

DEN 906

HumanaDental Network

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%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Oral Cancer Exam				
D0431	Oral cancer screening	One per calendar year	100%	50%
Emergency Exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	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%
Extraoral X-rays (Outside the mouth)				
D0250	Extraoral – first film	One per calendar year	100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – one 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%
Restorations (Fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per mouth per calendar year	50%	50%
D2150	Amalgam – two surfaces, primary or permanent		50%	50%
D2160	Amalgam – three surfaces, primary or permanent		50%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	50%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (Fillings) (continued)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per mouth per calendar year	50%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.)	Unlimited	75%	50%
Emergency Treatment for Pain				
D9110	Palliative (emergency) treatment of pain, minor procedures.	Two per calendar year	75%	50%

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

This is an all-inclusive list of services covered 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, which are described in the in-network fee schedules, or INFS. If a member visits a participating network dentist, the member will not be billed for more than the amount stated on the negotiated fee schedule. Please note that coinsurance payments still apply.

**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 béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá zhiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 1018