exam.....	\$5 off
Contact lens exam .....	\$5 off

## Lens options

### You pay

Single vision.....	\$50
Bifocal.....	\$70
Trifocal .....	\$105

## Lens options

### You pay

UV coating .....	\$15
Tint (solid and gradient) .....	\$15
Standard scratch resistant.....	\$15
Standard polycarbonate.....	\$40
Standard progressive* (add-on to bifocal) .....	\$65
Standard anti-reflective coating.....	\$45
Other add-ons and services.....	20% discount

## Frames

Discount available – 40% off retail prices – on all frames except when prohibited by the manufacturer.

## Contact lenses

Conventional lenses are 15% off retail price. Discount applied to materials only (excludes disposable).

## Laser vision correction\*\*

LASIK or PRK from U.S. Laser Network is 15% off retail price or 5% off promotional price.

## Service

Frequency examination .....	unlimited
Frames .....	unlimited
Lenses.....	unlimited
Contact lenses.....	unlimited

\*The cost for premium progressive lenses equals the basic progressive lens retail price plus a 20% discount on the balance over this price. \*\*Because LASIK or PRK vision correction is an elective procedure performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call **877-5LASER6 (877-552-7376)**.

**This is not insurance.** These discount programs are not part of your insurance product. Discounts are only available at participating providers. Service providers are solely responsible for the provision of products and services. Humana and its affiliates are not liable for product defects, provider negligence or other errors in the delivery of discount products or services.

You may receive a 20% discount on items purchased at participating providers that are not specifically covered by this discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider’s professional services or contact lenses. Employee members may contact their participating provider to determine if any discounts are available on non-covered services. Retail prices may vary by location.

For Texas members: To file a complaint, please call the Texas Department of Licensing and Regulation toll-free (in Texas) at **800-803-9202** or Relay Texas at **800-735-2989**.

## Limitations/exclusions

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any workers’ compensation law
- Discount is not available on frames when the manufacturer prohibits a discount



# Exclusive discounts for Humana members

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.



To access your exclusive discounts, sign in to [MyHumana.com](https://www.mychumana.com), go to the "Menu" tab at the top and scroll down to "Coverage" and then scroll down to "Special Discounts".

You have access to a variety of discounts that support your overall health and well-being



## Dental health

Discounts on personalized dental products for things like:

- ✓ Invisible teeth straightening aligners – from your home
- ✓ Innovative dental devices with tracking & personalized feedback
- ✓ Teeth whitening



## Eye health

Vision care discounts that help you see better:

- ✓ Bladeless and traditional LASIK vision correction
- ✓ Exams, glasses, & contacts



## Hearing

Improve your hearing experience with discount options that fit you:

- ✓ Unique online solution for hearing aids and support
- ✓ Professional care in your area with savings up to 60% on hearing aids

Plus, additional discounts for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more! [Sign in to MyHumana](https://www.mychumana.com) to see all your discounts!



The discounts offered through the Special Discounts Program (the Program) are not insurance or insured benefits.

The Program is subject to change and may be discontinued, without notice and at any time. The Program is only available to eligible Humana members. The Program is not available to members of group policies issued in Illinois, Missouri, New Mexico and Texas. Additional exclusions may apply for members of individual policies. The Program is not available to Medicare or Medicaid members. The discount vendors are third-party vendors. The vendors are solely responsible to you for the provision of these products and services. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. You should independently review the products and services and the discount vendors before purchasing. Humana's contract with the discount vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Program is voluntary. Humana and the discount vendor, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates, expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health 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.

Insured or administered by HumanaDental Insurance Company





## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call 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)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

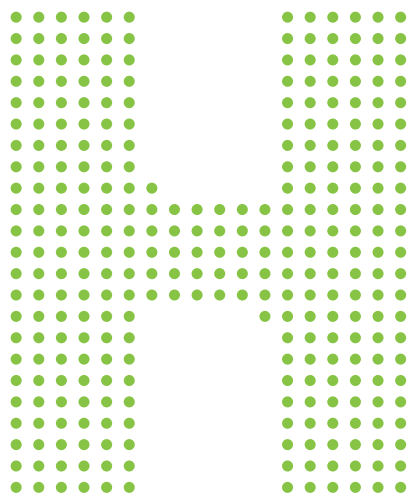
**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'anída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك



**Humana**®

Dental member services

**800-233-4013**

**[your.humana.com/hca](https://your.humana.com/hca)**

Dental annual enrollment hotline

**855-811-0409**