

**You may charge a lab fee in addition to the fee schedule price for the following procedure codes only: 2952, 5510, 5520, 5630, 5650, 5660, 6240, 6241, 6242, 6750, 6751, 6752. The lab fee amounts you may charge for these procedures is listed directly below the ADA description heading for each service type. All other procedures in which a lab fee is applicable has the lab fee built-in to the maximum allowable fee outlined below. The price for each procedure (except those listed above) in the fee schedule below is the maximum amount providers will receive from the patient and/or Humana Dental when filing claims for patients (Florida ONLY) with one of the Enhanced Benefit plans.**

| ADA CODE  | PROCEDURE CODE DESCRIPTION   | MEMBER PAYS |
|---|--|-------------|
| <b>DIAGNOSTIC AND PREVENTIVE</b>  |  |             |
| 0120  | PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT   | \$14.00     |
| 0140  | LIMITED ORAL EVALUATION-PROBLEM FOCUS  | \$17.00     |
| 0150  | COMPREHENSIVE ORAL EVALUATION-NEW OR ESTABLISHED PATIENT   | \$17.00     |
| 0210  | X-RAYS-INTRAORAL-COMPLETE SERIES (INCLUDING BITEWINGS)   | \$43.00     |
| 0220  | X-RAYS-INTRAORAL-PERAPIICAL-1ST FILM   | \$10.00     |
| 0230  | X-RAYS-INTRAORAL-PERAPIICAL-EACH ADDITIONAL FILM   | \$5.00      |
| 0270  | BITEWING X-RAY-SINGLE FILM   | \$10.00     |
| 0272  | BITEWINGS-TWO FILMS  | \$13.00     |
| 0273  | BITEWINGS-THREE FILMS  | \$18.00     |
| 0274  | BITEWINGS-FOUR FILMS   | \$22.00     |
| 0330  | PANORAMIC FILM   | \$43.00     |
| 1110  | PROPHYLAXIS-ADULT CLEANING   | \$32.00     |
| 1120  | PROPHYLAXIS-CHILD CLEANING   | \$23.00     |
| 1351  | SEALANT-PER TOOTH  | \$22.00     |
| 1510  | SPACE MAINTAINER-FIXED-UNILATERAL  | \$92.00     |
| 1515  | SPACE MAINTAINER-FIXED-BILATERAL   | \$135.00    |
| 1520  | SPACE MAINTAINER-REMOVABLE-UNILATERAL  | \$120.00    |
| 1525  | SPACE MAINTAINER-REMOVABLE-BILATERAL   | \$153.00    |
| <b>RESTORATIVE</b>  |  |             |
| <b>If procedure code 2952 is preformed the member is responsible for the lab fee up to a maximum of \$80.00</b> |  |             |
| 2140  | AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT  | \$43.00     |
| 2150  | AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT   | \$53.00     |
| 2160  | AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT   | \$64.00     |
| 2161  | AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT  | \$77.00     |
| 2330  | RESIN-BASED COMPOSITE-ONE SURFACE, ANTERIOR  | \$53.00     |
| 2331  | RESIN-BASED COMPOSITE-TWO SURFACES, ANTERIOR   | \$65.00     |
| 2332  | RESIN-BASED COMPOSITE-THREE SURFACES, ANTERIOR   | \$83.00     |
| 2335  | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, ANTERIOR  | \$102.00    |
| 2391  | RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR   | \$71.00     |
| 2392  | RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR  | \$104.00    |
| 2393  | RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR  | \$128.00    |
| 2394  | RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR   | \$146.00    |
| 2750  | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL  | \$750.00    |
| 2751  | CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL  | \$700.00    |
| 2752  | CROWN-PORCELAIN FUSED TO NOBLE METAL   | \$726.00    |
| 2790  | CROWN-FULL CAST HIGH NOBLE METAL   | \$747.00    |
| 2791  | CROWN-FULL CAST PREDOMINANTLY BASE METAL   | \$713.00    |
| 2930  | PREFABRICATED STAINLESS STEEL CROWN-PRIMARY  | \$99.00     |
| 2931  | PREFABRICATED STAINLESS STEEL CROWN-PERMANENT  | \$113.00    |
| 2950  | CORE BUILDUP-INCLUDING ANY PINS  | \$99.00     |
| 2951  | PIN RETENTION PER TOOTH IN ADDITION TO RESTORATION   | \$24.00     |
| <u>2952</u>   | POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED  | \$156.00    |
| 2954  | PREFABRICATED POST AND CORE IN ADDITION TO CROWN   | \$122.00    |
| <b>ENDODONTICS</b>  |  |             |
| 3110  | PULP CAP DIRECT (EXCLUDING FINAL RESTORATION)  | \$22.00     |
| 3120  | PULP CAP INDIRECT (EXCLUDING FINAL RESTORATION)  | \$22.00     |
| 3220  | THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)  | \$53.00     |
| 3310  | ROOT CANAL-ANTERIOR (EXCLUDING FINAL RESTORATION)  | \$291.00    |
| 3320  | ROOT CANAL-BICUSPID (EXCLUDING FINAL RESTORATION)  | \$344.00    |
| 3330  | ROOT CANAL-MOLAR (EXCLUDING FINAL RESTORATION)   | \$433.00    |
| <b>PERIODONTICS</b>   |  |             |
| 4210  | GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE CONTIGUOUS TEETH OR BOUNDED TEETH SPACES PER QUADRANT                               | \$295.00    |
| 4341  | PERIODONTAL SCALING AND ROOT PLANING-FOUR OR MORE TEETH PER QUADRANT   | \$98.00     |
| 4910  | PERIODONTAL MAINTENANCE  | \$60.00     |
| <b>PROSTHODONTICS (REMOVABLE)</b>   |  |             |
| 5110  | COMPLETE DENTURE-MAXILLARY   | \$750.00    |
| 5120  | COMPLETE DENTURE-MANDIBULAR  | \$750.00    |
| 5130  | IMMEDIATE DENTURE-MAXILLARY  | \$760.00    |
| 5140  | IMMEDIATE DENTURE-MANDIBULAR   | \$760.00    |
| 5211  | MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)                                      | \$650.00    |
| 5212  | MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)                                     | \$670.00    |
| 5213  | MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS OR TEETH)    | \$830.00    |
| 5214  | MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS, AND TEETH) | \$830.00    |
| 5410  | ADJUST COMPLETE DENTURE-MAXILLARY  | \$33.00     |
| 5411  | ADJUST COMPLETE DENTURE-MANDIBULAR   | \$33.00     |



