# DEN204 MyOption

#### **HumanaDental Medicare Network**

Deductible	\$0
Annual Maximum	\$2,000
Waiting Periods	None

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
Exam				
D0120	Periodic oral evaluation - established patient	Two procedure codes per calendar year	100%	100%
Emergenc	y diagnostic exam			
D0140	Limited oral evaluation - problem focused	One procedure code per calendar year	100%	100%
Additional	exams			
D0150	Comprehensive oral evaluation - new or established patient	One procedure code from this group every three	100%	100%
D0180	Comprehensive periodontal evaluation - new or established patient	calendar years	100%	100%
Intraoral >	c-rays (inside the mouth)			
D0220	Intraoral - periapical first radiographic image	One procedure code from this group per calendar year	100%	100%
D0230	Intraoral - periapical each additional radiographic image		100%	100%
D0240	Intraoral - occlusal radiographic image		100%	100%
Full mouth	n and panoramic x-rays			
D0210	Intraoral - complete series of radiographic images	One procedure code from this group every five	100%	100%
D0330	Panoramic radiographic image	calendar years	100%	100%
Bitewing x	r-rays			
D0270	Bitewing - single radiographic image		100%	100%
D0272	Bitewings - two radiographic images	One procedure code from this group per calendar year	100%	100%
D0273	Bitewings - three radiographic images		100%	100%
D0274	Bitewings - four radiographic images		100%	100%
Prophylax	is (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%	100%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from	100%	100%
D1208	Topical application of fluoride - excluding varnish	this group per calendar year	100%	100%
Anesthesic	a de la composição de la			
D9222	Deep sedation/general anesthesia - first 15 minutes		100%	100%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		100%	100%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered	100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	codes	100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		100%	100%
D9910	Application of desensitizing medicament		100%	100%
Restoratio	ns (fillings)			
D2140	Amalgam - one surface, primary or permanent		100% after \$25	100% after \$25
D2150	Amalgam - two surfaces, primary or permanent		100% after \$25	100% after \$25
D2160	Amalgam - three surfaces, primary or permanent		100% after \$25	100% after \$25
D2161	Amalgam - four or more surfaces, primary or permanent		100% after \$25	100% after \$25
D2330	Resin-based composite - one surface, anterior (front)		100% after \$25	100% after \$25
D2331	Resin-based composite - two surfaces, anterior (front)	Liplipoitod	100% after \$25	100% after \$25
D2332	Resin-based composite - three surfaces, anterior (front)	Unlimited	100% after \$25	100% after \$25
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)		100% after \$25	100% after \$25
D2391	Resin-based composite - one surface, posterior (back)		100% after \$25	100% after \$25
D2392	Resin-based composite - two surfaces, posterior (back)		100% after \$25	100% after \$25
D2393	Resin-based composite - three surfaces, posterior (back)		100% after \$25	100% after \$25
D2394	Resin-based composite - four or more surfaces, posterior (back)		100% after \$25	100% after \$25

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
Extraction			1000/	1000/
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100% after \$25	100% after \$25
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Unlimited	100% after \$25	100% after \$25
	y treatment of pain			
D9110 Crowns	Palliative (emergency) treatment of dental pain - minor procedure	Two procedure codes per calendar year	100% after \$25	100% after \$25
	Inlay, montalling and auriford			
D2510	Inlay - metallic - one surface (alternate benefit only)		50%	50%
D2520	Inlay - metallic - two surfaces (alternate benefit only)		50%	50%
D2530	Inlay - metallic - three or more surfaces (alternate benefit only)		50%	50%
D2542	Onlay - metallic - two surfaces		50%	50%
D2543	Onlay - metallic - three surfaces		50%	50%
D2544	Onlay - metallic - four or more surfaces		50%	50%
D2610	Inlay - porcelain/ceramic - one surface (alternate benefit only)		50%	50%
D2620	Inlay - porcelain/ceramic - two surfaces (alternate benefit only)		50%	50%
D2630	Inlay - porcelain/ceramic - three or more surfaces (alternate benefit only)		50%	50%
D2642	Onlay - porcelain/ceramic - two surfaces		50%	50%
D2643	Onlay - porcelain/ceramic - three surfaces	One per tooth per lifetime	50%	50%
D2644	Onlay - porcelain/ceramic - four or more surfaces	one per coour per meanie.	50%	50%
D2650	Inlay - resin-based composite - one surface (alternate benefit only)		50%	50%
D2651	Inlay - resin-based composite – two surfaces (alternate benefit only)		50%	50%
D2652	Inlay - resin-based composite - three or more surfaces (alternate benefit only)		50%	50%
D2662	Onlay - resin-based composite - two surfaces		50%	50%
D2663	Onlay - resin-based composite - three surfaces		50%	50%
D2664	Onlay - resin-based composite - four or more surfaces		50%	50%
D2710	Crown - resin-based composite (indirect)		50%	50%
D2712	Crown - 3/4 resin-based composite (indirect)		50%	50%

