



Real people, real benefits

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Learn more at
HumanaDental.com/ers

Thank you for considering a HumanaDental plan.

We're committed to providing you with the benefits to promote good dental health – which has an impact on your overall health – and save on your out-of-pocket costs.

HumanaDental offers two plans. You can choose the plan that's right for you – either the State of Texas Dental Choice Plan or the HumanaDental DHMO plan. You also can expect great service. We have more than 30 years of dental benefits experience, plus 1,000 associates who are experts in servicing dental benefits.

Again, thank you for considering a HumanaDental dental. We look forward to serving you.

Protect your health and your pocketbook



Oral health impacts your overall health

Dental care is an important part of maintaining good overall health. In fact, research shows that periodontal (gum) disease can cause or aggravate other health problems such as heart disease, stroke, diabetes, and premature births. Our dental plans encourage preventive treatment, enabling you to achieve oral health while minimizing your costs.

Choose the plan that's right for you

	State of Texas Dental Choice Plan	HumanaDental DHMO
Must I visit a participating dentist?	No	Yes
Do I save money if I visit a participating dentist?	Yes	Yes. Benefits will not be paid if you do not use a participating dentist.
Do I pay coinsurance?	Yes	None – only a copayment is required
Are major services covered? (crowns, bridgework, dentures, etc.)	Yes	Yes
Do I have to wait to get full coverage?	No. Now there is no three-year phase-in for coverage.	No



Oral health impacts overall health. You can complete **My Dental IQ** and take steps now to invest in your health. Following a few simple steps could help lower your total health care costs over time.

www.MyDentalIQ.com



Our people provide prompt, friendly service. In fact, 9 out of 10 of our members would recommend our products to a friend.

~ 2007 HumanaDental Member Customer Measurement Survey



Visit dentists you know and trust

It's easy to find a provider near your home or office who will deliver the quality service you expect.

Finding a dentist is easy:

- › Look on HumanaDental.com/ers and find your plan
- › Call (877) 377-0987, 7 a.m. to 7 p.m. CT, Monday - Friday

Get the answers you need

Our convenient web tools at HumanaDental.com/ers help you to manage your plan and find the information you need. You can:

- › Compare plans
- › View your benefits schedule
- › View a certificate

You can talk with a knowledgeable Customer Care specialist 7 a.m. to 7 p.m. CT, Monday - Friday at (877) 377-0987.

Dental Plans comparison

	HumanaDental DHMO	State of Texas Dental Choice Plan	
Dentists	Must use a participating dentist	Can choose any dentist but will receive a better benefit by selecting a participating dentist	
Deductibles	None	Participating Dentist \$0 for Preventive services \$50 for Basic and Major services	Non-participating Dentist \$50 for Preventive services \$100 for Basic and Major services
Coinsurance	Vary according to service.	Participating Dentist You pay 0% for Preventive services You pay 10% for Basic services You pay 50% for Major services	Non-participating Dentist You pay 10% for Preventive services You pay 30% for Basic services You pay 60% for Major services
Annual Maximum	Unlimited	\$1,500 (excludes orthodontia services)	
Lifetime Maximum	Unlimited	\$1,500 for orthodontia services	

State of Texas Dental Choice Plan Benefit Schedule

(Three-year phase in service does not apply to this plan.)

	See a participating dentist		See a non-participating dentist	
Preventive services > Oral examinations > X-rays > Cleanings > Topical fluoride treatment (to age 19*) > Sealants (covered only when applied by In-network provider) (to age 14*) > Space maintainers (to age 19*) > Emergency care for pain relief	100% no deductible		90% after deductible	
Basic services > Fillings	90% after deductible		70% after deductible	
Major services > Routine extractions > Crowns > Inlays and onlays > Bridgework > Dentures > Denture relines and rebases > Denture repair and adjustments > Periodontics > Endodontics (root canals) > Oral Surgery	50% after deductible		40% after deductible	
Calendar-year deductible (excludes orthodontia services)	Individual	Family	Individual	Family
Preventive deductible	\$0	\$0	\$50	\$150
Basic/Major/Prosthodontic deductible	\$50	\$150	\$100	\$300
Annual maximum (excludes orthodontia services)	\$1,500			
Orthodontia	Child orthodontia —covers children through age 19. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum			

* Dependent children only

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan.

To ensure you do not receive additional charges, visit a participating PPO Network dentist. See plan booklet for actual coverages and limitations.

