

HumanaOne Dental Discount Plan



Discount plans are not insurance

This schedule applies to services provided by a participating General Dentist and is an extensive list of most common procedures. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Fee schedules are determined by the zip code of the participating provider. Participating Specialists (Board Certified or Advanced Degree) do not charge according to this fee schedule. Participating Specialists will give a 20% discount.*



Please read important plan information at the end of this schedule.

Diagnostic member pays

D0120	Periodic Oral Evaluation – Established Patient	\$ 22
D0140	Limited Oral Evaluation – Problem Focused	\$ 36
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$ 37
D0160	Detailed and Extensive Oral Evaluation – Problem Focused – By Report	\$ 95
D0170	Re – Evaluation – Limited – Problem Focused	\$ 27
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	\$ 29
D0210	Intraoral – Complete Series Including Bitewings	\$ 65
D0220	Intraoral – Periapical – First Film	\$ 13
D0230	Intraoral – Periapical – Each Additional Film	\$ 10
D0240	Intraoral – Occlusal Film	\$ 18
D0250	Extraoral – First Film	\$ 24
D0260	Extraoral – Each Additional Film	\$ 24
D0270	Bitewing – Single Film	\$ 13
D0272	Bitewings – Two Films	\$ 20
D0273	Bitewings – Three Films	\$ 23
D0274	Bitewings – Four Films	\$ 28
D0277	Vertical Bitewings – 7 to 8 Films	\$ 36
D0330	Panoramic Film	\$ 52
D0340	Cephalometric Film	\$ 64
D0350	Oral/Facial Photographic Images	\$ 30
D0460	Pulp Vitality Tests	\$ 25
D0470	Diagnostic Casts	\$ 54

Preventive member pays

D1110	Prophylaxis – Adult	\$ 42
D1120	Prophylaxis – Child	\$ 30
D1203	Topical Application of Fluoride Not Including Prophylaxis – Child	\$ 17
D1204	Topical Application of Fluoride Not Including Prophylaxis – Adult	\$ 18
D1330	Oral Hygiene Instructions	\$ 31
D1351	Sealant – Per Tooth	\$ 24
D1510	Space Maintainer – Fixed – Unilateral	\$ 152
D1515	Space Maintainer – Fixed – Bilateral	\$ 201
D1520	Space Maintainer – Removable – Unilateral	\$ 189
D1525	Space Maintainer – Removable – Bilateral	\$ 259
D1550	Recementation of Space Maintainer	\$ 33
D1555	Removal of Fixed Space Maintainer	20% Discount

Restorative member pays

D2140	Amalgam – One Surface, Primary or Permanent	\$ 57
D2150	Amalgam – Two Surfaces, Primary or Permanent	\$ 73
D2160	Amalgam – Three Surfaces, Primary or Permanent	\$ 88
D2161	Amalgam – Four or More Surfaces, Primary or Permanent	\$ 108
D2330	Resin – Based Composite – One Surface, Anterior	\$ 66
D2331	Resin – Based Composite – Two Surfaces, Anterior	\$ 84
D2332	Resin – Based Composite – Three Surfaces, Anterior	\$ 103
D2335	Resin – Based Composite – Four or More Surfaces or Involving Incisal Angle, Anterior	\$ 122
D2390	Resin – Based Composite Crown, Anterior	\$ 173
D2391	Resin – Based Composite – One Surface, Posterior	\$ 74
D2392	Resin – Based Composite – Two Surfaces, Posterior	\$ 102
D2393	Resin – Based Composite – Three Surfaces, Posterior	\$ 127
D2394	Resin – Based Composite – Four or More Surfaces, Posterior	\$ 133
D2510	Inlay – Metallic – One Surface	\$ 312

