

Advantage Plus plans are network-based dental plans that emphasize prevention and cost control. Members select any participating general dentist in Humana/CompBenefits' Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. Copayments listed are paid by the member at the time of service. Humana/CompBenefits will pay the contracted amount for each procedure minus the copayment. Copayments are applicable at either a participating general dentist or a participating specialist.

- › Deductible There is no annual deductible
- › Annual maximum (excludes orthodontics) \$ 10,000
- › Orthodontics lifetime maximum There is no maximum
- › Waiting period (excludes orthodontics) There is no waiting period
- › Orthodontics waiting period There is no waiting period

Summary of services

Basic services

Diagnostic	Member pays
D0120 Periodic oral examination (limit 2 every 12 months)	no charge
D0140 Limited oral evaluation - problem focused (limit 1 every 12 months)	no charge
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 per patient per lifetime)	no charge
D0150 Comprehensive oral evaluation - new or established patient (limit 1 every 12 months)	no charge
D0180 Comprehensive periodontal evaluation - new or established patient (limit 1 every 12 months)	no charge
D0210 Intraoral - complete series, including bitewings (limit 1 every 3 years)	no charge
D0220 Intraoral - periapical, first film	no charge
D0230 Intraoral - periapical, each additional film	no charge
D0240 Intraoral - occlusal film	no charge
D0270 Bitewing - single film (limit 2 every 12 months)	no charge
D0272 Bitewings - two films (limit 2 every 12 months)	no charge
D0273 Bitewing - three films (limit 2 every 12 months)	no charge
D0274 Bitewings - four films (limit 2 every 12 months)	no charge
D0277 Vertical bitewings - 7 to 8 films (limit 2 every 12 months)	no charge
D0330 Panoramic film (limit 1 every 3 years)	no charge
D0425 Caries susceptibility tests	no charge

Preventive

D1110 Prophylaxis - adult (limit 2 every 12 months)	no charge
D1120 Prophylaxis - child (limit 2 every 12 months)	no charge
D1203 Topical application of fluoride (excluding prophylaxis) - child (limit 2 every 12 months)	no charge
D1204 Topical application of fluoride (excluding prophylaxis) - adult (limit 2 every 12 months)	no charge
D1206 Topical fluoride varnish, therapeutic application for moderate to high Caries risk patients (limit 2 every 12 months)	no charge
D1351 Sealant - per tooth (limit 1 per non-cariou permanent molar every 3 years under age 18)	no charge
D1510 Space maintainer - fixed - unilateral (limited to children under age 19)	no charge
D1515 Space maintainer - fixed - bilateral (limited to children under age 19)	no charge
D1520 Space maintainer - removable - unilateral (limited to children under age 19)	no charge
D1525 Space maintainer - removable - bilateral (limited to children under age 19)	no charge
D1550 Recementation of space maintainer (limited to children under age 19)	no charge

Additional procedure covered as basic services

D9110 Palliative treatment of dental pain - minor procedure	no charge
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Intermediate services

Restorative

D2140	Amalgam - one surface, primary or permanent (limit 1 per tooth every 24 months)	\$ 29.00
D2150	Amalgam - two surfaces, primary or permanent (limit 1 per tooth every 24 months)	\$ 38.00
D2160	Amalgam - three surfaces, primary or permanent (limit 1 per tooth every 24 months)	\$ 46.00
D2161	Amalgam - four or more surfaces, primary or permanent (limit 1 per tooth every 24 months)	\$ 54.00
D2330	Resin-based composite - one surface, anterior (limit 1 per tooth every 24 months)	\$ 36.00
D2331	Resin-based composite - two surfaces, anterior (limit 1 per tooth every 24 months)	\$ 44.00
D2332	Resin-based composite - three surfaces, anterior (limit 1 per tooth every 24 months)	\$ 54.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle, anterior (limit 1 per tooth every 24 months)	\$ 64.00

Restorative—continued

Member pays

D2391	Resin-based composite - one surface, posterior (limit 1 per tooth every 24 months)	\$ 53.00
D2392	Resin-based composite - two surfaces, posterior (limit 1 per tooth every 24 months)	\$ 69.00
D2393	Resin-based composite - three surfaces, posterior (limit 1 per tooth every 24 months)	\$ 85.00
D2394	Resin-based composite - four or more surfaces, posterior (limit 1 per tooth every 24 months)	\$ 103.00
D2910	Recement inlay	\$ 24.00
D2920	Recement crown	\$ 24.00
D2930	Prefabricated stainless steel crown, primary tooth (limit 1 per tooth per lifetime up to age 15 or higher if as a result of accidental injury)	\$ 67.00
D2931	Prefabricated stainless steel crown, permanent tooth (limit 1 per tooth per lifetime up to age 15 or higher if as a result of accidental injury)	\$ 74.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 16.00

