



Your Humana benefits guide:

2026 Dental plans

City of Tampa

Humana

City of
Tampa
Florida



Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.





Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?



Preventive dental care, such as checkups and cleanings, help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

Humana Dental PPO

	If you use an in-network dentist		If you use an out-of-network dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$150	\$50	\$150
	Deductible applies to all services excluding preventive services.			
Calendar-year annual maximum (excludes orthodontia services)	Unlimited			
Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Fluoride treatment (1 per year, through age 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		80% no deductible	
Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	80% after deductible		60% after deductible	
Major services <ul style="list-style-type: none"> • Crowns (1 per tooth every 5 years) • Inlays/onlays (1 per tooth every 5 years) • Bridges (1 per tooth every 5 years) • Dentures (1 per tooth every 5 years) • Denture relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Implants (1 every 5 years for implant placement, crowns, bridges and dentures) • Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) • Periodontal cleanings (4 per year) 	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$2,000 lifetime orthodontia maximum.			

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**





How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to humana.com/findadentist and select the "Dentist" tab.



Step 2: Enter your search information based on plan

For the **PPO plan**

- Enter your **ZIP code**
- In the popup window, choose "**PPO**" for "Coverage Type"
- Select the network: **PPO/Traditional Preferred**
- Click the "**Select**" button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**



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



Virtual dental care 24/7

When it's urgent, you can see a dentist virtually

Humana members have access to **\$0 teledentistry**, also known as virtual dental care, as part of your Humana dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room. **Teledentistry dentists can:**

- **Write prescriptions when needed** (Please note, your dental plan does not cover the cost of medications.)
- **Perform a visual exam** for things like mouth, tooth or jaw pain
- **Provide instructions** on caring for mouth, tooth or jaw pain
- **Help you determine if you need urgent/emergency care** or home care until you can see their dentist
- **Help you find a dentist** if you don't have one or if requested



Starting a virtual dental visit:

Once your dental plan coverage begins, you can sign up for a virtual visit account so you're ready when you need to see a dentist virtually:

1. Go to dental.com/Humana from your computer, tablet or mobile device and click on the **"See a dentist now"** button
2. Entering your dental insurance information:
 - Select "Group" for "Product Type"
 - "Subscriber ID" is your "Member ID" listed on your dental ID card

Humana Dental Prepaid HS195 Plan

Summary of services

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

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

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Note: Pediatric dentist age limit, through age 12

Services marked with a single asterisk () below also require separate payment of laboratory charges, not to exceed \$300. The laboratory charges must be paid to the plan dentist in addition to any applicable copayment for the service.*

ADA Code	Procedure	Member cost
Appointments		Member cost
D9310	Consultation (diagnostic service provided by dentist other than practitioner providing treatment)	no charge
D9430	Office visit (normal hours)	no charge
D9440	Office visit (after regularly scheduled hours)	\$30
D9987	Cancelled appointment	\$10
D9986	Missed appointment	\$10
Diagnostic		Member cost
D0120	Periodic oral examination (two per calendar year)	no charge
D0140	Limited/comprehensive/detailed and extensive oral eval	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	no charge
D0150	Limited/comprehensive/detailed and extensive oral eval (two per calendar year)	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval	no charge
D0170	Re-evaluation—problem focused (not post-operative visit)	no charge
D0180	Comprehensive periodontal evaluation (two per calendar year)	no charge
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 (two per calendar year)	no charge
D0272	X-ray bitewings—two radiographic images (two per calendar year)	no charge
D0273	X-ray bitewings—three radiographic images (two per calendar year)	no charge
D0274	Bitewings—four radiographic images (two per calendar year)	no charge
D0277	X-ray bitewings, vertical—seven to eight radiographic images (two per calendar year)	no charge