D2721 Crown - resin with predominantly base metal  D2722 Crown - resin with noble metal  D2740 Crown - porcelain/ceramic  D2750 Crown - porcelain fused to high noble metal  D2751 Crown - porcelain fused to predominantly base metal  D2752 Crown - porcelain fused to noble metal  D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cost predominantly base metal  D2783 Crown - 3/4 cost predominantly base metal  D2790 Crown - full cast high noble metal  D2791 Crown - full cast high noble metal  D2792 Crown - full cast predominantly base metal  D2794 Crown - full cast predominantly base metal  D2795 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2910 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  - four or more teeth per quadrant  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D2346 Scaling in presence of generalized  D2346 Scaling in presence of generalized	2720 2721 2722 2740 2750 2751	Crown - resin with high noble metal Crown - resin with predominantly base metal Crown - resin with noble metal Crown - porcelain/ceramic Crown - porcelain fused to high noble metal Crown - porcelain fused to predominantly		50% 50% 50% 50% 50%	50% 50% 50% 50%
D2721 Crown - resin with predominantly base metal  D2722 Crown - resin with noble metal  D2740 Crown - porcelain fused to high noble metal  D2750 Crown - porcelain fused to predominantly base metal  D2751 Crown - porcelain fused to noble metal  D2752 Crown - porcelain fused to noble metal  D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cast predominantly base metal  D2783 Crown - 3/4 cast noble metal  D2790 Crown - full cast high noble metal  D2791 Crown - full cast high noble metal  D2792 Crown - full cast predominantly base metal  D2794 Crown - full cast noble metal  D2795 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2910 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  - four or more teeth per quadrant  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D2346 Scaling in presence of generalized  D2346 Scaling in presence of generalized	2721 2722 2740 2750 2751	Crown - resin with predominantly base metal  Crown - resin with noble metal  Crown - porcelain/ceramic  Crown - porcelain fused to high noble metal  Crown - porcelain fused to predominantly		50% 50% 50%	50% 50%
metal  D2722 Crown - resin with noble metal  D2740 Crown - porcelain/ceramic  D2750 Crown - porcelain fused to high noble metal  D2751 Crown - porcelain fused to predominantly base metal  D2752 Crown - porcelain fused to titanium and titanium alloys  D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cast predominantly base metal  D2783 Crown - 3/4 cast predominantly base metal  D2790 Crown - full cast high noble metal  D2791 Crown - full cast noble metal  D2792 Crown - full cast noble metal  D2793 Crown - full cast noble metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  - four or more teeth per quadrant  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D2336 Scaling in presence of generalized  D2346 Scaling in presence of generalized	2722 2740 2750 2751 2752	metal Crown - resin with noble metal Crown - porcelain/ceramic Crown - porcelain fused to high noble metal Crown - porcelain fused to predominantly		50% 50%	50%
D2750 Crown - porcelain/ceramic D2750 Crown - porcelain fused to high noble metal D2751 Crown - porcelain fused to predominantly base metal D2752 Crown - porcelain fused to noble metal D2753 Crown - porcelain fused to itianium and titanium alloys D2780 Crown - porcelain fused to titanium and titanium alloys D2781 Crown - 3/4 cast high noble metal D2782 Crown - 3/4 cast predominantly base metal D2783 Crown - 3/4 cast noble metal D2780 Crown - 3/4 porcelain/ceramic D2790 Crown - full cast high noble metal D2791 Crown - full cast predominantly base metal D2792 Crown - full cast noble metal D2794 Crown - titanium and titanium alloys Re-cement of crown D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown D2916 Re-cement or re-bond crown D2917 Re-cement or re-bond crown D2918 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown D2916 Re-cement or re-bond crown D2917 Re-cement or re-bond crown D2918 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown D2916 Re-cement or re-bond crown D2917 Re-cement or re-bond crown D2918 Re-cement or re-bond crown D2919 Re-cement or re-bond crown D2910 Re-cement or re-bond indirectly fabricated or precedure code from this group every five calendar years D200% D200% D200% D200% D200% D200% D	2740 2750 2751 2752	Crown - porcelain/ceramic Crown - porcelain fused to high noble metal Crown - porcelain fused to predominantly		50%	