Endodontic

D3220	Therapeutic pulpotomy (excluding final restoration)	\$ 46.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 53.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 60.00

Periodontal

D4341	Periodontal scaling and root planing - four or more teeth per quadrant (limit 1 per quadrant every 24 months)	\$ 63.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant (limit 1 per quadrant every 24 months)	\$ 41.00
D4910	Periodontal maintenance (limit 2 every 12 months)	\$ 39.00

Prosthodontic

D5410	Adjust complete denture - maxillary	\$ 22.00
D5411	Adjust complete denture - mandibular	\$ 22.00
D5421	Adjust partial denture - maxillary	\$ 22.00
D5422	Adjust partial denture - mandibular	\$ 22.00
D5510	Repair broken complete denture base	\$ 44.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 41.00
D5610	Repair resin denture base	\$ 46.00
D5620	Repair cast framework	\$ 49.00
D5630	Repair or replace broken clasp	\$ 56.00
D5640	Replace broken teeth - per tooth	\$ 42.00
D5650	Add tooth to existing partial denture	\$ 52.00
D5660	Add clasp to existing partial denture	\$ 57.00
D5710	Rebase complete maxillary denture	\$ 138.00
D5711	Rebase complete mandibular denture	\$ 133.00
D5720	Rebase maxillary partial denture	\$ 127.00
D5721	Rebase mandibular partial denture	\$ 124.00
D5730	Reline complete maxillary denture (chairside)	\$ 82.00
D5731	Reline complete mandibular denture (chairside)	\$ 82.00
D5740	Reline maxillary partial denture (chairside)	\$ 77.00
D5741	Reline mandibular partial denture (chairside)	\$ 75.00
D5750	Reline complete maxillary denture (laboratory)	\$ 114.00
D5751	Reline complete mandibular denture (laboratory)	\$ 114.00
D5760	Reline maxillary partial denture (laboratory)	\$ 112.00
D5761	Reline mandibular partial denture (laboratory)	\$ 112.00
D5850	Tissue conditioning (maxillary)	\$ 36.00

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Prosthetic—continued

Member pays

D5851	Tissue conditioning (mandibular)	\$ 36.00
D6930	Recent fixed partial denture.	\$ 33.00
D6980	Fixed partial denture repair, by report	\$ 63.00

Oral surgery

D7140	Extraction, erupted tooth or exposed root (Elevation and/or forceps removal)	\$ 39.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 65.00
D7220	Removal of impacted tooth - soft tissue	\$ 84.00
D7230	Removal of impacted tooth - partially bony	\$ 110.00
D7240	Removal of impacted tooth - completely bony	\$ 130.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$ 73.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 154.00
D7280	Surgical access of an unerupted tooth	\$ 171.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 84.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 68.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$ 155.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 124.00
D7471	Removal of exostosis	\$ 259.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$ 73.00
D7910	Suture of recent small wounds up to 5 cm	\$ 110.00
D7971	Excision of pericoronal gingiva	\$ 61.00

Additional procedures covered as intermediate services

D6092	Recent implant/abutment supported crown.	\$ 24.00
D6093	Recent implant/abutment supported fixed partial denture	\$ 33.00

Major services

Restorative

D2542	Onlay - metallic - two surfaces (limit 1 per tooth every 5 years).	\$ 315.00
D2543	Onlay - metallic - three surfaces (limit 1 per tooth every 5 years).	\$ 342.00
D2544	Onlay - metallic - four or more surfaces (limit 1 per tooth every 5 years).	\$ 362.00
D2740	Crown - porcelain/ceramic substrate (limit 1 per tooth every 5 years)	\$ 430.00
D2750	Crown - porcelain fused to high noble metal (limit 1 per tooth every 5 years).	\$ 432.00
D2751	Crown - porcelain fused predominantly base metal (limit 1 per tooth every 5 years).	\$ 396.00
D2752	Crown - porcelain fused to noble metal (limit 1 per tooth every 5 years).	\$ 408.00
D2780	Crown - 3/4 cast high noble metal (limit 1 per tooth every 5 years)	\$ 447.00
D2781	Crown - 3/4 cast predominantly base metal (limit 1 per tooth every 5 years).	\$ 419.00
D2782	Crown - 3/4 cast noble metal (limit 1 per tooth every 5 years)	\$ 431.00
D2783	Crown - 3/4 porcelain/ceramic (limit 1 per tooth every 5 years).	\$ 456.00
D2790	Crown - full cast high noble metal (limit 1 per tooth every 5 years).	\$ 412.00
D2791	Crown - full cast predominantly base metal (limit 1 per tooth every 5 years).	\$ 381.00
D2792	Crown - full cast noble metal (limit 1 per tooth every 5 years)	\$ 389.00
D2794	Crown - titanium (limit 1 per tooth every 5 years).	\$ 417.00
D2950	Core buildup, including any pins	\$ 90.00
D2954	Prefabricated post and core, in addition to crown.	\$ 109.00
D2980	Crown repair, by report	\$ 70.00