| ADA CODE  | PROCEDURE CODE DESCRIPTION  | MEMBER PAYS  |
|---|---|--------------|
| <b>PROSTHODONTICS (REMOVABLE) - CONTINUED</b>   |   |              |
| <b>If procedure codes 5510, 5520, 5630, 5650, or 5660 are preformed the member is responsible for the lab fee up to a maximum of \$125.00</b>       |   |              |
| *5510   | REPAIR BROKEN COMPLETE DENTURE BASE   | \$57.00      |
| *5520   | REPLACE MISSING OR BROKEN TEETH   | \$53.00      |
| *5630   | REPAIR OR REPLACE BROKEN CLASP  | \$65.00      |
| *5650   | ADD TOOTH TO EXISTING PARTIAL DENTURE   | \$57.00      |
| *5660   | ADD CLASP TO EXISTING PARTIAL DENTURE   | \$73.00      |
| 5730  | RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)                                 | \$175.00     |
| 5731  | RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)                                | \$175.00     |
| 5740  | RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)                                  | \$170.00     |
| 5741  | RELINE MANDIBULAR PARTIAL DENT (CHAIRSIDE)                                    | \$170.00     |
| 5750  | RELINE COMPLETE MAXILLARY DENTURE (LAB)                                       | \$300.00     |
| 5751  | RELINE COMPLETE MANDIBULAR DENTURE (LAB)                                      | \$300.00     |
| <b>PROSTHODONTICS (FIXED)</b>   |   |              |
| <b>If procedure codes 6240, 6241, 6242, 6750, 6751, or 6752 are preformed the member is responsible for the lab fee up to a maximum of \$250.00</b> |   |              |
| *6240   | PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL                                    | \$435.00     |
| *6241   | PONTIC-PORCELAIN FUSED TO PREDOM BASE METAL                                   | \$404.00     |
| *6242   | PONTIC-PORCELAIN FUSED TO NOBLE METAL   | \$423.00     |
| *6750   | CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL                                     | \$483.00     |
| *6751   | CROWN-PORCELAIN FUSED TO PREDOM BASE METAL                                    | \$435.00     |
| *6752   | CROWN-PORCELAIN FUSED TO NOBLE METAL  | \$451.00     |
| <b>ORAL SURGERY</b>   |   |              |
| 7140  | EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPTS REMOVAL) | \$53.00      |
| 7220  | REMOVAL OF IMPACTED TOOTH-SOFT TISSUE   | \$110.00     |
| 7230  | REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY                                      | \$144.00     |
| 7240  | REMOVAL OF IMPACTED TOOTH-COMPLETLY BONY                                      | \$202.00     |
| 7250  | SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS                                      | \$111.00     |
| 7310  | ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTION PER QUAD                         | \$92.00      |
| 7320  | ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTION PER QUAD                     | \$133.00     |
| 7510  | INCISION/DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE                            | \$75.00      |
| <b>ORTHODONTICS</b>   |   |              |
| 8070  | COMPLETE ORTHODONTIC TREATMENT-TRANSITIONAL DENTITION                         | 20% Discount |
| 8080  | COMPLETE ORTHODONTIC TREATMENT-ADOLESCENT DENTITION                           | 20% Discount |
| 8090  | COMPLETE ORTHODONTIC TREATMENT-ADULT DENTITION                                | 20% Discount |
| <b>MISCELLANEOUS SERVICES</b>   |   |              |
| 9110  | PALLIATIVE TREATMENT DENTAL PAIN-MINOR PROCEDURE                              | \$35.00      |
| 9215  | LOCAL ANESTHESIA  | \$13.00      |
| 9230  | ANALGESIA   | \$24.00      |
| 9951  | OCCLUSAL ADJUSTMENT LIMITED   | \$50.00      |
| 9952  | OCCLUSAL ADJUSTMENT COMPLETE  | \$199.00     |