D2750 Crown - porcelain fused to high noble metal  D2751 Crown - porcelain fused to predominantly base metal  D2752 Crown - porcelain fused to noble metal  D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cast noble metal  D2783 Crown - 3/4 cost noble metal  D2780 Crown - 1/4 porcelain/ceramic  D2790 Crown - full cast high noble metal  D2791 Crown - full cast predominantly base metal  D2792 Crown - full cast predominantly base metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  D2930 Re-cement or re-bond crown  D2941 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4344 Scaling in presence of generalized  D4345 Scaling in presence of generalized	2750 2751 2752	Crown - porcelain fused to high noble metal  Crown - porcelain fused to predominantly			50%
metal  D2751 Crown - porcelain fused to predominantly base metal  D2752 Crown - porcelain fused to noble metal  D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cast predominantly base metal  D2783 Crown - 3/4 porcelain/ceramic  D2790 Crown - full cast high noble metal  D2791 Crown - full cast predominantly base metal  D2792 Crown - full cast predominantly base metal  D2793 Crown - full cast noble metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  D2915 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  D2930 Re-cement or re-bond crown  D2941 Periodontal scaling and root planing  - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D2436 Scaling in presence of generalized	2751 2752	metal  Crown - porcelain fused to predominantly		50%	
D2752   Crown - porcelain fused to noble metal   D2753   Crown - porcelain fused to titanium and titanium alloys   D2780   Crown - 3/4 cast high noble metal   D2781   Crown - 3/4 cast predominantly base metal   D2782   Crown - 3/4 cast noble metal   D2783   Crown - 3/4 cast noble metal   D2790   Crown - full cast high noble metal   D2791   Crown - full cast high noble metal   D2792   Crown - full cast predominantly base metal   D2792   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2794   Crown - titanium and titanium alloys   Crown - full cast noble metal   D2795   Crown - full cast noble metal   D2796   Crown - full cast noble metal   D2797   Crown - full cast noble metal   D2798   Crown - full cast noble metal   D2799   Crown - full	2752	·			50%
D2753 Crown - porcelain fused to titanium and titanium alloys  D2780 Crown - 3/4 cast high noble metal  D2781 Crown - 3/4 cast predominantly base metal  D2782 Crown - 3/4 cast noble metal  D2783 Crown - 3/4 porcelain/ceramic  D2790 Crown - full cast high noble metal  D2791 Crown - full cast predominantly base metal  D2792 Crown - full cast predominantly base metal  D2794 Crown - full cast noble metal  D2795 Re-cement of crown  D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  D4341 Periodontal scaling and root planing  - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized				50%	50%
titanium alloys  D2780	2753	Crown - porcelain fused to noble metal		50%	50%
D2781 Crown - 3/4 cast predominantly base metal D2782 Crown - 3/4 cast noble metal D2783 Crown - 3/4 porcelain/ceramic D2790 Crown - full cast high noble metal D2791 Crown - full cast predominantly base metal D2792 Crown - full cast noble metal D2794 Crown - titanium and titanium alloys  Re-cement of crown D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown  D2910 Re-cement or re-bond crown  D2911 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  D4341 Periodontal scaling and root planing - four or more teeth per quadrant D4342 Periodontal scaling and root planing - one to three teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  D2791 Crown - full cast noble metal  500 500 500 500 500 500 500 500 500 5			One per tooth per lifetime	50%	50%
D2782 Crown - 3/4 cast noble metal  D2783 Crown - 3/4 porcelain/ceramic  D2790 Crown - full cast high noble metal  D2791 Crown - full cast predominantly base metal  D2792 Crown - full cast noble metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing - four or more teeth per quadrant  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized	2780	Crown - 3/4 cast high noble metal		50%	50%
