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|-----------------|------|
| 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 | | | | |
| D0210 | Intraoral - complete series of radiographic images | One procedure code from this group per calendar year | 100% | 0% |
| D0330 | Panoramic radiographic image | | 100% | 0% |
| Bitewing x-rays | | | | |
| D0270 | Bitewing - single radiographic image | Two procedure codes 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 conjunction with operative or surgical procedures | As needed with covered codes | 100% | 0% |
| D9230 | Inhalation of nitrous oxide/analgesia, anxiolysis | | 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% |

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|-------------------------------------|---|--|-------------|----------------|
| Restorations (fillings) (continued) | | | | |
| D2161 | Amalgam - four or more surfaces, primary or permanent | Four procedure codes from this group per calendar year | 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 | | | | |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | Unlimited | 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% |
| D7241 | Removal of impacted tooth - completely bony, with unusual surgical complications | | 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% |

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| Crowns (continued) | | | | |
| D2751 | Crown - porcelain fused to predominantly base metal | One procedure code from this group per calendar year | 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% |
| 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% |

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| Partial dentures (including routine post-delivery care) (continued) | | | | |
| D5214 | Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) | One upper and lower partial denture every five calendar years | 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% |
| 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% |

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): 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)

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك