

DEN 171

HumanaDental Medicare Network

Deductible		\$0		
Annual maximum		\$2,000		
Waiting periods		None		
ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	100%
D0140	Limited oral evaluation - problem focused		100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
Periodontal exam				
D0180	Comprehensive periodontal evaluation - new or established patient	One every three calendar years	100%	100%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic film		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray - first film	One procedure code from this group per calendar year	100%	100%
D0230	Periapical X-ray - each additional film		100%	100%
D0240	Occlusal X-ray		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray - single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays - two films		100%	100%
D0273	Bitewing X-rays - three films		100%	100%
D0274	Bitewing X-rays - four films		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis - adult (includes removal of plaque, calculus and stains from the tooth structures.)	Two per calendar year	100%	100%
Fluoride				
D1206	Topical fluoride application - varnish	Two procedure codes from this group per calendar year	100%	100%
D1208	Topical fluoride application - excluding varnish		100%	100%

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Anesthesia				
D9222	Deep sedation/general anesthesia - first 15 minutes	When medically necessary with oral surgery	100%	100%
D9223	Deep sedation/general anesthesia - each 15 minute increment		100%	100%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	100%
D9239	Deep intravenous moderate (conscious) sedation/analgesia - first 15 minutes			
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restorations (fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per calendar year	100%	100%
D2150	Amalgam - two surfaces, primary or permanent		100%	100%
D2160	Amalgam - three surfaces, primary or permanent		100%	100%
D2161	Amalgam - four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite - one surface, anterior (front)		100%	100%
D2331	Resin-based composite - two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite - three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite - four or more surfaces, anterior (front)		100%	100%
D2391	Resin-based composite - one surface, posterior (back)		100%	100%
D2392	Resin-based composite - two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite - three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite - four or more surfaces, posterior (back)		100%	100%

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Recement of crown				
D2910	Recent inlay, onlay, or partial coverage restoration	One procedure code from this group every five calendar years	100%	100%
D2915	Recement caset or prefabricated post and core		100%	100%
D2920	Recement crown		100%	100%
Recement of Denture				
D6930	Recement fixed partial denture	One every five calendar years	100%	100%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two procedure codes from this group per calendar year	100%	100%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
Emergency treatment of pain				
D9110	Application of desensitizing medicament	Two per calendar year	100%	100%
Crowns				
D2510	Inlay - metallic - one surface alternate benefit only	Two procedure codes from this group per calendar year	100%	100%
D2520	Inlay - metallic - two surfaces alternate benefit only		100%	100%
D2530	Inlay - metallic - three or more surfaces alternate benefit only		100%	100%
D2542	Onlay - metallic - two surfaces		100%	100%
D2543	Onlay metallic three surfaces		100%	100%
D2544	Onlay metallic four or more surfaces		100%	100%
D2610	Inlay - porcelain/ceramic - one surface alternate benefit only		100%	100%
D2620	Inlay - porcelain/ceramic - two surfaces alternate benefit only		100%	100%
D2630	Inlay - porcelain/ceramic - three or more surfaces alternate benefit only		100%	100%
D2642	Onlay - porcelain/ceramic - two surfaces		100%	100%
D2643	Onlay - porcelain/ceramic - three surfaces		100%	100%
D2644	Onlay - porcelain/ceramic - four or more surfaces		100%	100%

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Crowns (continued)				
D2650	Inlay - resin based composite - one surface alternate benefit only	Two procedure codes from this group per calendar year	100%	100%
D2651	Inlay - resin based composite - two surfaces alternate benefit only		100%	100%
D2652	Inlay - resin based compos - three or more surfaces alternate benefit only		100%	100%
D2662	Onlay - resin based compos - two surfaces		100%	100%
D2663	Onlay - resin based compos - three surfaces		100%	100%
D2664	Onlay - resin based compos - four or more surfaces		100%	100%
D2710	Crown - resin based composite (indirect)		100%	100%
D2712	Crown - 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown - resin with high noble metal		100%	100%
D2721	Crown - resin with predominantly base metal		100%	100%
D2722	Crown - resin with noble metal		100%	100%
D2740	Crown - porcelain/ceramic substrate		100%	100%
D2750	Crown - porcelain fused to high noble metal		100%	100%
D2751	Crown - porcelain fused to predominantly base metal		100%	100%
D2752	Crown - porcelain fused to noble metal		100%	100%
D2780	Crown - 3/4 cast high noble metal		100%	100%
D2781	Crown - 3/4 cast predominantly base metal		100%	100%
D2782	Crown - 3/4 cast noble metal		100%	100%
D2783	Crown - 3/4 porcelain/ceramic		100%	100%
D2790	Crown - full cast high noble metal		100%	100%
D2791	Crown - full cast predominantly base metal		100%	100%
D2792	Crown - full cast noble metal		100%	100%
D2794	Crown - titanium		100%	100%