ADA Code	Procedure	
Diagnostic (cont.)		Member cost
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
Preventive		Member cost
D1110	Prophylaxis—adult, routine (two per calendar year, by primary care dentist)	no charge
D1111	Additional—adult prophylaxis, with or without fluoride (maximum of two additional per year)	\$35
D1120	Prophylaxis—child, routine (two per calendar year)	no charge
D1121	Additional—child prophylaxis, with or without fluoride (maximum of two additional per year)	\$25
D1206	Topical application of fluoride varnish (for child <16) (two per calendar year)	no charge
D1208	Topical application of fluoride excluding varnish—child (up to 16 years of age) (two per calendar year)	no charge
D1310	Nutrition counseling for the control or avoidance of dental disease	no charge
D1320	Tobacco counseling services for the control or prevention of oral disease	no charge
D1330	Oral hygiene instruction	no charge
D1351	Sealant—per tooth (permanent teeth only to age 16)	no charge
D1510*	Space maintainer—fixed, unilateral (through age 14)	\$25
D1515*	Space maintainer—fixed, bilateral (through age 14)	\$25
D1520*	Space maintainer—removable, unilateral (through age 14)	\$35
D1525*	Space maintainer—removable, bilateral (through age 14)	\$35
D1550	Re-cement or re-bond space maintainer	\$15
D1555	Removal of fixed space maintainer	\$15
Restorative		Member cost
D2140	Amalgam—one surface, primary or permanent	no charge
D2150	Amalgam—two surfaces, primary or permanent	no charge
D2160	Amalgam—three surfaces, primary or permanent	no charge
D2161	Amalgam—four or more surfaces, primary or permanent	no charge
D2940	Sedative filling	no charge
Resin restorative (inlays and onlays limited to one per tooth every five years)		Member cost
D2330	Resin based composite—one surface, anterior	no charge
D2331	Resin based composite—two surfaces, anterior	no charge
D2332	Resin based composite—three surfaces, anterior	no charge
D2335	Resin based composite—four or more surfaces or involving incisal angle (anterior)	no charge
D2390	Resin based composite crown, anterior	\$30
D2391	Resin based composite—one surface, posterior	\$30
D2392	Resin based composite—two surfaces, posterior	\$45

ADA Code	Procedure	
Resin restorative (inlays and onlays limited to one per tooth every five years) (cont.)		Member cost
D2393	Resin based composite—three surfaces, posterior	\$65
D2394	Resin based composite—four or more surfaces, posterior	\$65
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	\$245
D2543*	Onlay—metallic, three surfaces	\$260
D2544*	Onlay—metallic, four or more surfaces	\$270
D2610*	Inlay—porcelain/ceramic, one surface	\$245
D2620*	Inlay—porcelain/ceramic, two surfaces	\$245
D2630*	Inlay—porcelain/ceramic, three or more surfaces	\$245
D2642*	Onlay—porcelain/ceramic, two surfaces	\$245
D2643*	Onlay—porcelain/ceramic, three surfaces	\$245
D2644*	Onlay—porcelain/ceramic, four or more surfaces	\$245
D2650*	Inlay—resin based composite, one surface	\$245
D2651*	Inlay—resin based composite, two surfaces	\$245
D2652*	Inlay—resin based composite, three or more surfaces	\$245
D2662*	Onlay—resin based composite, two surfaces	\$245
D2663*	Onlay—resin based composite, three surfaces	\$245
D2664*	Onlay—resin based composite, four or more surfaces	\$245
Crown and bridge (limited to one per tooth every five years)		Member cost
D2710*	Crown—resin based composite, indirect	\$245
D2712*	Crown—3/4 resin based composite, indirect	\$245
D2720*	Crown—resin with high noble metal	\$245
D2721	Crown—resin with predominantly base metal	\$245
D2722*	Crown—resin with noble metal	\$245
D2740*	Crown—porcelain/ceramic substrate	\$245
D2750*	Crown—porcelain fused to high noble metal	\$245
D2751	Crown—porcelain fused to predominantly base metal	\$245
D2752*	Crown—porcelain fused to noble metal	\$245
D2780*	Crown—3/4 cast high noble metal	\$245
D2781	Crown—3/4 cast predominantly base metal	\$245
D2782*	Crown—3/4 cast noble metal	\$245
D2783*	Crown—3/4 porcelain/ceramic	\$245
D2790*	Crown—full cast high noble metal	\$245
D2791	Crown—full cast predominantly base metal	\$245
D2792*	Crown—full cast noble metal	\$245
D2794*	Crown—titanium	\$245
D2799	Provisional crown	no charge
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	no charge
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	no charge
D2920	Re-cement or re-bond crown	no charge
D2929	Crown—prefabricated porcelain/ceramic crown—primary tooth	\$25
D2930	Prefabricated stainless steel crown—primary tooth	\$25