HumanaDental DHMO Benefits Schedule

The HumanaDental DHMO plans focus on maintaining oral health, prevention and cost-containment. A member may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet, and no waiting periods. The HumanaDental DHMO plan copayments for listed procedures are applicable only at a participating general dentist and orthodontists.

Any services not specifically listed are the responsibility of the member and are payable at the participating dentist's standard fees. If in doubt, ask your dentist.

Diagnostic Dentistry

Member pays

D9430	Office visit	No Charge
D9440	Office visit after regularly scheduled hours	\$ 30.00
D0120	Periodic oral evaluation (2 per calendar year*)	No Charge
D0140	Limited oral evaluation—problem focused	\$ 22.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Charge
D0150	Clinical oral exam/evaluation (initial).	No Charge
D0160	Detailed and extensive oral evaluation—problem focused, by report.	No Charge
D0170	Re-evaluation—limited, problem focused	No Charge
D0180	Comprehensive periodontal evaluation—new or established patient	No Charge
D0210	X-ray intraoral—complete series (including bitewings)	No Charge
D0220	X-ray intraoral—periapical, first film	No Charge
D0230	X-ray intraoral—periapical, each additional film	No Charge
D0240	X-ray intraoral—occlusal film	No Charge
D0250	X-ray extraoral—first film	No Charge
D0260	X-ray extraoral—each additional film	No Charge
D0270	X-ray bitewing—single film	No Charge
D0272	X-ray bitewings—two films	No Charge
D0273	X-ray bitewings—three films	No Charge
D0274	X-ray bitewings—four films	No Charge
D0277	X-ray vertical bitewings—7 to 8 films	No Charge
D0330	X-ray panoramic.	No Charge
D0350	Oral/facial images.	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
D0470	Diagnostic casts (excluding ortho)	No Charge
D0472-D0480	Oral pathology procedures.	No Charge
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	\$ 42.00
D0502	Other oral pathology procedures, by report	No Charge
D0999	Unspecified diagnostic procedures, by report	No Charge
D4999	Periodontal probing	\$ 13.00
D9999	Sterilization fee	\$ 7.00

Preventive

Member pays

D1110	Dental cleaning/prophylaxis—adult (2 per calendar year*)	\$ 12.00
D1120	Dental cleaning/prophylaxis—child, 12 years and under (2 per calendar year*)	\$ 12.00
D1203	Topical application of fluoride—child	No Charge
D1204	Topical application of fluoride—adult	No Charge
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant—per tooth.	\$ 10.00
D1510	Space maintainer—fixed, unilateral	\$ 90.00
D1515	Space maintainer—fixed, bilateral	\$ 90.00
D1520	Space maintainer—removable, unilateral	\$ 90.00
D1525	Space maintainer—removable, bilateral	\$ 90.00

* This limit will not apply if needed more frequently due to medical necessity as determined by your primary care dentist.

HumanaDental DHMO Benefits Schedule

D1550	Recementation of space maintainer	\$ 10.00
D1555	Removal of fixed space maintainer (by original dentist)	No Charge
D1555	Removal of fixed space maintainer (by different dentist)	\$ 12.00

Restorative

Member pays

D2140	Amalgam—1 surface, primary or permanent	\$ 22.00
D2150	Amalgam—2 surfaces, primary or permanent	\$ 27.00
D2160	Amalgam—3 surfaces, primary or permanent	\$ 32.00
D2161	Amalgam—4 or more surfaces, primary or permanent	\$ 37.00
D2330	Resin-based composite—1 surface, anterior	\$ 27.00
D2331	Resin-based composite—2 surfaces, anterior	\$ 32.00
D2332	Resin-based composite—3 surfaces, anterior	\$ 37.00
D2335	Resin-based composite—4 or more surfaces or involving incisal angle (anterior)	\$ 52.00
D2390	Resin-based composite crown, anterior	\$ 40.00
D2391	Resin-based composite—1 surface, posterior	\$ 47.00
D2392	Resin-based composite—2 surfaces, posterior	\$ 57.00
D2393	Resin-based composite—3 surfaces, posterior	\$ 67.00
D2394	Resin-based composite—4 or more surfaces, posterior	\$ 74.00
D2410	Gold foil restoration—1 surface	\$ 60.00
D2420	Gold foil restoration—2 surfaces	\$ 140.00
D2430	Gold foil restoration—3 surfaces	\$ 180.00