Endodontic

D3310	Anterior root canal (excluding final restoration)	\$ 328.00
D3320	Bicuspid root canal (excluding final restoration)	\$ 400.00
D3330	Molar root canal (excluding final restoration)	\$ 508.00
D3346	Retreatment of previous root canal therapy - anterior	\$ 426.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$ 502.00
D3348	Retreatment of previous root canal therapy - molar	\$ 600.00
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$ 175.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.)	\$ 87.00
D3353	Apexification/recalcification - final visit (apical closure/calific repair of perforations, root resorption, etc.)	\$ 250.00

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Endodontic—continued

D3410	Apicoectomy/periradicular surgery - anterior	\$ 342.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 359.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 420.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 146.00
D3450	Root amputation - per root	\$ 208.00
D3920	Hemisection (including any root removal) - not including root canal therapy.	\$ 165.00

Periodontal

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant.	\$ 226.00
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$ 81.00
D4240	Gingival flap procedure, including root planing, four or more contiguous teeth or bounded teeth spaces per quadrant.	\$ 298.00
D4249	Clinical crown lengthening - hard tissue.	\$ 332.00
D4260	Osseous surgery (including flap entry and closure), four or more contiguous teeth or bounded teeth spaces per quadrant.	\$ 510.00
D4261	Osseous surgery (including flap entry and closure), one to three contiguous teeth or bounded teeth spaces per quadrant.	\$ 285.00
D4270	Pedicle soft tissue graft procedure	\$ 363.00
D4271	Free soft tissue graft procedure (including donor site surgery).	\$ 376.00
D4273	Subepithelial connective tissue graft procedures (including donor site surgery)	\$ 421.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.	\$ 51.00

Prosthodontic

D5110	Complete denture - maxillary (limit 1 every 5 years)	\$ 510.00
D5120	Complete denture - mandibular (limit 1 every 5 years)	\$ 510.00
D5130	Immediate denture - maxillary (limit 1 every 5 years).	\$ 544.00
D5140	Immediate denture - mandibular (limit 1 every 5 years).	\$ 544.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	\$ 407.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) (limit 1 every 5 years)	\$ 435.00
D5213	Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) (limit 1 every 5 years).	\$ 559.00
D5214	Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) (limit 1 every 5 years).	\$ 559.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) (limit 1 every 5 years).	\$ 295.00
D6210	Pontic - cast high noble metal (limit 1 per tooth every 5 years)	\$ 399.00
D6211	Pontic - cast predominantly base metal (limit 1 per tooth every 5 years)	\$ 375.00
D6212	Pontic - cast noble metal (limit 1 per tooth every 5 years).	\$ 391.00
D6214	Pontic - titanium (limit 1 per tooth every 5 years)	\$ 405.00
D6240	Pontic - porcelain fused to high noble metal (limit 1 per tooth every 5 years)	\$ 407.00
D6241	Pontic - porcelain fused to predominantly base metal (limit 1 per tooth every 5 years)	\$ 373.00
D6242	Pontic - porcelain fused to noble metal (limit 1 per tooth every 5 years)	\$ 388.00
D6245	Pontic - porcelain/ceramic (limit 1 per tooth every 5 years)	\$ 384.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$ 178.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis.	\$ 196.00
D6600	Inlay - porcelain/ceramic, two surfaces (limit 1 per tooth every 5 years).	\$ 356.00
D6601	Inlay - porcelain/ceramic, three or more surfaces (limit 1 per tooth every 5 years)	\$ 389.00
D6602	Inlay - cast high noble metal, two surfaces (limit 1 per tooth every 5 years)	\$ 342.00
D6603	Inlay - cast high noble metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 391.00
D6604	Inlay - cast predominantly base metal, two surfaces (limit 1 per tooth every 5 years).	\$ 341.00
D6605	Inlay - cast predominantly base metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 379.00
D6606	Inlay - cast noble metal, two surfaces (limit 1 per tooth every 5 years)	\$ 343.00
D6607	Inlay - cast noble metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 384.00
D6608	Onlay - porcelain/ceramic, two surfaces (limit 1 per tooth every 5 years).	\$ 394.00
D6609	Onlay - porcelain/ceramic, three or more surfaces (limit 1 per tooth every 5 years)	\$ 418.00
D6610	Onlay - cast high noble metal, two surfaces (limit 1 per tooth every 5 years).	\$ 412.00
D6611	Onlay - cast high noble metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 381.00
D6612	Onlay - cast predominantly base metal, two surfaces (limit 1 per tooth every 5 years).	\$ 409.00
D6613	Onlay - cast predominantly base metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 368.00
D6614	Onlay - cast noble metal, two surfaces (limit 1 per tooth every 5 years)	\$ 408.00
D6615	Onlay - cast noble metal, three or more surfaces (limit 1 per tooth every 5 years)	\$ 368.00
D6740	Crown - porcelain/ceramic (limit 1 per tooth every 5 years).	\$ 381.00