D2520	Inlay – Metallic – Two Surfaces	\$ 353
D2530	Inlay – Metallic – Three or More Surfaces	\$ 407
D2542	Onlay – Metallic – Two Surfaces	\$ 373
D2543	Onlay – Metallic – Three Surfaces	\$ 417
D2544	Onlay – Metallic – Four or More Surfaces	\$ 434
D2610	Inlay – Porcelain/Ceramic – One Surface	\$ 366
D2620	Inlay – Porcelain/Ceramic – Two Surfaces	\$ 387
D2630	Inlay – Porcelain/Ceramic – Three or More Surfaces	\$ 412
D2642	Onlay – Porcelain/Ceramic – Two Surfaces	\$ 400
D2643	Onlay – Porcelain/Ceramic – Three Surfaces	\$ 432
D2644	Onlay – Porcelain/Ceramic – Four or More Surfaces	\$ 458
D2650	Onlay – Composite/Resin – One Surface	\$ 240
D2651	Inlay – Composite/Resin – Two Surfaces	\$ 287
D2652	Inlay – Composite/Resin – Three or More Surfaces	\$ 302
D2662	Onlay – Composite/Resin – Two Surfaces	\$ 382
D2663	Onlay – Composite/Resin – Three Surfaces	\$ 389
D2664	Onlay – Composite/Resin – Four or More Surfaces	\$ 408
D2710	Crown – Resin – Based Composite (Indirect)	\$ 192
D2720	Crown – Resin with High Noble Metal	\$ 530
D2721	Crown – Resin with Predominantly Base Metal	\$ 498
D2722	Crown – Resin with Noble Metal	\$ 508
D2740	Crown – Porcelain/Ceramic Substrate	\$ 543
D2750	Crown – Porcelain Fused to High Noble Metal	\$ 537
D2751	Crown – Porcelain Fused to Predominantly Base Metal	\$ 500
D2752	Crown – Porcelain Fused to Noble Metal	\$ 512
D2780	Crown – 3/4 Cast to High Noble Metal	\$ 525
D2781	Crown – 3/4 Cast to Predominantly Base Metal	\$ 504
D2782	Crown – 3/4 Cast Noble Metal	\$ 524
D2783	Crown – 3/4 Porcelain/Ceramic (Does not include facial veneers)	\$ 556
D2790	Crown – Full Cast High Noble Metal	\$ 517
D2791	Crown – Full Cast Predominantly Base Metal	\$ 493
D2792	Crown – Full Cast Noble Metal	\$ 501
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$ 45
D2920	Recement Crown	\$ 47
D2930	Prefabricated Stainless Steel Crown – Primary	\$ 127
D2931	Prefabricated Stainless Steel Crown – Permanent	\$ 142
D2932	Prefabricated Resin Crown	\$ 155
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$ 175
D2940	Sedative Filling	\$ 49
D2950	Core Build – Up, Including Any Pins	\$ 121
D2951	Pin Retention/Tooth, In Addition to Restoration	\$ 25
D2952	Post and Core In Addition to Crown, Indirectly Fabricated	\$ 185
D2953	Each Additional Indirectly Fabricated Post – Same Tooth	\$ 116
D2954	Prefabricated Post and Core in Addition to Crown	\$ 153
D2955	Post Removal Not in Conjunction with Endodontic Therapy	\$ 114
D2957	Each Additional Prefabricated Post – Same Tooth	\$ 55
D2960	Labial Veneer (Laminate) – Chairside	\$ 373

Endodontics member pays

D3110	Pulp Cap – Direct (Excluding Final Restoration)	\$ 33
D3120	Pulp Cap – Indirect (Excluding Final Restoration)	\$ 26
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$ 78
D3221	Pulpal Debridement – Primary and Permanent Teeth	\$ 77
D3230	Pulpal Therapy – Resorbable Filling – Anterior Primary Tooth	\$ 83
D3240	Pulpal Therapy Resorbable Filling – Posterior Primary Tooth	\$ 88
D3310	Root Canal – Anterior (Excluding Final Restoration)	\$ 330
D3320	Root Canal – Bicuspid (Excluding Final Restoration)	\$ 402

D3330	Root Canal – Molar (Excluding Final Restoration) \$	519
D3331	Treatment of Root Canal Obstruction – Non-Surgical Access \$	192
D3332	Incomplete Endodontic Therapy – Inoperable, Unrestorable or Fractured Tooth \$	189
D3333	Internal Root Repair of Perforation Defects \$	88
D3346	Retreatment Previous Root Canal Therapy – Anterior. . . \$	443
D3347	Retreatment Previous Root Canal Therapy – Bicuspid. . \$	522
D3348	Retreatment Previous Root Canal Therapy – Molar . . . \$	628
D3351	Apexification/Recalcification – Initial Visit \$	187
D3352	Apexification/Recalcification – Interim Medication Replacement. \$	81
D3353	Apexification/Recalcification – Final Visit \$	276
D3410	Apicoectomy/Periradicular Surgery – Anterior \$	378
D3421	Apicoectomy/Periradicular Surgery – Bicuspid (First Root) \$	412
D3425	Apicoectomy/Periradicular Surgery – Molar (First Root) \$	466
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root) \$	155
D3430	Retrograde Filling – Per Root \$	114
D3450	Root Amputation – Per Root \$	231
D3470	Intentional Reimplantation (Including Necessary Splinting) \$	462
D3910	Surgical Procedure for Isolation of Tooth with Rubber Dam \$	60
D3920	Hemisection – Including Root Removal, Not Including Root Canal \$	180
D3950	Canal Preparation and Fitting of Preformed Dowel or Post \$	83

