DEN138

Careington Medicare Network

Deductible	$0
Annual Maximum	None
Waiting Periods	None

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Exams				
D0120	Periodic oral evaluation - established patient	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation - new or established patient		100%	0%
Full mouth and panoramic x-rays				
D0330	Panoramic radiographic image	One procedure code per calendar year	100%	0%
Bitewing x-rays				
D0270	Bitewing - single radiographic image	One procedure code from this group per calendar year	100%	0%
D0272	Bitewings - two radiographic images		100%	0%
D0273	Bitewings - three radiographic images		100%	0%
D0274	Bitewings - four radiographic images		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis Adult (Removal of plaque, calculus and stains from the tooth structures and implants in the permanent and transitional dentition. It is intended to control local irritational factors.)	Two procedure codes per calendar year	100%	0%
Anesthesia				
D9215	Local anesthesia in conjuction with operative or surgical procedures	As needed with covered codes	100%	0%
D9222	Deep sedation/general anesthesia – first 15 minutes		100%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Anesthesia (continued)				
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	As needed with covered codes	100%	0%
D9910	Application of desensitizing medicament		100%	0%
Restorations (fillings)				
D2140	Amalgam - one surface, primary or permanent	Four procedure codes from this group per calendar year	100%	0%
D2150	Amalgam - two surfaces, primary or permanent		100%	0%
D2160	Amalgam - three surfaces, primary or permanent		100%	0%
D2161	Amalgam - four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite - one surface, anterior (front)		100%	0%
D2331	Resin-based composite - two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite - three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		100%	0%
D2391	Resin-based composite - one surface, posterior (back)		100%	0%
D2392	Resin-based composite - two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite - three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite - four or more surfaces, posterior (back)		100%	0%
Extractions				
D7111	Extraction, coronal remnants - primary tooth	Three procedure codes from this group per calendar year	100%	0%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%
D7220	Removal of impacted tooth - soft tissue		100%	0%
D7230	Removal of impacted tooth - partially bony		100%	0%
D7240	Removal of impacted tooth - completely bony		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Extractions (continued)				
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Three procedure codes from this group per calendar year	100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%
Crowns				
D2710	Crown - resin-based composite (indirect)	One procedure code from this group per calendar year	100%	0%
D2712	Crown - 3/4 resin-based composite (indirect)		100%	0%
D2720	Crown - resin with high noble metal		100%	0%
D2721	Crown - resin with predominantly base metal		100%	0%
D2722	Crown - resin with noble metal		100%	0%
D2740	Crown - porcelain/ceramic		100%	0%
D2750	Crown - porcelain fused to high noble metal		100%	0%
D2751	Crown - porcelain fused to predominantly base metal		100%	0%
D2752	Crown - porcelain fused to noble metal		100%	0%
D2753	Crown - porcelain fused to titanium and titanium alloys		100%	0%
D2780	Crown - 3/4 cast high noble metal		100%	0%
D2781	Crown - 3/4 cast predominantly base metal		100%	0%
D2782	Crown - 3/4 cast noble metal		100%	0%
D2783	Crown - 3/4 porcelain/ceramic		100%	0%
D2790	Crown - full cast high noble metal		100%	0%
D2791	Crown - full cast predominantly base metal		100%	0%
D2792	Crown - full cast noble metal		100%	0%
D2794	Crown - titanium and titanium alloys		100%	0%
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%	0%
D4342	Periodontal scaling and root planing - one to three teeth per quadrant		100%	0%
Scaling - moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One procedure code per calendar year	100%	0%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Complete dentures (including routine post-delivery care)				
D5110	Complete denture - maxillary	One upper and lower complete denture every five calendar years	100%	0%
D5120	Complete denture - mandibular		100%	0%
D5130	Immediate denture - maxillary		100%	0%
D5140	Immediate denture - mandibular		100%	0%
Partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	100%	0%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		100%	0%
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	0%
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)		100%	0%
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)		100%	0%
D5282	Maxillary partial denture-flexible base (including retentive/clasping materials, rests, and teeth		100%	0%
D5283	Mandibular partial denture-flexible base (including retentive/clasping materials, rests, and teeth		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Other partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture - one piece cast metal (including retentive /clasping materials, rests, and teeth), maxillary	One procedure code per quadrant from this group every five calendar years	100%	0%
D5286	Removable unilateral partial denture - one piece cast metal (including retentive /clasping materials, rests, and teeth), mandibular		100%	0%
Denture reline (not covered on spare dentures or if done within six months of installation)				
D5730	Reline complete maxillary denture (direct)	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%

Additional Medicaid benefits provided by the plan:

$0 copay for acute emergency dental procedures to alleviate pain or infection, including incision and drainage of an abscess and necessary radiographs to make a diagnosis.

$0 copay for necessary extractions and surgical procedures to fit the mouth for dentures.

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.

*In-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).

For information, call Humana Dental Customer Service.
Members: 1-800-457-4708 (TDD: 711)   Monday – Friday, 8 a.m. – 6 p.m., in your time zone.
Providers: 1-800-833-2223   Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Specialists are not covered on this plan. You may receive up to a 20% discount for services rendered by an in-network specialist.

Humana is a Medicare Advantage health maintenance organization (HMO) plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

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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, gender identity, ancestry, marital status, 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 their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or 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**.

- **California residents**: You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

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 haniʼí bee woltaʼígíí bichʼįʼ hódíílnih éí bee tʼáá jiikʼeh saad bee ákáʼánídaʼáwoʼdę́ę́ nikáʼadoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0220