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Prosthodontic—continued

D6750	Crown - porcelain fused to high noble metal (limit 1 per tooth every 5 years)	\$ 435.00
D6751	Crown - porcelain fused to predominantly base metal (limit 1 per tooth every 5 years)	\$ 401.00
D6752	Crown - porcelain fused to noble metal (limit 1 per tooth every 5 years)	\$ 411.00
D6780	Crown - 3/4 cast high noble metal (limit 1 per tooth every 5 years)	\$ 388.00
D6781	Crown - 3/4 cast predominantly base metal (limit 1 per tooth every 5 years)	\$ 394.00
D6782	Crown - 3/4 cast noble metal (limit 1 per tooth every 5 years)	\$ 392.00
D6783	Crown - 3/4 porcelain/ceramic (limit 1 per tooth every 5 years)	\$ 418.00
D6790	Crown - full cast high noble metal (limit 1 per tooth every 5 years)	\$ 415.00
D6791	Crown - full cast predominantly base metal (limit 1 per tooth every 5 years)	\$ 389.00
D6792	Crown - full cast noble metal (limit 1 per tooth every 5 years)	\$ 399.00
D6794	Crown - titanium (limit 1 per tooth every 5 years)	\$ 416.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 99.00
D6973	Core build up for retainer, including any pins	\$ 100.00

Additional procedure covered as major service

D0160	Detailed and extensive oral evaluation - problem focused, by report (limit 1 per patient per lifetime) . . .	\$ 53.00
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Orthodontic services

D8010	Limited orthodontic treatment of the primary dentition (limited to 1 treatment per lifetime for children under age 19)	\$ 685.00
D8020	Limited orthodontic treatment of the transitional dentition (limited to 1 treatment per lifetime for children under age 19)	\$ 894.00
D8030	Limited orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime for children under age 19)	\$1,007.00
D8050	Interceptive orthodontic treatment of the primary dentition (limited to 1 treatment per lifetime for children under age 19)	\$1,240.00
D8060	Interceptive orthodontic treatment of the transitional dentition (limited to 1 treatment per lifetime for children under age 19)	\$1,431.00
D8070	Comprehensive orthodontic treatment of the transitional dentition (limited to 1 treatment per lifetime for children under age 19)	\$2,829.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime for children under age 19)	\$2,885.00
D8210	Removable appliance therapy (limited to 1 treatment per lifetime for children under age 19)	\$ 583.00
D8220	Fixed appliance therapy (limited to 1 treatment per lifetime for children under age 19)	\$ 662.00
D8660	Preorthodontic treatment visit (limited to 1 treatment per lifetime for children under age 19)	\$ 35.00
D8670	Periodic orthodontic treatment visit (as a part of contract) (limited to children under age 19)	\$ 116.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) (limited to 1 treatment per lifetime for children under age 19)	\$ 286.00

General services

D9215	Local anesthesia	no charge
D9220	Deep sedation/general anesthesia - first 30 minutes	\$ 141.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$ 56.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ 123.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ 51.00
D9310	Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)	\$ 59.00
D9440	Office visit - after regularly scheduled hours	\$ 44.00
D9610	Therapeutic parenteral drug, single administration	\$ 23.00
D9930	Treatment of complications (post-surgical) unusual circumstances, by report	no charge
D9940	Occlusal guard, by report	\$ 155.00
D9941	Fabrication of athletic mouthguard	\$ 95.00
D9974	Internal bleaching - per tooth	\$ 161.00

General provisions:

1. When the dentist fee is greater than the member copayment, the dentist should submit a claim to plan for payment of the difference.
2. Should the member need to be referred to a participating specialist (i.e. endodontist, oral surgeon, orthodontist, periodontist, pediatric dentist, prosthodontist), the participating general dentist may refer the member directly without pre-authorization.
3. The member copayment amounts are applicable when treatment is performed by a participating specialist, except for AVN5 where a 20 percent discount from the participating specialist's usual fee applies.
4. Procedures not listed on this schedule of benefits will be charged at the participating general dentist's or specialist usual fee less 20 percent.
5. General dentist or specialist office visit copayments may apply to the member's plan. The office visit copayment will be deducted from the plan's reimbursement to the dentist. Please refer to the member's ID card for confirmation of applicable office visit copayments.
6. This is meant to be a partial listing of the plan provisions. Please contact the Federal Contact Center at 1-877-692-2468 for any questions regarding plan benefits or payment provisions.

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