Periodontics **member pays**

D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth or Bounded Teeth Spaces Per Quadrant \$	322
D4211	Gingivectomy or Gingivoplasty – One to Three Contiguous Teeth or Bounded Teeth Spaces Per Quadrant \$	100
D4230	Anatomical Crown Exposure – Four or More Contiguous Teeth Per Quadrant 20% Discount	
D4231	Anatomical Crown Exposure – One to Three Teeth Per Quadrant 20% Discount	
D4240	Gingival Flap Procedure, Including Root Planing – Four or More Contiguous... Per Quadrant \$	380
D4241	Gingival Flap Procedure, Including Root Planing – One to Three Contiguous...Per Quadrant \$	272
D4245	Apically Positioned Flap \$	343
D4249	Clinical Crown Lengthening – Hard Tissue. \$	433
D4260	Osseous Surgery (Including Flap Entry and Closure) – Four or More Contiguous...Per Quadrant \$	613
D4261	Osseous Surgery (Including Flap Entry and Closure) – One to Three Contiguous...Per Quadrant \$	349
D4263	Bone Replacement Graft – First Site in Quadrant. . . . \$	185
D4264	Bone Replacement Graft – Each Additional Site in Quadrant \$	125
D4266	Guided Tissue Regeneration – Resorbable Barrier per Site. \$	224
D4267	Guided Tissue Regeneration – Nonresorbable Barrier per Site (Includes Membrane Removal) \$	287
D4268	Surgical Revision Procedure, per Tooth \$	347
D4270	Pedicle Soft Tissue Graft Procedure \$	452
D4271	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) \$	466
D4320	Provisional Splinting – Intracoronal \$	204
D4321	Provisional Splinting – Extracoronal \$	179
D4341	Periodontal Scaling and Root Planing – Four or More Teeth Per Quadrant. \$	111
D4342	Periodontal Scaling and Root Planing – One to Three Teeth Per Quadrant. \$	53
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis \$	74
D4910	Periodontal Maintenance \$	67
D4920	Unscheduled Dressing Change (Not by Treating Dentist). \$	57

Prosthodontics (removable) **member pays**

D5110	Complete Denture – Maxillary \$	713
D5120	Complete Denture – Mandibular. \$	713
D5130	Immediate Denture – Maxillary \$	777
D5140	Immediate Denture – Mandibular \$	777
D5211	Maxillary Partial Denture – Resin Base (Clasp/Rests) . . \$	699
D5212	Mandibular Partial Denture – Resin Base (Clasp/Rests) . \$	699
D5213	Maxillary Partial Denture – Metal Frame with Resin Base \$	788
D5214	Mandibular Partial Denture – Metal Frame with Resin Base \$	788
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal \$	459
D5410	Adjust Complete Denture – Maxillary \$	39
D5411	Adjust Complete Denture – Mandibular \$	39
D5421	Adjust Partial Denture – Maxillary \$	39
D5422	Adjust Partial Denture – Mandibular \$	39
D5510	Repair Broken Complete Denture Base \$	78
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth) \$	65
D5610	Repair Resin Denture Base. \$	85
D5620	Repair Cast Framework, Partial Denture \$	91
D5630	Repair or Replace Broken Clasp, Partial Denture \$	111
D5640	Replace Broken Teeth – Per Tooth, Partial Denture . . . \$	71
D5650	Add Tooth to Existing Partial Denture \$	98
D5660	Add Clasp to Existing Partial Denture \$	117
D5710	Rebase Complete Maxillary Denture \$	290
D5711	Rebase Complete Mandibular Denture \$	276
D5720	Rebase Maxillary Partial Denture \$	274
D5721	Rebase Mandibular Partial Denture \$	274
D5730	Reline Complete Maxillary Denture (Chairside) \$	164
D5731	Reline Complete Mandibular Denture (Chairside) \$	164
D5740	Reline Maxillary Partial Denture (Chairside) \$	150
D5741	Reline Mandibular Partial Denture (Chairside) \$	150
D5750	Reline Complete Maxillary Denture (Laboratory) \$	217
D5751	Reline Complete Mandibular Denture (Laboratory) . . . \$	217
D5760	Reline Maxillary Partial Denture (Laboratory) \$	214
D5761	Reline Mandibular Partial Denture (Laboratory) \$	214
D5810	Interim Complete Denture – Maxillary. \$	353
D5811	Interim Complete Denture – Mandibular \$	353
D5820	Interim Partial Denture – Maxillary. \$	282
D5821	Interim Partial Denture – Mandibular. \$	282
D5850	Tissue Conditioning – Maxillary. \$	68
D5851	Tissue Conditioning – Mandibular \$	68

