

DEN 978

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 exams				
D0120	Periodic oral exam	Two per calendar year	100%	50%
Additional exams				
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three calendar years	100%	50%
D0180	Comprehensive periodontal evaluation - new or established patient		100%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	50%
D0330	Panoramic film		100%	50%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray - first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray - each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray - single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays - two films		100%	50%
D0273	Bitewing X-rays - three films		100%	50%
D0274	Bitewing X-rays - four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis - adult (includes removal of plaque, calculus and stains from the tooth structures.)	Two per calendar year	100%	50%
Fluoride				
D1206	Topical fluoride application - varnish	Two procedure codes from this group per calendar year	100%	50%
D1208	Topical fluoride application - excluding varnish		100%	50%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	50%
Restorations (fillings)				
D2140	Amalgam - one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	45%
D2150	Amalgam - two surfaces, primary or permanent		50%	45%
D2160	Amalgam - three surfaces, primary or permanent		50%	45%
D2161	Amalgam - four or more surfaces, primary or permanent		50%	45%
D2330	Resin-based composite - one surface, anterior (front)		50%	45%
D2331	Resin-based composite - two surfaces, anterior (front)		50%	45%
D2332	Resin-based composite - three surfaces, anterior (front)		50%	45%
D2335	Resin-based composite - four or more surfaces, anterior (front)		50%	45%
D2391	Resin-based composite - one surface, posterior (back)		50%	45%
D2392	Resin-based composite - two surfaces, posterior (back)		50%	45%
D2393	Resin-based composite - three surfaces, posterior (back)		50%	45%
D2394	Resin-based composite - four or more surfaces, posterior (back)		50%	45%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary.)	Two procedure codes from this group per calendar year	50%	45%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	45%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
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	30%	25%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		30%	25%
Periodontal difficult cleaning				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	25%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Four per calendar year	30%	25%

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 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): Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 1018