\*This schedule applies to services provided by a participating CAREINGTON General Dentist. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each procedure. Member is responsible for all charges at the time of service. Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees. Fee schedules are subject to change without prior notification to members.

\*It is the Member's responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedures performed by a non-participating dentist are not discounted and are charged 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 CAREINGTON provider for a detailed treatment plan prior to beginning any work.

\*Procedures not listed on this schedule will be discounted at 20% of the General Dentist's normal fee.

\*Implants and some whitening procedures will not be discounted by all participating CAREINGTON providers. Implants and some whitening procedures will only be discounted if the participating CAREINGTON provider has agreed to discount these procedures as part of their contract. These services will be offered, when applicable, at a 15% discount off of the provider's normal fee. Please call 800-290-0523 for assistance.

\*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 their normal fee for that procedure.

\*Work in progress prior to joining the dental plan must be completed by the dentist who started the work and is subject to no discount.

\*CAREINGTON can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating CAREINGTON provider. Not all types of dentists may be available in your area.

\*While all participating CAREINGTON providers are professionally licensed in the state in which they practice, CAREINGTON does not guarantee the quality of service of the providers. Any quality of care concerns involving any participating CAREINGTON provider should be directed in writing to: CAREINGTON International, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.

\* CAREINGTON or its vendors may periodically adjust this fee schedule without notice.