DEN360

HumanaDental® Medicare Network†

Deductible	$0
Annual Maximum	$1,500
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%
Emergency 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 calendar years	100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Intraoral X-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 and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic radiographic image		100%	100%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%
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%	100%

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%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Anesthesia				
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered codes	100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100% after $25 copay per tooth	100% after $25 copay per tooth
D2150	Amalgam – two surfaces, primary or permanent		100% after $25 copay per tooth	100% after $25 copay per tooth
D2160	Amalgam – three surfaces, primary or permanent		100% after $25 copay per tooth	100% after $25 copay per tooth
D2161	Amalgam – four or more surfaces, primary or permanent		100% after $25 copay per tooth	100% after $25 copay per tooth
D2330	Resin-based composite – one surface, anterior (front)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2331	Resin-based composite – two surfaces, anterior (front)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2332	Resin-based composite – three surfaces, anterior (front)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2391	Resin-based composite – one surface, posterior (back)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2392	Resin-based composite – two surfaces, posterior (back)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2393	Resin-based composite – three surfaces, posterior (back)		100% after $25 copay per tooth	100% after $25 copay per tooth
D2394	Resin-based composite – four or more surfaces, posterior (back)		100% after $25 copay per tooth	100% after $25 copay per tooth
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes per calendar year	100%	100%

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).

**Out-of-network dentists have not agreed to provide services at contracted fees. Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. Members may be billed by the out-of-network provider for any amount greater than the payment made by Humana to the provider.

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

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'dęę niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721