ADA Code	Procedure	
Crown and bridge (limited to one per tooth every five years) (cont.)		Member cost
D2931	Prefabricated stainless steel crown—permanent tooth	\$25
D2932	Prefabricated resin crown	\$45
D2933	Prefabricated stainless steel crown with resin window	\$45
D2950	Core buildup, including any pins	\$70
D2951	Pin retention—per tooth, in addition to restoration	\$10
D2952*	Cast post and core in addition to crown	\$50
D2953*	Each additional cast post—same tooth	\$50
D2954	Prefabricated post and core in addition to crown	\$30
D2955	Post removal	\$10
D2957	Each additional prefabricated post—same tooth, base metal post	\$30
D2960	Labial veneer (resin laminate)—chairside	\$250
D2961*	Labial veneer (resin laminate)—laboratory	\$300
D2962*	Labial veneer (porcelain laminate)—laboratory	\$350
D2970	Temporary crown (fractured tooth)	no charge
D2971	Additional procedure—new crown existing partial denture	\$50
D2980	Crown repair	no charge
D2981	Inlay repair	no charge
D2982	Onlay repair	no charge
D2983	Veneer repair	no charge
D6940	Stress breaker	\$110
D6950	Precision attachment	\$195
D6980*	Fixed partial denture repair, by report	\$45
Prosthodontics (fixed) (replacement limited to every five years, adjustments once per year)		Member cost
D6210*	Pontic—cast high noble metal	\$245
D6211	Pontic—cast predominantly base metal	\$245
D6212*	Pontic—cast noble metal	\$245
D6240*	Pontic—porcelain fused to high noble metal	\$245
D6241	Pontic—porcelain fused to predominantly base metal	\$245
D6242*	Pontic—porcelain fused to noble metal	\$245
D6750*	Retainer crown—porcelain fused to high noble metal	\$245
D6751	Retainer crown—porcelain fused to predominantly base metal	\$245
D6752*	Retainer crown—porcelain fused to noble metal	\$245
D6790*	Retainer crown—full cast high noble metal	\$245
D6791	Retainer crown—full cast predominantly base metal	\$245
D6792*	Retainer crown—full cast noble metal	\$245
D6794*	Retainer crown—titanium	\$245
D6930	Re-cement or re-bond fixed partial denture (per unit)	no charge
Prosthodontics (replacement limited to every five years)		Member cost
D5110*	Complete denture—maxillary	\$325
D5120*	Complete denture—mandibular	\$325
D5130*	Immediate denture—maxillary	\$350
D5140*	Immediate denture—mandibular	\$350
D5211*	Maxillary partial denture—resin base	\$400
D5212*	Mandibular partial denture—resin base	\$400

ADA Code	Procedure	
Prosthodontics (replacement limited to every five years) (cont.)		Member cost
D5213*	Maxillary partial denture—cast metal framework, resin denture bases	\$425
D5214*	Mandibular partial denture—cast metal framework, resin denture bases	\$425
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	\$350
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	\$350
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$350
D5225*	Maxillary partial denture—flexible (including clasps, rests and teeth)	\$425
D5226*	Mandibular partial denture—flexible (including clasps, rests and teeth)	\$425
D5281*	Removable partial denture—one piece cast metal	\$300
D5410	Adjust complete denture—maxillary	\$10
D5411	Adjust complete denture—mandibular	\$10
D5421	Adjust partial denture—maxillary	\$10
D5422	Adjust partial denture—mandibular	\$10
D5660*	Add clasp to existing partial denture—per tooth	\$35
Endodontics (each procedure limited to once per tooth per life)		Member cost
D3110	Pulp cap—direct (excluding final restoration)	\$5
D3120	Pulp cap—indirect (excluding final restoration)	\$5
D3220	Therapeutic pulpotomy	\$30
D3221	Pulpal debridement, primary and permanent teeth	\$55
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)	\$40
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)	\$40
D3310	Root canal therapy—anterior (excluding final restoration)	\$100
D3320	Root canal therapy—bicuspid (excluding final restoration)	\$152
D3330	Root canal therapy—molar (excluding final restoration)	\$210
D3331	Treatment of root canal obstruction—non-surgical access	\$85
D3332	Incomplete endodontic therapy—inoperable or fractured tooth	\$96
D3333	Internal root repair of perforation defects	\$85
D3346	Retreatment of previous root canal therapy—anterior	\$180
D3347	Retreatment of previous root canal therapy—bicuspid	\$280
D3348	Retreatment of previous root canal therapy—molar	\$325
D3351	Apexification/recalcification – initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$70
D3352	Apexification/recalcification—interim	\$70
D3353	Apexification/recalcification—final visit	\$70
D3410	Apicoectomy/periradicular surgery—anterior	\$95
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)	\$95
D3425	Apicoectomy/periradicular surgery—molar (first root)	\$95
D3426	Apicoectomy/periradicular surgery (each additional root)	\$60
D3430	Retrograde filling—per root	\$60
D3450	Root amputation—per root (not covered in conjunction with procedure D3920)	\$95