Implant Services **member pays**

D6000 through D6096	20% Discount
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Prosthodontics (fixed) **member pays**

D6210	Pontic – Cast High Noble Metal. \$	470
D6211	Pontic – Cast Predominantly Base Metal \$	439
D6212	Pontic – Cast Noble Metal. \$	458
D6240	Pontic – Porcelain Fused to High Noble Metal \$	463
D6241	Pontic – Porcelain Fused to Predominantly Base Metal . \$	427
D6242	Pontic – Porcelain Fused to Noble Metal \$	451
D6245	Pontic – Porcelain/Ceramic \$	461
D6250	Pontic – Resin with High Noble Metal \$	458
D6251	Pontic – Resin with Predominantly Base Metal. \$	422
D6252	Pontic – Resin with Noble Metal \$	436
D6545	Retainer – Cast Metal for Resin Bonded Fixed Prosthesis \$	195
D6548	Retainer – Porcelain/Ceramic for Resin Bonded Fixed Prosthesis \$	361
D6720	Crown – Bridge Retainer – Resin with High Noble Metal \$	517
D6721	Crown – Bridge Retainer – Resin Predominantly Base Metal \$	489
D6722	Crown – Resin with Noble Metal. \$	499
D6740	Crown – Porcelain/Ceramic. \$	467
D6750	Crown – Retainer – Porcelain Fused to High Noble Metal \$	529
D6751	Crown – Retainer – Porcelain Fused to Predominantly Base Metal \$	493
D6752	Crown – Retainer – Porcelain Fused to Noble Metal. . . \$	505

D6780	Crown – Retainer 3/4 Cast High Noble Metal	\$ 499
D6781	Crown – Retainer 3/4 Predominantly Base Metal	\$ 440
D6782	Crown – Retainer 3/4 Cast Noble Metal	\$ 445
D6783	Crown – Retainer 3/4 Porcelain/Ceramic	\$ 452
D6790	Crown – Retainer – Full Cast High Noble Metal	\$ 511
D6791	Crown – Retainer – Full Cast Predominantly Base Metal	\$ 484
D6792	Crown – Retainer – Full Cast Noble Metal	\$ 501
D6930	Recement Fixed Partial Denture	\$ 62
D6970	Post and Core in Addition to Fixed Partial Denture Retainer, Indirectly Fabricated	\$ 171
D6972	Prefabricated Post and Core in Addition to Bridge Retainer	\$ 140
D6973	Core Buildup for Retainer, Including Any Pins	\$ 111
D6975	Coping – Metal	\$ 306
D6976	Each Additional Indirectly Fabricated Post – Same Tooth	\$ 111
D6977	Each Additional Prefabricated Post – Same Tooth	\$ 68