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Endodontic services				
D3310	Anterior root canal	One procedure code from this group per calendar year	100%	100%
D3320	Bicuspid root canal		100%	100%
D3330	Molar root canal		100%	100%
D3346	Retreatment previous root canal therapy - anterior		100%	100%
D3347	Retreatment previous root canal therapy - bicuspid		100%	100%
D3348	Retreatment previous root canal therapy - molar		100%	100%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	One procedure code per quadrant from this group every three calendar years	100%	100%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		100%	100%
Periodontal difficult cleaning				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	100%	100%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	100%	100%
Complete dentures				
D5110	Complete denture - maxillary	One upper and lower complete denture every five calendar years	100%	100%
D5120	Complete denture - mandibular		100%	100%
D5130	Immediate denture - maxillary		100%	100%
D5140	Immediate denture - mandibular		100%	100%
Partial dentures				
D5211	Maxillary partial denture - resin base	One upper and one lower partial denture every five calendar years	100%	100%
D5212	Mandibular partial denture - resin base		100%	100%
D5213	Maxillary partial denture cast metal framework - resin based		100%	100%
D5214	Mandibular partial denture cast framework with resin base		100%	100%
D5221	Immediate maxillary - resin		100%	100%

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Partial dentures (continued)				
D5222	Immediate mandibular - resin	One upper and one lower partial denture every five calendar years	100%	100%
D5223	Immediate maxillary - metal		100%	100%
D5224	Immediate mandibular - metal		100%	100%
D5225	Upper partial denture		100%	100%
D5226	Lower partial denture		100%	100%
D5282	Removable unilateral partial denture - one piece cast metal (includes clasps & teeth), maxillary		100%	100%
D5283	Removable unilateral partial denture - one piece cast metal (includes clasps & teeth), mandibular		100%	100%
Adjustment to dentures (not covered if within six months of initial placement)				
D5410	Adjust complete denture - maxillary	One procedure code from this group per calendar year	100%	100%
D5411	Adjust complete denture - mandibular		100%	100%
D5421	Adjust partial denture - maxillary		100%	100%
D5422	Adjust partial denture - mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing/broken teeth - complete denture		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken clasp, per tooth		100%	100%
D5640	Replace broken teeth - per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture, per tooth		100%	100%
D5670	Replace all teeth/acrylic (maxillary)		100%	100%
D5671	Replace all teeth/acrylic (mandibular)		100%	100%

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Denture rebase (not covered if done within 6 months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
Denture reline (not covered if done within six month of installation and not allowed on spare dentures)				
D5730	Reline complete maxillary denture	One procedure code from this group per calendar year	100%	100%
D5731	Reline complete mandibular denture		100%	100%
D5740	Reline maxillary partial denture		100%	100%
D5741	Reline mandibular partial denture		100%	100%
D5750	Reline complete maxillary denture		100%	100%
D5751	Reline complete mandibular denture		100%	100%
D5760	Reline maxillary partial denture		100%	100%
D5761	Reline mandibular partial denture		100%	100%
Tissue conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	100%	100%
D5851	Tissue conditioning mandibular		100%	100%
Oral surgery				
D7220	Removal of impacted tooth - soft tissue	Two procedure codes from this group per calendar year	100%	100%
D7230	Removal of impacted tooth - partially bony		100%	100%
D7240	Removal of impacted tooth - completely bony		100%	100%
D7250	Surgical removal of residual tooth roots (cutting procedure)		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Surgical exposure of an unerupted tooth		100%	100%
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue - soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy - transepithelial sample collection		100%	100%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		100%	100%

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Oral surgery (continued)				
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Two procedure codes from this group per calendar year	100%	100%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		100%	100%
D7410	Excision of benign lesion up to 1.25 cm		100%	100%
D7411	Excision of benign lesion greater than 1.25 cm		100%	100%
D7412	Excision of benign lesion, complicated		100%	100%
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm		100%	100%
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm		100%	100%
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm		100%	100%
D7510	Incision and drainage of abscess - intraoral soft tissue		100%	100%
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure		100%	100%
D7963	Frenuloplasty		100%	100%
D7970	Excision of hyperplastic tissue - per arch		100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity	100%	100%	
Occlusal adjustments				
D9951	Occlusal adjustment - limited	One procedure code from this group every three calendar years	100%	100%
D9952	Occlusal adjustment - complete		100%	100%

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Benefits are offered on an annual basis. If these benefits are changed or eliminated next year and the benefits have not been used, the member will no longer be eligible for these benefits.

This is an all-inclusive list of covered services under this plan. Any services received that are not listed will not be covered by the plan and will be the member's responsibility.

*Network dentists have agreed to provide services at contracted fees (the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule (coinsurance payment still applies).

** Out of-network dentists have not agreed to provide services at contracted fees. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

For information, call Humana Dental Customer Service.

- Members: 1-800-457-4708 (TDD: 711) Monday – Friday, 8 a.m. to 6 p.m. in your time zone.
- Providers: 1-800-833-2223 (TDD: 711) Monday – Friday, 8 a.m. to 8 p.m. Eastern time.

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Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights 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, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at **<https://www.hhs.gov/ocr/office/file/index.html>**.

Auxiliary aids and services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you.

1-877-320-1235 (TTY: 711)

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

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resewva sèvis èd pou lang ki gratis.

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

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

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda'hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 1018