D2783 Crown - 3/4 porcelain/ceramic D2790 Crown - full cast high noble metal D2791 Crown - full cast predominantly base metal D2792 Crown - full cast noble metal D2794 Crown - titanium and titanium alloys  Re-cement of crown D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown  Periodontal scaling and root planing D4341 Periodontal scaling and root planing - four or more teeth per quadrant D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation D4346 Scaling in presence of generalized  50 50 50 50 50 50 50 50 50 50 50 50 50	2781	Crown - 3/4 cast predominantly base metal		50%	50%
D2790 Crown - full cast high noble metal D2791 Crown - full cast predominantly base metal D2792 Crown - full cast noble metal D2794 Crown - titanium and titanium alloys  Re-cement of crown D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core D2920 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  D29341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized	2782	Crown - 3/4 cast noble metal		50%	50%
D2791 Crown - full cast predominantly base metal D2792 Crown - full cast noble metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  D290 Crown - full cast predominantly base metal  50  50  Cone procedure code from this group every five calendar years  70  100% 52	2783	Crown - 3/4 porcelain/ceramic		50%	50%
D2792 Crown - full cast noble metal  D2794 Crown - titanium and titanium alloys  Re-cement of crown  D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized	2790	Crown - full cast high noble metal		50%	50%
Re-cement of crown  D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized	2791	Crown - full cast predominantly base metal		50%	50%
D2910   Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration   D2915   Re-cement or re-bond indirectly fabricated or prefabricated post and core   D2920   Re-cement or re-bond crown   Re-cement or re-bond crown   D2920   Re-cement or re-bond crown   D2920   Re-cement or re-bond crown   Re-cement or re-bond crown   D2920	2792	Crown - full cast noble metal		50%	50%
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  100% \$2  100% \$	2794	Crown - titanium and titanium alloys		50%	50%
or partial coverage restoration  D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core  D2920 Re-cement or re-bond crown  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  One procedure code from this group every five calendar years  100% \$2  100	e-cemen	nt of crown			
D2920 Re-cement or re-bond indirectly labricated or prefabricated post and core  D2920 Re-cement or re-bond crown  Periodontal scaling and root planing  D4341 Periodontal scaling and root planing  - four or more teeth per quadrant  D4342 Periodontal scaling and root planing  - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  this group every five calendar years  100%  \$2  100	2910		this group every five	100% after \$25	100% after \$25
Periodontal scaling and root planing  D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  100% \$2  Two procedure codes per quadrant from this group every three calendar years \$2  100%	2915			100% after \$25	100% after \$25
D4341 Periodontal scaling and root planing - four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  Two procedure codes per quadrant from this group every three calendar years  \$200% \$2100% \$220% \$230%	2920	Re-cement or re-bond crown	cuteriaar years	100% after \$25	100% after \$25
- four or more teeth per quadrant  D4342 Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  D4346 Scaling in presence of generalized  Two procedure codes per quadrant from this group every three calendar years  \$2 100%	riodont	al scaling and root planing			
Periodontal scaling and root planing - one to three teeth per quadrant  Scaling - moderate gingival inflammation  100% \$2	4341			100% after \$25	100% after \$25
D/3/16 Scaling in presence of generalized 100%	4342		· ·	100% after \$25	100% after \$25
D4346 Scaling in presence of generalized 100%	aling - r	moderate gingival inflammation			
	4346	moderate or severe gingival inflammation	Two procedure codes every three calendar years	100% after \$25	100% after \$25
Periodontal maintenance	riodont	al maintenance			
D4910 Periodontal maintenance Four procedure codes per calendar year	4910	Periodontal maintenance		100%	100%
Complete dentures (including routine post-delivery care)		dentures (including routine post-delivery care	)		
	omplete	Complete denture - maxillary		50%	50%
D5120 Complete denture - mandibular One upper and lower complete denture every	•	Carran lata dan turua manadih ulam	One upper and lower	50%	50%
	5110	Complete denture - manaibular	complete denture every five calendar years	50%	50%
D5140 Immediate denture - mandibular 50	5110 5120	Immediate denture - maxillary	five calendar years		