ADA Code	Procedure	
Endodontics (each procedure limited to once per tooth per life) (cont.)		Member cost
D3910	Surgical procedure to isolate tooth with rubber dam	\$19
D3920	Hemisection not included in root canal therapy	\$90
D3950	Root canal prepare and fit preformed dowel/post	\$15
Periodontics (gum treatment)		Member cost
D4210	Gingivectomy/gingivoplasty per quadrant	\$110
D4211	Gingivectomy/gingivoplasty per tooth	\$83
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	\$113
D4245	Apically positioned flap	\$165
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	\$300
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	\$225
D4263	Bone replacement graft—first site in quadrant	\$180
D4264	Bone replacement graft—each additional site in quadrant bone	\$95
D4265	Biological materials which can aid soft and osseous tissue regeneration	\$95
D4266	Guided tissue regeneration—resorbable barrier, per site	\$215
D4267	Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)	\$255
D4270	Pedicle soft tissue graft procedure	\$245
D4271	Free soft tissue graft procedure (including donor site surgery)	\$245
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$75
D4274	Distal or proximal wedge procedure	\$100
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$380
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$75
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$380
D4320	Provisional splinting—intracoronaral	\$95
D4321	Provisional splinting—extracoronaral	\$85
D4341	Periodontal scaling and root planing, per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$50
D4342	Periodontal scaling and root planing one to three teeth per quadrant (a maximum of four quadrants will be paid in any combinations, per 24 calendar months for procedures D4341 and D4342)	\$38
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (once per five calendar 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)	\$65
D4910	Periodontal maintenance (covered only after active periodontal therapy)	\$40
D4911	Additional periodontal maintenance procedures (beyond two per 12 months)	\$55

ADA Code	Procedure	
Extractions/oral and maxillofacial surgery		Member cost
D7111	Coronal remnants, deciduous tooth	\$5
D7140	Extraction, erupted tooth or exposed tooth	\$5
D7210	Surgical removal of erupted tooth	\$30
D7220	Removal of impacted tooth—soft tissue	\$50
D7230	Removal of impacted tooth—partially bony	\$65
D7240	Removal of impacted tooth—completely bony	\$80
D7241	Removal of impacted tooth—completely bony, unusual complications by report	\$100
D7250	Surgical removal of residual tooth roots	\$40
D7270	Tooth stabilization of accidentally avulsed or displaced tooth	\$50
D7280	Surgical access of an unerupted tooth (excluding wisdom teeth)	\$100
D7282	Mobilization of erupted or malposed tooth to aid eruption	\$90
D7283	Placement of device to facilitate eruption of impacted tooth	\$90
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$150
D7286	Incisional biopsy of oral tissue-soft (all others)	\$60
D7287	Exfoliative cytological sample collection	\$50
D7288	Brush biopsy—transepithelial sample collection	\$50
D7310	Alveoplasty in conjunction with extractions—per quadrant	\$40
D7311	Alveoplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$15
D7320	Alveoplasty not in conjunction with extractions—per quadrant	\$60
D7321	Alveoplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant	\$25
D7471	Removal of lateral exostosis (maxilla or mandible)	\$80
D7472	Removal of torus palatinus	\$60
D7473	Removal of torus mandibularis	\$60
D7485	Surgical reduction of osseous tuberosity	\$60
D7510	Incision and drainage of abscess—intraoral soft tissue	\$35
D7511	Incision and drainage of abscess—intraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$35
D7520	Incision and drainage of abscess—extraoral soft tissue	\$35
D7521	Incision and drainage of abscess—extraoral soft tissue, complicated (includes drainage of multiple fascial spaces)	\$35
D7910	Suture of recent small wounds up to 5 cm	\$25
D7960	Frenulectomy (frenectomy or frenotomy)—separate procedure	\$50
D7963	Frenuloplasty	\$50
D7970	Excision hyperplastic tissue—per arch	\$55
D7971	Excision of pericoronoal gingiva	\$40
Repairs to prosthetics		Member cost
D5510*	Repair broken complete denture base	\$35
D5520*	Replace missing or broken teeth—complete denture (each tooth)	\$35
D5610*	Repair resin denture base	\$35
D5620*	Repair cast framework	\$35
D5630*	Repair or replace broken clasp—per tooth	\$35
D5640*	Replace broken teeth—per tooth	\$35