Oral surgery **member pays**

D7111	Extraction, Coronal Remnants – Deciduous Tooth	\$ 60
D7140	Extraction – Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	\$ 72
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap	\$ 129
D7220	Removal of Impacted Tooth – Soft Tissue	\$ 144
D7230	Removal of Impacted Tooth – Partially Bony	\$ 191
D7240	Removal of Impacted Tooth – Completely Bony	\$ 225
D7241	Removal of Impacted Tooth – Completely Bony with Unusual Complications	\$ 282
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$ 121
D7270	Reimplantation or Stabilization of Accidentally Evulsed or Displaced Tooth	\$ 247
D7272	Tooth Transplantation	\$ 280
D7280	Surgical Access of an Unerupted Tooth	\$ 271
D7285	Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$ 439
D7286	Biopsy of Oral Tissue – Soft	\$ 196
D7310	Alveoplasty in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, Per Quadrant	\$ 134
D7320	Alveoplasty Not in Conjunction with Extractions – Four or More Teeth or Tooth Spaces, Per Quadrant	\$ 326
D7450	Removal of Benign Odontogenic Cyst or Tumor < 1.25 CM	\$ 391
D7451	Removal of Benign Odontogenic Cyst or Tumor > 1.25 CM	\$ 615
D7460	Removal of Benign Nonodontogenic Cyst or Tumor < 1.25 CM	\$ 391
D7461	Removal of Benign Nonodontogenic Cyst or Tumor > 1.25 CM	\$ 615
D7510	Incision and Drainage Abscess – Intraoral Soft Tissue	\$ 129
D7910	Suture of Recent Small Wounds up to 5 CM	\$ 179
D7911	Complicated Suture up to 5 CM, Meticulous Closure	\$ 447
D7912	Complicated Suture Greater Than 5 CM, Meticulous Closure	\$ 638
D7951	Sinus Augmentation With Bone or Bone Substitutes	20% Discount
D7960	Frenulectomy (Frenectomy/Frenotomy) Separate Procedure	\$ 221
D7970	Excision of Hyperplastic Tissue/Per Arch	\$ 290
D7971	Excision of Pericoronal Gingiva	\$ 93

Orthodontics **member pays**

D8010	Limited Orthodontic Treatment of the Primary Dentition	20% Discount
D8020	Limited Orthodontic Treatment of the Transitional Dentition	20% Discount
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	20% Discount
D8040	Limited Orthodontic Treatment of the Adult Dentition	20% Discount
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	20% Discount
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	20% Discount
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	20% Discount
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	20% Discount
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	20% Discount
D8210	Removable Appliance Therapy	20% Discount
D8660	Pre – Orthodontic Treatment Visit	20% Discount

Adjunctive services **member pays**

D9110	Palliative (Emergency) Treatment – Dental Pain – Minor Procedure	\$ 46
D9120	Fixed Partial Denture Sectioning	20% Discount
D9211	Regional Block Anesthesia	\$ 21
D9215	Local Anesthesia	\$ 14
D9230	Analgesia	\$ 25
D9310	Consultation – Diagnostic Service by Dentist or Physician Other Than Requesting Dentist or Physician	\$ 96
D9410	Professional Visit – House Call	\$ 128
D9420	Professional Visit – Hospital Call	\$ 176
D9430	Office Visit for Observation (Regular Hours) No Other Services Performed	\$ 33
D9440	Office Visit – After Regular Hours	\$ 59
D9910	Application – Desensitizing Medicament	\$ 21
D9911	Application – Desensitizing Resin for Cervical and/or Root Surface	\$ 30
D9941	Fabrication of Athletic Mouthguard	\$ 73
D9950	Occlusion Analysis – Mounted Case	\$ 128
D9951	Occlusal Adjustment – Limited	\$ 58
D9952	Occlusal Adjustment – Complete	\$ 329
D9970	Enamel Microabrasion	\$ 42

- * It is the Member's responsibility to verify that the dentist is a participating provider before seeking any treatment. Members are responsible for full payment for all charges at the time of service. Any dental procedures performed by a non-participating dentist are not discounted and are charged to the member at the dentist's normal fees.
- * The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment – many treatments may require more than one dental procedure. Please consult your provider for a detailed treatment plan prior to beginning any work.
- * Procedures not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee.
- * Specialists will give a 20% discount off of their normal fees.
- * If the General Dentist's normal fee for any procedure is less than the fee listed on this schedule, the dentist will charge 20% off of his normal fee.
- * Work in progress prior to enrollment on the dental plan must be completed by the dentist who started the work and is not subject to discount.
- * Humana cannot guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating provider. Not all types of dentists may be available in your area.
- * Some providers may charge for missed or broken appointments if no prior notice is given.
- * Any procedure involving lab fees will incur additional costs. All applicable lab fees are the full responsibility of the member and are subject to no discount.
- * Humana or its vendors may periodically adjust this fee schedule with 30 days notice to Client.



Administered by CompBenefits Direct, Inc., Dental Care Plus Management Corp., or Texas Dental Plans, Inc.