Major Restorative

Member pays

D2510	Inlay—metallic, 1 surface	\$ 140.00
D2520	Inlay—metallic, 2 surfaces	\$ 170.00
D2530	Inlay—metallic, 3 or more surfaces	\$ 200.00
D2542	Onlay—metallic, 2 surfaces	\$ 250.00
D2543	Onlay—metallic, 3 surfaces	\$ 260.00
D2544	Onlay—metallic, 4 or more surfaces	\$ 270.00
D2610	Inlay—porcelain/ceramic, 1 surface	\$ 247.00
D2620	Inlay—porcelain/ceramic, 2 surfaces	\$ 297.00
D2630	Inlay—porcelain/ceramic, 3 or more surfaces	\$ 297.00
D2642	Onlay—porcelain/ceramic, 2 surfaces	\$ 317.00
D2643	Onlay—porcelain/ceramic, 3 surfaces	\$ 317.00
D2644	Onlay—porcelain/ceramic, 4 or more surfaces	\$ 327.00
D2650	Inlay—resin-based composite, 1 surface	\$ 172.00
D2651	Inlay—resin-based composite, 2 surfaces	\$ 182.00
D2652	Inlay—resin-based composite, 3 or more surfaces	\$ 212.00
D2662	Onlay—resin-based composite, 2 surfaces	\$ 212.00
D2663	Onlay—resin-based composite, 3 surfaces	\$ 222.00
D2664	Onlay—resin-based composite, 4 or more surfaces	\$ 237.00
D2710	Crown—resin based composite (indirect)	\$ 318.00
D2712	Crown—3/4 resin based composite (indirect)	\$ 318.00
D2720	Crown—resin with high noble metal	\$ 368.00
D2721	Crown—resin with predominantly base metal	\$ 260.00
D2722	Crown—resin with noble metal	\$ 299.00
D2740	Crown—porcelain/ceramic substrate	\$ 410.00
D2750	Crown—porcelain fused to high noble metal	\$ 410.00
D2751	Crown—porcelain fused to predominantly base metal	\$ 360.00
D2752	Crown—porcelain fused to noble metal	\$ 399.00
D2780	Crown—3/4 cast high noble metal	\$ 399.00
D2781	Crown—3/4 cast predominantly base metal	\$ 350.00
D2782	Crown—3/4 cast noble metal	\$ 389.00
D2783	Crown—3/4 cast porcelain/ceramic	\$ 350.00
D2790	Crown—full cast high noble metal	\$ 410.00
D2791	Crown—full cast predominantly base metal	\$ 360.00
D2792	Crown—full cast noble metal	\$ 399.00
D2794	Crown—titanium	\$ 410.00
D2910	Recement inlay, onlay or partial coverage restoration (by original dentist)	No Charge
D2910	Recement inlay, onlay or partial coverage restoration (by new dentist)	\$ 5.00

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D2915	Recement cast or prefabricated post and core	\$ 5.00
D2920	Recement crown (by original dentist)	No Charge
D2920	Recement crown (by new dentist)	\$ 5.00
D2930	Prefabricated stainless steel crown—primary tooth	\$ 50.00
D2931	Prefabricated stainless steel crown—permanent tooth	\$ 55.00
D2932	Prefabricated resin crown	No Charge
D2933	Prefabricated stainless steel crown with resin window	\$ 65.00
D2934	Prefabricated esthetic coated stainless steel crown primary tooth	\$ 65.00
D2940	Sedative filling	\$ 5.00
D2950	Core buildup, including any pins	\$ 65.00
D2951	Pin retention—per tooth, in addition to restoration	No Charge
D2952	Post and core, in addition to crown, indirectly fabricated	\$ 62.00
D2953	Each additional indirectly fabricated post—same tooth	\$ 18.00
D2954	Prefabricated post and core, in addition to crown	\$ 58.00
D2957	Each additional prefabricated post—same tooth	\$ 15.00
D2961	Labial veneer (resin laminate)—laboratory	\$ 297.00
D2962	Labial veneer (porcelain laminate)—laboratory	\$ 380.00
D2970	Temporary crown (fractured tooth)	\$ 25.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$ 15.00
D2975	Coping	\$ 148.00
D2980	Crown repair, by report	\$ 30.00
D2999	Unspecified restorative procedure, by report	No Charge
D2999	Temporary metal crown (with permanent)	No Charge

