DEN046

HumanaDental® Medicare Network[†]

Deductible	$0
Annual Maximum	$3,000
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%	0%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code per calendar year	100%	0%
Additional exams				
D0150	Comprehensive oral evaluation – new or established patient	One procedure code from this group every three calendar years	100%	0%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image		100%	0%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic radiographic image		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%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Fluoride				
D1206	Topical application of fluoride varnish	Two procedure codes from this group per calendar year	100%	0%
D1208	Topical application of fluoride – excluding varnish		100%	0%
Anesthesia				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	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%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	0%
D9910	Application of desensitizing medicament		100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	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%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
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%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7250	Removal of residual tooth roots (cutting procedure)		100%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	0%
D7280	Exposure of an unerupted tooth		100%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	0%
D7286	Incisional biopsy of oral tissue – soft		100%	0%
D7287	Exfoliative cytological sample collection		100%	0%
D7288	Brush biopsy – transepithelial sample collection		100%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	0%
D7410	Excision of benign lesion up to 1.25 cm		100%	0%
D7411	Excision of benign lesion greater than 1.25 cm		100%	0%
D7412	Excision of benign lesion, complicated		100%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	0%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Oral surgery (continued)				
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	100%	0%
D7509	Marsupialization of odontogenic cyst		100%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	0%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	0%
D7962	Lingual frenectomy (frenulectomy)		100%	0%
D7963	Frenuloplasty		100%	0%
D7970	Excision of hyperplastic tissue – per arch		100%	0%
D7971	Excision of pericoronal gingiva		100%	0%
D7972	Surgical reduction of fibrous tuberosity		100%	0%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	100%	0%
Crowns				
D2510	Inlay – metallic – one surface **(alternate benefit only)**	One per tooth per lifetime	100%	0%
D2520	Inlay – metallic – two surfaces **(alternate benefit only)**		100%	0%
D2530	Inlay – metallic – three or more surfaces **(alternate benefit only)**		100%	0%
D2542	Onlay – metallic – two surfaces		100%	0%
D2543	Onlay – metallic – three surfaces		100%	0%
D2544	Onlay – metallic – four or more surfaces		100%	0%
D2610	Inlay – porcelain/ceramic – one surface **(alternate benefit only)**		100%	0%
D2620	Inlay – porcelain/ceramic – two surfaces **(alternate benefit only)**		100%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces **(alternate benefit only)**		100%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	0%
D2650	Inlay – resin-based composite – one surface **(alternate benefit only)**		100%	0%
D2651	Inlay – resin-based composite – two surfaces **(alternate benefit only)**		100%	0%
D2652	Inlay – resin-based composite – three or more surfaces **(alternate benefit only)**		100%	0%
D2662	Onlay – resin-based composite – two surfaces		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Crowns (continued)				
D2663	Onlay – resin-based composite – three surfaces	One per tooth per lifetime	100%	0%
D2664	Onlay – resin-based composite – four or more surfaces		100%	0%
D2710	Crown – resin-based composite (indirect)		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%
Re-cement of crown				
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	One procedure code from this group every five calendar years	100%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%
D2920	Re-cement or re-bond crown		100%	0%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	0%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	0%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	0%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	0%
D3347	Retreatment of previous root canal therapy – premolar		100%	0%
D3348	Retreatment of previous root canal therapy – molar		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 every three calendar years	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%
Removable 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%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Removable partial dentures (including routine post-delivery care) (continued)				
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	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%
D5227	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)		100%	0%
D5228	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)		100%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	0%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		100%	0%
Other removable partial dentures (including routine post-delivery care)				
D5284	Removable unilateral partial denture – one piece flexible base (including retentive/clasping materials, rests and teeth) – per quadrant	One procedure code per quadrant from this group every five calendar years	100%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group per calendar year	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture – maxillary		100%	0%
D5422	Adjust partial denture – mandibular		100%	0%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Repairs to dentures (continued)				
D5611	Repair resin partial denture base, mandibular	One procedure code from this group per calendar year	100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace broken teeth – per tooth		100%	0%
D5650	Add tooth to existing partial denture		100%	0%
D5660	Add clasp to existing partial denture – per tooth		100%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5720	Rebase maxillary partial denture		100%	0%
D5721	Rebase mandibular partial denture		100%	0%
D5725	Rebase hybrid prosthesis		100%	0%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
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%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	0%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	0%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	100%	0%
D5851	Tissue conditioning, mandibular		100%	0%
Bridges – Pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	0%
D6211	Pontic – cast predominantly base metal		100%	0%
D6212	Pontic – cast noble metal		100%	0%

ADA Code	Description of Benefit	Frequency/Limitations	In Network*	Out of Network
Bridges – Pontic (continued)				
D6214	Pontic – titanium and titanium alloys	One procedure code from this group every five calendar years	100%	0%
D6240	Pontic – porcelain fused to high noble metal		100%	0%
D6241	Pontic – porcelain fused to predominantly base metal		100%	0%
D6242	Pontic – porcelain fused to noble metal		100%	0%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	0%
D6245	Pontic – porcelain/ceramic		100%	0%
Bridges – Crown				
D6740	Retainer crown – porcelain/ceramic	One procedure code from this group every five calendar years	100%	0%
D6750	Retainer crown – porcelain fused to high noble metal		100%	0%
D6751	Retainer crown – porcelain fused to predominantly metal base		100%	0%
D6752	Retainer crown – porcelain fused to noble metal		100%	0%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	0%
D6790	Retainer crown – full cast high noble metal		100%	0%
D6791	Retainer crown – full cast predominantly base metal		100%	0%
D6792	Retainer crown – full cast noble metal		100%	0%
D6794	Retainer crown – titanium and titanium alloys		100%	0%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	100%	0%
D9952	Occlusal adjustment – complete		100%	0%

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. For a copy of this document and other plan resources, please visit **Humana.com/sb**.

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

These benefits are offered annually. If they are changed or eliminated next year and have not been used, the member will no longer be eligible for them.

This is an all-inclusive list of covered services under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review. Any services received that are not listed will not be covered by the plan and will be the member's responsibility. The member is responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire.

*In-network dentists have agreed to provide services at contracted rates (per the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).

†Humana is a Medicare Advantage health maintenance organization (HMO) plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.

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Humana.

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, ethnicity, marital status, religion, or language. 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 **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, **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: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 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. 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 hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé̜ niká'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721