ADA Code	Procedure	
Repairs to prosthetics (cont.)		Member cost
D5650*	Add tooth to existing partial denture	\$35
D5670*	Replace all teeth and acrylic framework—maxillary	\$165
D5671*	Replace all teeth and acrylic framework—mandibular	\$165
D5710*	Rebase complete maxillary denture	\$75
D5711*	Rebase complete mandibular denture	\$75
D5720*	Rebase maxillary partial denture	\$75
D5721*	Rebase mandibular partial denture	\$75
D5730	Reline complete maxillary denture (chairside)	\$65
D5731	Reline complete mandibular denture (chairside)	\$65
D5740	Reline maxillary partial denture (chairside)	\$65
D5741	Reline mandibular partial denture (chairside)	\$65
D5750*	Reline complete maxillary denture (laboratory)	\$85
D5751*	Reline complete mandibular denture (laboratory)	\$85
D5760*	Reline maxillary partial denture (laboratory)	\$85
D5761*	Reline mandibular partial denture (laboratory)	\$85
D5810*	Interim complete denture (maxillary)	\$230
D5811*	Interim complete denture (mandibular)	\$230
D5820*	Interim partial denture (maxillary)	\$160
D5821*	Interim partial denture (mandibular)	\$170
D5850	Tissue conditioning, maxillary	\$20
D5851	Tissue conditioning, mandibular	\$20
D5862*	Precision attachment, by report	\$160
D6214*	Pontic titanium	\$245
D6245*	Pontic—porcelain/ceramic	\$245
D6250*	Pontic—resin with high noble metal	\$245
D6251	Pontic—resin with predominantly base metal	\$245
D6252*	Pontic—resin with noble metal	\$245
D6253*	Provisional pontic	no charge
D6545*	Retainer—cast metal, resin bonded fixed prosthesis	\$150
D6549	Resin retainer - for resin bonded fixed prosthesis	\$150
D6600*	Retainer inlay—porcelain/ceramic, two surfaces	\$245
D6601*	Retainer inlay—porcelain/ceramic, three or more surfaces	\$245
D6602*	Retainer inlay—cast high noble metal, two surfaces	\$245
D6603*	Retainer inlay—cast high noble metal, three or more surfaces	\$245
D6604	Retainer inlay—cast predominantly base metal, two surfaces	\$245
D6605	Retainer inlay—cast predominantly base metal, three or more surfaces	\$245
D6606*	Retainer inlay—cast noble metal, two surfaces	\$245
D6607*	Retainer inlay—cast noble metal, three or more surfaces	\$245
D6608*	Retainer onlay—porcelain/ceramic, two surfaces	\$245
D6609*	Retainer onlay—porcelain/ceramic, three or more surfaces	\$245
D6610*	Retainer onlay—cast high noble metal, two surfaces	\$245
D6611*	Retainer onlay—cast high noble metal, three or more surfaces	\$245
D6612	Retainer onlay—cast predominantly base metal, two surfaces	\$245

ADA Code	Procedure	
Repairs to prosthetics (cont.)		Member cost
D6613	Retainer onlay—cast predominantly base metal, three or more surfaces	\$245
D6614*	Retainer onlay—cast noble metal, two surfaces	\$245
D6615*	Retainer onlay—cast noble metal, three or more surfaces	\$245
D6710*	Retainer crown—indirect resin based composition	\$245
D6720*	Retainer crown—resin with high noble metal	\$245
D6721	Retainer crown—resin with predominantly base metal	\$245
D6722*	Retainer crown—resin with noble metal	\$245
D6740*	Retainer crown—porcelain/ceramic	\$245
D6780*	Retainer crown—3/4 cast high noble metal	\$245
D6781	Retainer crown—3/4 cast predominantly base metal	\$245
D6782*	Retainer crown—3/4 cast noble metal	\$245
D6783*	Retainer crown—3/4 porcelain/ceramic, denture	\$245
Adjunctive general service		Member cost
D9110	Palliative (emergency) treatment of dental pain—minor procedure	\$10
D9120	Fixed partial denture sectioning	no charge
D9210	Local anesthesia not in conjunction with operative or surgical procedures	no charge
D9211	Regional block anesthesia	no charge
D9212	Trigeminal division block anesthesia	no charge
D9215	Local anesthesia	no charge
D9223	Deep sedation/general anesthesia – each 15 minute increment	\$150
D9230	Analgesia (nitrous oxide), per 15 minutes	\$15
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment	\$45
D9248	Non-intravenous conscious sedation	\$15
D9450	Case presentation, detailed and extensive treatment planning	no charge
D9610	Non-intravenous conscious sedation	\$15
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9940	Occlusal guard, by report	\$85
D9942	Repair and/or relin of occlusal guard	\$40
D9951	Occlusal adjustment—limited	\$30
D9952	Occlusal adjustment—complete	\$100
Bleaching		Member cost
D9972	External bleaching in office—per arch	\$125
D9975	External bleaching in home—per arch	\$125
Orthodontics		Member cost
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,850
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250