Endodontics

Member pays

D3999	Endodontic consultation	No Charge
D3110	Pulp cap direct (excluding final restoration)	No Charge
D3120	Pulp cap indirect (excluding final restoration)	No Charge
D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 35.00
D3310	Root canal therapy—anterior	\$ 170.00
D3320	Root canal therapy—bicuspid	\$ 190.00
D3330	Root canal therapy—molar	\$ 250.00
D3351-D3353	Apexification/recalcification	No Charge
D3410	Apicoectomy/periradicular surgery—anterior	\$ 140.00
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$ 140.00
D3425	Apicoectomy/periradicular surgery molar (first root)	\$ 170.00
D3426	Apicoectomy/periradicular surgery (each add'l root)	\$ 90.00
D3430	Retrograde filling—per root	\$ 35.00
D3450	Root amputation—per root	\$ 55.00
D3470	Intentional replantation (including necessary splinting)	\$ 55.00
D3910	Surgical procedure for isolation of tooth with rubber dam	\$ 3.00
D3920	Hemisection (including any root removal), not including root therapy	\$ 66.00
D3999	Unspecified endodontic procedure, by report	No Charge
D3999	Culturing canal	No Charge

Periodontics

Member pays

D4999	Periodontal consultation, evaluation and treatment plan	No Charge
D4210	Gingivectomy or gingivoplasty—4 or more contiguous teeth or bounded teeth spaces per quadrant	\$ 156.00
D4211	Gingivectomy or gingivoplasty—1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$ 94.00
D4240	Gingival flap procedure, including root planing—4 or more contiguous teeth or bounded teeth spaces, per quadrant	\$ 220.00
D4241	Gingival flap procedure, including root planning—1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$ 132.00
D4260	Osseous surgery (including flap entry and closure)—4 or more contiguous teeth or bounded spaces, by quadrant	\$ 220.00
D4261	Osseous surgery (including flap entry and closure)—1 to 3 contiguous teeth or bounded teeth spaces, per quadrant	\$ 132.00
D4263	Bone replacement graft—first site in quadrant	\$ 150.00
D4264	Bone replacement graft—each add'l site in quadrant	\$ 150.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$ 150.00
D4320	Provisional splinting—intracoronal	\$ 60.00

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D4321	Provisional splinting—extracoronal	\$ 60.00
D4341	Periodontal scaling and root planing—4 or more teeth per quadrant	\$ 50.00
D4342	Periodontal scaling and root planing—1 to 3 teeth, per quadrant.	\$ 32.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.	\$ 42.00
D4910	Periodontal maintenance procedures (following active therapy)	\$ 37.00
D4920	Unscheduled dressing change (other than treating dentist).	No Charge
D4999	Unspecified periodontal procedure (by report)	No Charge
D4999	Home care instructions for periodontal management	No Charge
D4999	Post-therapeutic evaluation	No Charge
D4999	Non-surgical service periodontal.	No Charge