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
Removable	e partial dentures (including routine post-deliv	very care)		
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5223	Immediate maxillary 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	50%	50%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)		50%	50%
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)		50%	50%
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		50%	50%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)		50%	50%
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), maxillary		50%	50%
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/ clasping materials, rests and teeth), mandibular		50%	50%

Ditter removable partial dentures (including routine post-delivery care)	ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
D5284   Removable unilateral partial denture - one piece flexible base (including retentive/closping materials, rests and teeth) - per quadrant	Other rem	ovable partial dentures (including routine pos	t-delivery care)		
Section   Sect	D5284	<ul> <li>one piece flexible base (including retentive/clasping materials, rests and</li> </ul>	One procedure code per	50%	50%
D5410   Adjust complete denture - maxillary	D5286	<ul> <li>one piece resin (including retentive/ clasping materials, rests and teeth)</li> </ul>		50%	50%
D5411 Adjust complete denture - mandibular   D5421 Adjust partial denture - maxillary   S0%	Denture a	djustments (not covered if within six months c	of initial placement)		
D5411 Adjust partial denture - maxillary D5422 Adjust partial denture - maxillary D5511 Repair broken complete denture base, mandibular D5512 Repair broken complete denture base, maxillary D5520 Replace missing or broken teeth - complete denture base, mandibular D5611 Repair resin partial denture base, mandibular D5612 Repair resin partial denture base, mandibular D5621 Repair cast partial framework, mandibular D5622 Repair or replace broken retentive/clasping materials - per tooth D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Rebase complete maxillary denture D5710 Rebase complete maxillary denture D5711 Rebase complete maxillary partial denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture	D5410	Adjust complete denture - maxillary		50%	50%
D5421 Adjust partial denture - maxillary D5422 Adjust partial denture - mandibular Repairs to dentures  D5511 Repair broken complete denture base, mandibular Repair broken complete denture base, maxillary D5520 Replace missing or broken teeth - complete denture base, mandibular  D5611 Repair resin partial denture base, mandibular D5612 Repair resin partial denture base, mandibular D5621 Repair cast partial framework, mandibular D5630 Repair or replace broken retentive/clasping materials - per tooth D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture - per tooth D5660 Add clasp to existing partial denture - per tooth D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (maxillary) D5710 Rebase complete mandibular denture D5710 Rebase complete mandibular denture D5720 Rebase maxillary partial denture D5720 Rebase mandibular partial denture D5721 Rebase mandibular partial denture T50% 50% D50% D50% D50% D50% D50% D50% D50% D	D5411	Adjust complete denture - mandibular	•	50%	50%
D5422	D5421	Adjust partial denture - maxillary		50%	50%
D5511   Repair broken complete denture base, mandibular	D5422	Adjust partial denture - mandibular	<i>y</i>	50%	50%
mandibular  D5512 Repair broken complete denture base, maxillary  D5520 Replace missing or broken teeth - complete denture (each tooth)  D5611 Repair resin partial denture base, maxillary  D5612 Repair cast partial framework, mandibular  D5621 Repair cast partial framework, mandibular  D5630 Repair or replace broken retentive/clasping materials - per tooth  D5650 Add clasp to existing partial denture  D5660 Add clasp to existing partial denture	Repairs to	dentures			
maxillary  D5520 Replace missing or broken teeth - complete denture (each tooth)  D5611 Repair resin partial denture base, mandibular  D5622 Repair cast partial framework, mandibular  D5622 Repair cast partial framework, maxillary  D5630 Repair or replace broken retentive/clasping materials - per tooth  D5640 Replace broken teeth - per tooth  D5650 Add tooth to existing partial denture - per tooth  D5670 Replace all teeth and acrylic on cast metal framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (maxillary)  D5711 Rebase complete maxillary denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5730 Rebase mandibular partial denture  D5740 Rebase mandibular partial denture  D5740 Rebase mandibular partial denture  D5750 Rebase mandibular partial denture  D5760 Rebase mandibular partial denture  D5771 Rebase mandibular partial denture  D5772 Rebase mandibular partial denture  D5773 Rebase mandibular partial denture  D5774 Rebase mandibular partial denture	D5511	· · · · · · · · · · · · · · · · · · ·		50%	50%
