DEN 184

HumanaDental Medicare Network

Deductible	$0
Annual maximum	$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Periodic exam				
D0120	Periodic oral exam	Two per calendar year	100%	0%
Additional exams				
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation - new or established patient		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray - first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray - each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Bitewing X-rays				
D0270	Bitewing X-rays - one film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays - two films		100%	0%
D0273	Bitewing X-rays - three films		100%	0%
D0274	Bitewing X-rays - four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis - adult (includes removal of plaque, calculus, and stains from the tooth structures.)	Two per calendar year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Restorations (fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam - two surfaces, primary or permanent		50%	0%
D2160	Amalgam - three surfaces, primary or permanent		50%	0%
D2161	Amalgam - four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based composite - one surface, anterior (front)		50%	0%
D2331	Resin-based composite - two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite - three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite - four or more surfaces, anterior (front)		50%	0%
D2391	Resin-based composite - one surface, posterior (back)		50%	0%
D2392	Resin-based composite - two surfaces, posterior (back)		50%	0%
D2393	Resin-based composite - three surfaces, posterior (back)		50%	0%
D2394	Resin-based composite - four or more surfaces, posterior (back)		50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary.)	Unlimited	50%	0%
D7210	Surgical removal of erupted tooth requiring (evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	0%
Crowns				
D2710	Crown - resin-based composite (indirect)	One procedure code from this group per calendar year	30%	0%
D2712	Crown - 3/4 resin-based composite (indirect)		30%	0%
D2720	Crown - resin with high noble metal		30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Crowns (continued)				
D2721	Crown - resin with predominantly base metal	One procedure code from this group per calendar year	30%	0%
D2722	Crown - resin with noble metal		30%	0%
D2740	Crown - porcelain/ceramic substrate		30%	0%
D2750	Crown - porcelain fused to high noble metal		30%	0%
D2751	Crown - porcelain fused to predominantly base metal		30%	0%
D2752	Crown - porcelain fused to noble metal		30%	0%
D2753	Crown - porcelain fused to titanium and titanium alloys		30%	0%
D2780	Crown - 3/4 cast high noble metal		30%	0%
D2781	Crown - 3/4 cast predominantly base metal		30%	0%
D2782	Crown - 3/4 cast noble metal		30%	0%
D2783	Crown - 3/4 porcelain/ceramic		30%	0%
D2790	Crown - full cast high noble metal		30%	0%
D2791	Crown - full cast predominantly base metal		30%	0%
D2792	Crown - full cast noble metal		30%	0%
D2794	Crown - titanium		30%	0%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture maxillary (upper)	One upper and lower complete denture every five calendar years	30%	0%
D5120	Complete denture - mandibular (lower)		30%	0%
D5130	Immediate denture - maxillary		30%	0%
D5140	Immediate denture - mandibular		30%	0%
Partial dentures (including routine post-delivery care)				
D5211	Upper partial denture - resin	One upper and one lower partial denture every five calendar years	30%	0%
D5212	Lower partial denture - resin		30%	0%
D5213	Upper partial denture - metal		30%	0%
D5214	Lower partial denture - metal		30%	0%
D5221	Immediate maxillary - resin		30%	0%
D5222	Immediate mandibular - resin		30%	0%
D5223	Immediate maxillary - metal		30%	0%
D5224	Immediate mandibular - metal		30%	0%
D5225	Upper partial denture		30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Partial dentures (including routine post-delivery care) (continued)				
D5226	Lower partial denture	One upper and one lower partial denture every five calendar years	30%	0%
D5282	Removable unilateral partial denture - one piece cast metal (includes clasps & teeth), maxillary		30%	0%
D5283	Removable unilateral partial denture - one piece cast metal (includes clasps & teeth), mandibular		30%	0%
Other partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) - per quadrant	One procedure code from this group per quadrant every five calendar years	30%	0%
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) - per quadrant		30%	0%
Adjustment to dentures (not covered if done within six months of initial placement)				
D5410	Adjust complete denture - maxillary	One procedure code from this group per calendar year	30%	0%
D5411	Adjust complete denture - mandibular		30%	0%
D5421	Adjust partial denture - maxillary		30%	0%
D5422	Adjust partial denture - mandibular		30%	0%
Repairs to dentures				
D5511	Repair broken complete denture base - mandibular	One procedure code from this group per calendar year	30%	0%
D5512	Repair broken complete denture base – maxillary		30%	0%
D5520	Replace missing/broken teeth - complete denture		30%	0%
D5611	Repair resin partial denture base - mandibular		30%	0%
D5612	Repair resin partial denture base - maxillary		30%	0%
D5621	Repair cast framework - mandibular		30%	0%
D5622	Repair cast framework - maxillary		30%	0%
D5630	Repair or replace broken clasp, per tooth		30%	0%
D5640	Replace broken teeth - per tooth		30%	0%
D5650	Add tooth to existing partial denture		30%	0%
D5660	Add clasp to existing partial denture, per tooth		30%	0%
D5670	Replace all teeth/acrylic (maxillary)		30%	0%
D5671	Replace all teeth/acrylic (mandibular)		30%	0%

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Denture rebase (not covered if done within six months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	0%
D5711	Rebase complete mandibular denture		30%	0%
D5720	Rebase maxillary partial denture		30%	0%
D5721	Rebase mandibular partial denture		30%	0%
Denture reline (not allowed on spare dentures or if done within six months of installation)				
D5730	Reline complete maxillary denture	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular denture		30%	0%
D5740	Reline maxillary partial denture		30%	0%
D5741	Reline mandibular partial denture		30%	0%
D5750	Reline complete maxillary denture		30%	0%
D5751	Reline complete mandibular denture		30%	0%
D5760	Reline maxillary partial denture		30%	0%
D5761	Reline mandibular partial denture		30%	0%
Tissue conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	30%	0%
D5851	Tissue conditioning mandibular		30%	0%

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 (co-insurance payment still applies).

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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Humana.

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 resevwa 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): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déę́ niká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 1018