Prosthodontics—removable

Member pays

D5110	Complete denture—maxillary	\$ 490.00
D5120	Complete denture—mandibular	\$ 490.00
D5110	Complete denture—maxillary (duplicate)	\$ 260.00
D5120	Complete denture—mandibular (duplicate)	\$ 260.00
D5130	Immediate denture—maxillary	\$ 518.00
D5140	Immediate denture—mandibular	\$ 518.00
D5211	Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)	\$ 503.00
D5212	Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)	\$ 503.00
D5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 578.00
D5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 578.00
D5225	Maxillary partial denture flexible base (including any clasps, rests and teeth)	\$ 538.00
D5226	Mandibular partial denture—flexible base (including any clasps, rests and teeth)	\$ 538.00
D5410	Adjust complete denture—maxillary (by original dentist)	No Charge
D5410	Adjust complete denture—maxillary (by new dentist)	\$ 10.00
D5411	Adjust complete denture—mandibular (by original dentist)	No Charge
D5411	Adjust complete denture—mandibular (by new dentist)	\$ 10.00
D5421	Adjust partial denture—maxillary (by original dentist)	No Charge
D5421	Adjust partial denture—maxillary (by new dentist)	\$ 10.00
D5422	Adjust partial denture—mandibular (by original dentist)	No Charge
D5422	Adjust partial denture—mandibular (by new dentist)	\$ 10.00
D5510	Repair broken complete denture base	\$ 35.00
D5520	Repair missing or broken teeth—complete denture (each tooth).	\$ 20.00
D5610	Repair resin denture base	\$ 78.00
D5620	Repair cast framework	\$ 78.00
D5630	Repair or replace broken clasp	\$ 78.00
D5640	Replace broken teeth—per tooth	\$ 78.00
D5650	Add tooth to existing partial denture	\$ 78.00
D5660	Add clasp to existing partial denture	\$ 78.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 164.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 164.00
D5710	Rebase complete maxillary denture	\$ 164.00
D5711	Rebase complete mandibular denture	\$ 164.00
D5720	Rebase maxillary partial denture	\$ 164.00
D5721	Rebase mandibular partial denture	\$ 164.00
D5730	Reline complete maxillary denture (chairside)	\$ 60.00
D5731	Reline complete mandibular denture (chairside)	\$ 60.00
D5740	Reline maxillary partial denture (chairside)	\$ 60.00
D5741	Reline mandibular partial denture (chairside)	\$ 60.00
D5750	Reline complete maxillary denture (laboratory)	\$ 75.00
D5751	Reline complete mandibular denture (laboratory)	\$ 75.00
D5760	Reline maxillary partial denture (laboratory)	\$ 75.00
D5761	Reline mandibular partial denture (laboratory)	\$ 75.00
D5810	Interim complete denture (maxillary)	\$ 60.00
D5811	Interim complete denture (mandibular)	\$ 60.00
D5820	Interim partial denture (maxillary)	\$ 90.00
D5821	Interim partial denture (mandibular)	\$ 90.00
D5850	Tissue conditioning (maxillary)	\$ 20.00

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D5851	Tissue conditioning (mandibular)	\$ 20.00
D5862	Precision attachment, by report	\$ 150.00
D5899	Unspecified removable prosthodontic procedure, by report	No Charge

Implant services

Member pays

D6010	Surgical placement of implant body: endosteal implant	\$ 900.00
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Implant supported prosthetics

Member pays

D6053	Implant/abutment supported removable denture for completely edentulous arch	\$ 590.00
D6054	Implant/abutment supported removable denture for partially edentulous arch	\$ 687.00
D6058	Abutment supported porcelain/ceramic crown	\$ 461.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$ 461.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$ 412.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$ 451.00
D6062	Abutment supported cast metal crown (high noble metal)	\$ 461.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$ 412.00
D6064	Abutment supported cast metal crown (noble metal)	\$ 451.00
D6065	Implant supported porcelain/ceramic crown	\$ 461.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, or high noble metal)	\$ 461.00
D6067	Implant supported metal crown (titanium, titanium alloy, or high noble metal)	\$ 461.00
D6068	Abutment supported retainer for porcelain/ceramic fixed partial denture	\$ 461.00
D6069	Abutment supported retainer for porcelain fused to metal fixed partial denture (high noble metal)	\$ 461.00
D6070	Abutment supported retainer for porcelain fused to metal fixed partial denture (predominantly base metal)	\$ 412.00
D6071	Abutment supported retainer for porcelain fused to metal fixed partial denture (noble metal)	\$ 451.00
D6072	Abutment supported retainer for cast metal fixed partial denture (high noble metal)	\$ 461.00
D6073	Abutment supported retainer for cast metal fixed partial denture (predominantly base metal)	\$ 412.00
D6074	Abutment supported retainer for cast metal fixed partial denture (noble metal)	\$ 451.00
D6075	Implant supported retainer for ceramic fixed partial denture	\$ 461.00
D6076	Implant supported retainer for porcelain fused to metal fixed partial denture (titanium, titanium alloy, or high noble metal)	\$ 461.00
D6077	Implant supported retainer for cast metal fixed partial denture (titanium, titanium alloy, or high noble metal)	\$ 461.00
D6091	Replacement of semi-precision or precision attachment	\$ 155.00
D6092	Recement implant / abutment supported crown	\$ 20.00
D6093	Recement implant / abutment supported fixed partial denture	\$ 20.00
D6094	Abutment supported crown—titanium	\$ 461.00
D6194	Abutment supported retainer crown for FPD—titanium	\$ 461.00

Prosthodontics—fixed

Member pays

The following bridge prices are listed on a per unit basis. A unit equals each tooth restored or replaced.