- complete denture (each tooth)  D5611 Repair resin partial denture base, mandibular  D5612 Repair cast partial framework, mandibular  D5621 Repair cast partial framework, mandibular  D5622 Repair cast partial framework, maxillary  D5630 Repair or replace broken retentive/clasping materials - per tooth  D5640 Replace broken teeth - per tooth  D5650 Add tooth to existing partial denture  D5660 Add clasp to existing partial denture  - per tooth  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture	D5512	•		50%	50%
mandibular  D5612 Repair resin partial denture base, maxillary  D5621 Repair cast partial framework, mandibular  D5622 Repair cast partial framework, maxillary  D5630 Repair or replace broken retentive/clasping materials - per tooth  D5640 Replace broken teeth - per tooth  D5650 Add tooth to existing partial denture  D5660 Add clasp to existing partial denture  - per tooth  D5671 Replace all teeth and acrylic on cast metal framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase maxillary partial denture  D5720 Rebase maxillary partial denture  D5720 Rebase maxillary partial denture  D5720 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase maxillary partial denture	D5520			50%	50%
D5621 Repair cast partial framework, mandibular D5622 Repair cast partial framework, maxillary D5630 Repair or replace broken retentive/clasping materials - per tooth D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture - per tooth D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5730 Rebase mandibular partial denture D5740 Rebase mandibular partial denture D5760 Rebase mandibular partial denture D5771 Rebase mandibular partial denture D5772 Rebase mandibular partial denture D5773 Rebase mandibular partial denture D5774 Rebase mandibular partial denture D5775 Rebase mandibular partial denture D5776 Rebase mandibular partial denture D5777 Rebase mandibular partial denture D5778 Rebase mandibular partial denture D5790 Rebase mandibular partial denture D5700 Rebase mandibular partial denture D5700 Rebase mandibular partial denture	D5611			50%	50%
D5622 Repair cast partial framework, maxillary D5630 Repair or replace broken retentive/clasping materials - per tooth D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture - per tooth D5660 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular) D5710 Rebase complete maxillary denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5720 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5720 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5720 Rebase mandibular partial denture D5721 Rebase mandibular partial denture	D5612	Repair resin partial denture base, maxillary		50%	50%
D5622 Repair cast partial framework, maxillary D5630 Repair or replace broken retentive/clasping materials - per tooth  D5640 Replace broken teeth - per tooth D5650 Add tooth to existing partial denture D5660 Add clasp to existing partial denture - per tooth D5670 Replace all teeth and acrylic on cast metal framework (maxillary) D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  Dentures rebase (not covered if within six months of initial placement) D5710 Rebase complete maxillary denture D5720 Rebase maxillary partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5721 Rebase mandibular partial denture D5730 Rebase mandibular partial denture D5740 Rebase mandibular partial denture D57510 Rebase mandibular partial denture D5760 Rebase mandibular partial denture D57710 Rebase mandibular partial denture D57720 Rebase mandibular partial denture D57721 Rebase mandibular partial denture D57721 Rebase mandibular partial denture	D5621	Repair cast partial framework, mandibular	One procedure code from	50%	50%
materials - per tooth  D5640 Replace broken teeth - per tooth  D5650 Add tooth to existing partial denture  D5660 Add clasp to existing partial denture - per tooth  D5670 Replace all teeth and acrylic on cast metal framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  Dentures rebase (not covered if within six months of initial placement)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5731 Rebase mandibular partial denture  D5732 Rebase mandibular partial denture  D5733 Rebase mandibular partial denture  D5744 Rebase mandibular partial denture  D5755 S0%  D5765 S0%  D5776 S0%  D5777 S0%  D577 S0%  D5777 S0%  D5777 S0%  D5777 S0%  D5777 S0%  D5777 S0%  D	D5622	Repair cast partial framework, maxillary	this group per calendar	50%	50%
D5650Add tooth to existing partial denture50%50%D5660Add clasp to existing partial denture - per tooth50%50%D5670Replace all teeth and acrylic on cast metal framework (maxillary)50%50%D5671Replace all teeth and acrylic on cast metal framework (mandibular)50%50%Dentures rebase (not covered if within six months of initial placement)D5710Rebase complete maxillary denture50%50%D5711Rebase complete mandibular dentureOne procedure code from this group per calendar year50%50%D5721Rebase mandibular partial denture50%50%	D5630			50%	50%
D5660 Add clasp to existing partial denture - per tooth  D5670 Replace all teeth and acrylic on cast metal framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  Dentures rebase (not covered if within six months of initial placement)  D5710 Rebase complete maxillary denture D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5720 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5720 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year  D5721 Sometimes and scription of the procedure code from this group per calendar year	D5640	Replace broken teeth - per tooth		50%	50%