ADA Code	Procedure	Member cost
Orthodontics (cont.)		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$1,850
	Consultation	no charge
	Evaluation	\$35
	Records/treatment planning	\$250
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,850
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$300
D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	no charge

Implants

Coverage for implants:

- Implants and implant supported prostheses covered at a 50% coinsurance
- Annual Maximum Benefit of \$1,500
- Lifetime Maximum Benefit of \$10,000

NOTE:

- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible for up to a 25% discount. Members may contact their participating provider to determine if any discounts apply.
- When crown and/or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional \$75 per unit.
- Some covered services are typically only offered by a specialist (like many oral surgery procedures).
- Additional exclusions and limitations are listed along with full plan information in your certificate of benefits. If you do not have a certificate of benefits, please review the Specialty Benefits Regulatory and Technical Information Guide available at Disclosure.Humana.com.

Pre-determination of your Humana Dental benefits

If you expect to pay more than \$300 for dental care, your dentist may submit a proposed dental treatment plan that Humana will use to help provide you with an estimate of benefits for the planned service. This is known as a “predetermination of benefits” and may include a list of services to be performed, including any supporting documentation, a written description from the dentist of the treatment and an itemized list of costs.

Once enrolled and active in the DHMO plan you will receive your ID card. You must choose a Participating Primary Care Dentist (PCD) prior to receiving services. You have the freedom to select any participating general dentist as your primary care dentist (PCD). Please contact Humana using the number on the back of your ID card to be assigned the participating PCD of your choice.



How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to humana.com/findadentist and select the "Dentist" tab.



Step 2: Enter your search information based on plan

For the **HS195 Prepaid** plan

- Enter your **ZIP code**
- In the popup window, choose "**DHMO**" for "Coverage Type"
- Select the network: **HS195 DHMO/Prepaid**
- Click the "**Select**" button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.
- Choose a dentist from the search results, call to confirm they're accepting new patients, and then take note of their **Dental ID** number.
- After you enroll, the dentist you selected will need to be assigned as your Primary Care Dentist (PCD) before you get dental services. To do this, contact Humana using the number on the back of your ID card and provide the Dental ID number for your chosen PCD.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**





What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more



Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to [MyHumana.com](https://www.mychumana.com).

Look for “Special Discounts” in the “Coverage” section of MyHumana.



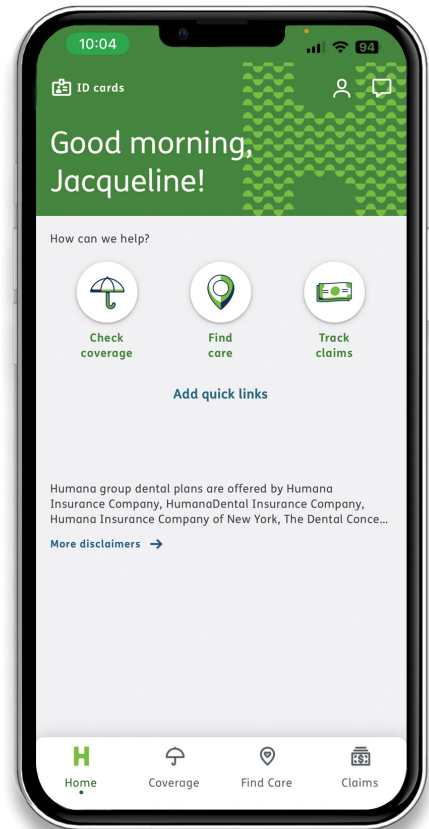
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to [MyHumana.com](https://www.humana.com) to activate your account **or download and register on the MyHumana app** for iOS and Android.



Learn more at [humana.com/member/manage-your-account](https://www.humana.com/member/manage-your-account)

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean) 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Չանգահարեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնությունները ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauw kom tau txais kev pab txhais lus dawb.

These notices are available at www.humana.com/legal/non-discrimination-disclosure and www.humana.com/legal/multi-language-support.

Humana

1-800-233-4013

Humana.com

your.humana.com/city-of-tampa

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This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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