D6205	Pontic—indirect resin based composite	\$ 350.00
D6210	Pontic—cast high noble metal	\$ 410.00
D6211	Pontic—cast predominantly base metal	\$ 360.00
D6212	Pontic—cast noble metal	\$ 399.00
D6214	Pontic—titanium	\$ 410.00
D6240	Pontic—porcelain fused to high noble metal	\$ 410.00
D6241	Pontic—porcelain fused to predominantly base metal	\$ 360.00
D6242	Pontic—porcelain fused to noble metal	\$ 399.00
D6245	Pontic—porcelain/ceramic	\$ 360.00
D6250	Pontic—resin with high noble metal	\$ 399.00
D6251	Pontic—resin with predominantly base metal	\$ 350.00
D6252	Pontic—resin with noble metal	\$ 389.00
D6253	Provisional pontic (interim of at least 6 months)	\$ 200.00
D6545	Retainer—cast metal for resin bonded fixed prosthesis	\$ 236.00
D6548	Retainer—porcelain/ceramic for resin bonded fixed prosthesis	\$ 236.00
D6600	Inlay—porcelain / ceramic, two surfaces	\$ 297.00
D6601	Inlay—porcelain / ceramic, three or more surfaces	\$ 297.00
D6602	Inlay—cast high noble metal, two surfaces	\$ 200.00
D6603	Inlay—cast high noble metal, three and more surfaces	\$ 230.00
D6604	Inlay—cast predominantly base metal, two surfaces	\$ 170.00

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D6605	Inlay—cast predominantly base metal, three or more surfaces	\$ 200.00
D6606	Inlay—cast noble metal, two surfaces.	\$ 190.00
D6607	Inlay—cast noble metal, three or more surfaces	\$ 220.00
D6608	Onlay—porcelain / ceramic, two surfaces	\$ 317.00
D6609	Onlay—porcelain / ceramic, three or more surfaces	\$ 317.00
D6610	Onlay—cast high noble metal, two surfaces.	\$ 280.00
D6611	Onlay—cast high noble metal, three or more surfaces	\$ 290.00
D6612	Onlay—cast predominantly base metal, two surfaces	\$ 250.00
D6613	Onlay—cast predominantly base metal, three or more surfaces	\$ 260.00
D6614	Onlay—cast noble metal, two surfaces.	\$ 270.00
D6615	Onlay—cast noble metal, three or more surfaces	\$ 280.00
D6624	Inlay—titanium	\$ 200.00
D6634	Onlay—titanium.	\$ 280.00
D6710	Crown—indirect resin based composite	\$ 260.00
D6720	Crown—resin with high noble metal	\$ 368.00
D6721	Crown—resin with predominantly base metal	\$ 260.00
D6722	Crown—resin with noble metal	\$ 299.00
D6740	Crown—porcelain/ceramic.	\$ 410.00
D6750	Crown—porcelain fused to high noble metal	\$ 410.00
D6751	Crown—porcelain fused to predominantly base metal	\$ 360.00
D6752	Crown—porcelain fused to noble metal.	\$ 399.00
D6780	Crown—3/4 cast high noble metal.	\$ 399.00
D6781	Crown—3/4 cast predominantly base metal.	\$ 350.00
D6782	Crown—3/4 cast noble metal.	\$ 389.00
D6783	Crown—3/4 porcelain/ceramic.	\$ 350.00
D6790	Crown—full cast high noble metal.	\$ 410.00
D6791	Crown—full cast predominantly base metal	\$ 360.00
D6792	Crown—full cast noble metal.	\$ 399.00
D6793	Provisional retainer crown (interim of at least 6 months).	\$ 200.00
D6794	Crown—titanium	\$ 410.00
D6930	Recement fixed partial denture (by original dentist)	No Charge
D6930	Recement fixed partial denture (by new dentist).	\$ 15.00
D6940	Stress breaker.	\$ 148.00
D6950	Precision attachment	\$ 145.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated.	\$ 62.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 58.00
D6973	Core build up for retainer, including any pins	\$ 65.00
D6975	Coping—metal	\$ 148.00
D6976	Each additional indirectly fabricated post—same tooth.	\$ 18.00
D6977	Each additional prefabricated post—same tooth	\$ 15.00
D6980	Fixed partial denture repair, by report	\$ 123.00

Oral surgery

Member pays

D7111	Extraction, coronal remnants – deciduous tooth	\$ 15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).	\$ 28.00
D7210	Surgical removal of erupted tooth	\$ 42.00
D7220	Removal of impacted tooth, soft tissue.	\$ 64.00
D7230	Removal of impacted tooth, partially bony	\$ 78.00
D7240	Removal of impacted tooth, completely bony	\$ 115.00
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications.	\$ 126.00
D7250	Surgical removal of residual tooth roots (cutting procedure).	\$ 50.00
D7280	Surgical access of an unerupted tooth to aid eruption	\$ 90.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 75.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$ 18.00
D7285	Biopsy of oral tissue—hard (bone, tooth)	\$ 150.00
D7286	Biopsy of oral tissue—soft	\$ 150.00
D7287	Exfoliative cytologically sample collection	\$ 40.00
D7288	Brush biopsy—transepithelial sample collection	\$ 40.00
D7310	Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant.	\$ 50.00
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant.	\$ 25.00

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D7320	Alveoloplasty not in conjunction with extraction—four or more teeth or tooth spaces, per quadrant . . .	\$ 75.00
D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant . . .	\$ 38.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 150.00
D7472	Removal of torus palatinus	\$ 150.00
D7473	Removal of torus mandibularis	\$ 150.00
D7485	Surgical reduction of osseous tuberosity	\$ 150.00
D7510	Incision and drainage per abscess—extraoral soft tissue	\$ 35.00
D7511	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$ 38.00
D7520	Incision and drainage per abscess—extraoral soft tissue	\$ 40.00
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$ 44.00
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible or facial bones—autogenous or nonautogeneous, by report	\$ 150.00
D7953	Bone replacement graft for ridge preservation—per site	\$ 18.00
D7960	Frenulectomy (frenectomy or frenotomy) separate procedure	\$ 84.00
D7963	Frenuloplasty	\$ 86.00
D7970	Excision of hyperplastic tissue, per arch	\$ 100.00
D7972	Surgical reduction of fibrous tuberosity	\$ 50.00

Orthodontics

Member pays

D8999	Orthodontic exam (including consultation)	\$ 126.00
D8010	Limited orthodontic treatment of the primary dentition	\$ 500.00
D8020	Limited orthodontic treatment of the transitional dentition	\$ 500.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$ 1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$ 2,100.00
D8090	Comprehensive orthodontic treatment of the adult dentition	\$ 2,100.00
D8220	Fixed appliance therapy (habit appliance)	\$ 250.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)	\$ 100.00
D8999	Adjusting retainers	No Charge
D8999	Elastics	No Charge
D8999	Final orthodontic records	No Charge
D8999	Reattach brackets and bands (limit 3)	No Charge
D8999	Replace broken ligature wires (limit 3)	No Charge

Other services

Member pays

D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$ 15.00
D9120	Fixed partial denture sectioning	\$ 125.00
D9211	Regional block anesthesia	No Charge
D9212	Trigeminal division block anesthesia	No Charge
D9215	Local anesthesia	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$ 10.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	No Charge
D9450	Case presentation, detailed and extensive treatment planning	No Charge
D9940	Occlusal guard, by report	\$ 150.00
D9942	Repair and/or relining of an occlusal guard	\$ 39.00
D9951	Occlusal adjustment—limited	\$ 10.00
D9952	Occlusal adjustment—complete	\$ 40.00
D9999	Preparatory fee	No Charge

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Exclusions and Limitations (Charges not covered)

1. A charge for a service not reasonably necessary, or not customarily performed, for the dental care of the covered person.
2. A charge in connection with a service not listed in the Schedule of Benefits.
3. A charge for treatment by other than a Dentist; except for services performed by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a Dentist.
4. A charge for a service to the extent that it is more than the usual charge made by the dentist for the service when there is no coverage.
5. A charge for a service to the extent that it is above the prevailing charge in the area for dental care of a comparable nature. A charge is above the prevailing charge to the extent that it is above the range of charges generally made in the area for dental care of a comparable nature. The area and that range are as determined by HumanaDental.
6. A charge for prescription drugs.
7. A charge for treatment for malignancies or neoplasms.
8. A charge for hospitalization, outpatient surgical center, general anesthesia, or intravenous sedation.
9. A charge for any procedure not performed in a General Dentist's or Specialty Dentist's office, except for Emergency Care and certain charges for Non-Member Dental Providers.