- per tooth  D5670 Replace all teeth and acrylic on cast metal framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  Dentures rebase (not covered if within six months of initial placement)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture	D5650	Add tooth to existing partial denture		50%	50%
framework (maxillary)  D5671 Replace all teeth and acrylic on cast metal framework (mandibular)  Dentures rebase (not covered if within six months of initial placement)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5721 Rebase mandibular partial denture  D5722 Rebase mandibular partial denture  D5723 Rebase mandibular partial denture  D5724 Rebase mandibular partial denture  D5725 Som	D5660			50%	50%
Dentures rebase (not covered if within six months of initial placement)  D5710 Rebase complete maxillary denture  D5711 Rebase complete mandibular denture  D5720 Rebase maxillary partial denture  D5721 Rebase mandibular partial denture	D5670	1		50%	50%
D5710Rebase complete maxillary denture50%50%D5711Rebase complete mandibular dentureOne procedure code from this group per calendar year50%50%D5720Rebase maxillary partial denturethis group per calendar year50%50%	D5671			50%	50%
D5711Rebase complete mandibular dentureOne procedure code from this group per calendar50%50%D5720Rebase maxillary partial denturethis group per calendar50%50%D5721Rebase mandibular partial dentureyear50%50%	Dentures r	ebase (not covered if within six months of init	ial placement)		
D5720 Rebase maxillary partial denture this group per calendar year 50% 50%  D5721 Rebase mandibular partial denture year 50% 50%	D5710	Rebase complete maxillary denture		50%	50%
D5720Rebase maxillary partial denturethis group per calendar50%50%D5721Rebase mandibular partial dentureyear50%50%	D5711	Rebase complete mandibular denture	One procedure code from	50%	50%
25721 Rebuse Manabatal Partial delitare	D5720	Rebase maxillary partial denture	•	50%	50%
D5725 Rebase hybrid prosthesis 50% 50%	D5721	Rebase mandibular partial denture	year	50%	50%
	D5725	Rebase hybrid prosthesis		50%	50%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network**
Denture re	eline (not allowed on spare dentures or if withi	n six months of initial place	ment)	
D5730	Reline complete maxillary denture (direct)		50%	50%
D5731	Reline complete mandibular denture (direct)		50%	50%
D5740	Reline maxillary partial denture (direct)		50%	50%
D5741	Reline mandibular partial denture (direct)		50%	50%
D5750	Reline complete maxillary denture (indirect)	One procedure code from this group per calendar year	50%	50%
D5751	Reline complete mandibular denture (indirect)		50%	50%
D5760	Reline maxillary partial denture (indirect)		50%	50%
D5761	Reline mandibular partial denture (indirect)		50%	50%
D5765	Soft liner for complete or partial removable denture (indirect)		50%	50%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from	50%	50%
D5851	Tissue conditioning, mandibular	this group per calendar year	50%	50%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment - limited	One procedure code from	50%	50%
D9952	Occlusal adjustment - complete	this group every three calendar years	50%	50%

## DEN204 MyOption

**Members:** For information about your dental benefits call Humana Dental Customer Service at **800-457-4708 (TDD: 711)**, Monday – Friday, 8 a.m. – 6 p.m., in your time zone. Refer to **MyHumana.com** for a full listing of the dental limitations and exclusions available in the Evidence of Coverage (EOC) for your plan.

**Providers:** For information about the dental benefits call Humana Dental Provider Customer Service **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

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).

\*\*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.

Plan does not include coverage for:

- Any service that we determine is not a dental necessity; does not offer a favorable prognosis; does not have uniform professional endorsement; or is deemed to be experimental or investigational in nature.
- Charges for any type of implant and all related services, including crowns or the prosthetic device attached to it; precision or semi-precision attachments; over-dentures and any endodontic treatment associated with over-dentures; other customized attachments.

Humana is a Medicare Advantage preferred provider organization (PPO) plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Humana MyOption optional supplemental benefits (OSB) are available only to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on Jan. 1 each year.

Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium and the OSB premium.

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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):** Lique 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。

(Farsi) فارسی

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wódahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

(Arabic) العربية

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك