

The following provides an all-inclusive list of dental services covered under this plan. Limitations and exclusions may apply. Submitted claims are subject to a review process which may include a clinical review and dental history to approve coverage. 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. Benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Contact Information

Members: For information about your dental benefits, call Humana Dental Customer Service at **800-457-4708 (TTY: 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 at **800-833-2223**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Additional Plan Details

- In-network dental providers have agreed to provide covered services at contracted rates per the in-network fee schedules (INFS). If a member visits a participating network dental provider, the member cannot be billed for charges that exceed the negotiated fee schedule (but coinsurance payment still applies).
- Out-of-network dental providers 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. Network providers agree to bill us directly. If a provider who is not in our network is not willing to bill us directly, the member may have to pay upfront and submit a request for reimbursement. The coinsurance level will apply to the usual, customary and reasonable fees in the member's area.
- **When visiting an out-of-network dental provider there could be a difference between Humana's reimbursement and the dentist's charges. Members are responsible for this difference when visiting an out-of-network provider; this is known as balanced billing.**
- Humana is a Medicare Advantage preferred provider organization (PPO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a PPO dental network.

2024 DEN076

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	\$1,250
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Unlimited up to annual maximum	100%	100%
D0140	Limited oral evaluation – problem focused		100%	100%
D0150	Comprehensive oral evaluation – new or established patient		100%	100%
D0160	Detailed and extensive oral evaluation – problem focused, by report		100%	100%
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)		100%	100%
D0171	Re-evaluation – post-operative office visit		100%	100%
D0180	Comprehensive periodontal evaluation – new or established patient		100%	100%
Diagnostic imaging				
D0210	Intraoral – comprehensive series of radiographic images	Unlimited up to annual maximum	100%	100%
D0220	Intraoral – periapical first radiographic image		100%	100%
D0230	Intraoral – periapical each additional radiographic image		100%	100%
D0240	Intraoral – occlusal radiographic image		100%	100%
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector		100%	100%
D0251	Extra-oral posterior dental radiographic image		100%	100%
D0270	Bitewing – single radiographic image		100%	100%
D0272	Bitewings – two radiographic images		100%	100%
D0273	Bitewings – three radiographic images		100%	100%
D0274	Bitewings – four radiographic images		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Diagnostic imaging (continued)				
D0310	Sialography	Unlimited up to annual maximum	100%	100%
D0322	Tomographic survey		100%	100%
D0330	Panoramic radiographic image		100%	100%
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis		100%	100%
D0364	Cone beam CT capture and interpretation with limited field of view – less than one whole jaw		100%	100%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible		100%	100%
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium		100%	100%
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium		100%	100%
D0393	Virtual treatment simulation using 3D image volume or surface scan		100%	100%
D0394	Digital subtraction of two or more images or image volumes of the same modality		100%	100%
D0395	Fusion of two or more 3D image volumes of one or more modalities		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.)	Unlimited up to annual maximum	100%	100%
D1120	Prophylaxis – child		100%	100%
Fluoride				
D1206	Topical application of fluoride varnish	Unlimited up to annual maximum	100%	100%
D1208	Topical application of fluoride – excluding varnish		100%	100%
Other preventive services				
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	Unlimited up to annual maximum	100%	100%
D1353	Sealant repair – per tooth		100%	100%
D1354	Application of caries arresting medicament application – per tooth		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited up to annual maximum	100%	100%
D2150	Amalgam – two surfaces, primary or permanent		100%	100%
D2160	Amalgam – three surfaces, primary or permanent		100%	100%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	100%
D2330	Resin-based composite – one surface, anterior (front)		100%	100%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	100%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	100%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	100%
D2390	Resin-based composite crown, anterior		100%	100%
D2391	Resin-based composite – one surface, posterior (back)		100%	100%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	100%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	100%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	100%
Inlay/Onlay restorations				
D2410	Gold foil – one surface	Unlimited up to annual maximum	100%	100%
D2420	Gold foil – two surfaces		100%	100%
D2430	Gold foil – three surfaces		100%	100%
D2510	Inlay – metallic – one surface		100%	100%
D2520	Inlay – metallic – two surfaces		100%	100%
D2530	Inlay – metallic – three or more surfaces		100%	100%
D2542	Onlay – metallic – two surfaces		100%	100%
D2543	Onlay – metallic – three surfaces		100%	100%
D2544	Onlay – metallic – four or more surfaces		100%	100%
D2610	Inlay – porcelain/ceramic – one surface		100%	100%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	100%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	100%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	100%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Inlay/Onlay restorations (continued)				
D2644	Onlay – porcelain/ceramic – four or more surfaces	Unlimited up to annual maximum	100%	100%
D2650	Inlay – resin-based composite – one surface		100%	100%
D2651	Inlay – resin-based composite – two surfaces		100%	100%
D2652	Inlay – resin-based composite – three or more surfaces		100%	100%
D2662	Onlay – resin-based composite – two surfaces		100%	100%
D2663	Onlay – resin-based composite – three surfaces		100%	100%
D2664	Onlay – resin-based composite – four or more surfaces		100%	100%
Crowns				
D2710	Crown – resin-based composite (indirect)	Unlimited up to annual maximum	100%	100%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	100%
D2720	Crown – resin with high noble metal		100%	100%
D2721	Crown – resin with predominantly base metal		100%	100%
D2722	Crown – resin with noble metal		100%	100%
D2740	Crown – porcelain/ceramic		100%	100%
D2750	Crown – porcelain fused to high noble metal		100%	100%
D2751	Crown – porcelain fused to predominantly base metal		100%	100%
D2752	Crown – porcelain fused to noble metal		100%	100%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	100%
D2780	Crown – 3/4 cast high noble metal		100%	100%
D2781	Crown – 3/4 cast predominantly base metal		100%	100%
D2782	Crown – 3/4 cast noble metal		100%	100%
D2783	Crown – 3/4 porcelain/ceramic		100%	100%
D2790	Crown – full cast high noble metal		100%	100%
D2791	Crown – full cast predominantly base metal		100%	100%
D2792	Crown – full cast noble metal		100%	100%
D2794	Crown – titanium and titanium alloys		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Other restorative services				
D2990	Resin infiltration of incipient smooth surface lesions	Unlimited up to annual maximum	100%	100%
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		100%	100%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	100%
D2920	Re-cement or re-bond crown		100%	100%
D2921	Reattachment of tooth fragment, incisal edge or cusp		100%	100%
D2928	Prefabricated porcelain/ceramic crown – permanent tooth		100%	100%
D2931	Prefabricated stainless steel crown – permanent tooth		100%	100%
D2932	Prefabricated resin crown		100%	100%
D2933	Prefabricated stainless steel crown with resin window		100%	100%
D2940	Protective restoration		100%	100%
D2949	Restorative foundation for an indirect restoration		100%	100%
D2950	Core buildup, including any pins when required		100%	100%
D2951	Pin retention – per tooth, in addition to restoration		100%	100%
D2952	Post and core in addition to crown, indirectly fabricated		100%	100%
D2953	Each additional indirectly fabricated post – same tooth		100%	100%
D2954	Prefabricated post and core in addition to crown		100%	100%
D2955	Post removal		100%	100%
D2957	Each additional prefabricated post – same tooth		100%	100%
D2971	Additional procedures to construct new crown under existing partial denture framework		100%	100%
D2975	Coping		100%	100%
D2980	Crown repair necessitated by restorative material failure		100%	100%
D2981	Inlay repair necessitated by restorative material failure		100%	100%
D2982	Onlay repair necessitated by restorative material failure		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3110	Pulp cap – direct (excluding final restoration)	Unlimited up to annual maximum	100%	100%
D3120	Pulp cap – indirect (excluding final restoration)		100%	100%
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament		100%	100%
D3221	Pulpal debridement, primary and permanent teeth		100%	100%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development		100%	100%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
D3331	Treatment of root canal obstruction; non-surgical access		100%	100%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth		100%	100%
D3333	Internal root repair of perforation defects		100%	100%
D3346	Retreatment of previous root canal therapy – anterior		100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
D3351	Apexification/recalcification pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		100%	100%
D3352	Apexification/recalcification – interim medication replacement		100%	100%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)		100%	100%
D3355	Pulpal regeneration – initial visit		100%	100%
D3356	Pulpal regeneration – interim medication replacement		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services (continued)				
D3357	Pulpal regeneration – completion of treatment	Unlimited up to annual maximum	100%	100%
D3410	Apicoectomy – anterior		100%	100%
D3421	Apicoectomy – bicuspid (first root)		100%	100%
D3425	Apicoectomy – molar (first root)		100%	100%
D3426	Apicoectomy (each additional root)		100%	100%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site		100%	100%
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site		100%	100%
D3430	Retrograde filling – per root		100%	100%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		100%	100%
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery		100%	100%
D3450	Root amputation – per root		100%	100%
D3470	Intentional re-implantation (including necessary splinting)		100%	100%
D3471	Surgical repair of root resorption – anterior		100%	100%
D3472	Surgical repair of root resorption – premolar		100%	100%
D3473	Surgical repair of root resorption – molar		100%	100%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		100%	100%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar		100%	100%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	100%	100%	
D3920	Hemisection (including any root removal), not including root canal therapy	100%	100%	
Periodontics				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Unlimited up to annual maximum	100%	100%
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth		100%	100%
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4245	Apically positioned flap		100%	100%
D4249	Clinical crown lengthening – hard tissue		100%	100%
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		100%	100%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant		100%	100%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant		100%	100%
D4265	Biologic materials to aid in soft and osseous tissue regeneration		100%	100%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site		100%	100%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site		100%	100%
D4268	Surgical revision procedure, per tooth		100%	100%
D4270	Pedicle soft tissue graft procedure		100%	100%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		100%	100%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		100%	100%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics (continued)				
D4276	Combined connective tissue and pedicle graft, per tooth	Unlimited up to annual maximum	100%	100%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft		100%	100%
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site		100%	100%
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		100%	100%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		100%	100%
D4341	Periodontal scaling and root planing – four or more teeth per quadrant		100%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		100%	100%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit		100%	100%
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		100%	100%
D4910	Periodontal maintenance		100%	100%
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)		100%	100%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	Unlimited up to annual maximum	100%	100%
D5120	Complete denture – mandibular		100%	100%
D5130	Immediate denture – maxillary		100%	100%
D5140	Immediate denture – mandibular		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care)				
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	Unlimited up to annual maximum	100%	100%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		100%	100%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		100%	100%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		100%	100%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	Unlimited up to annual maximum	100%	100%
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	Unlimited up to annual maximum	100%	100%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		100%	100%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	Unlimited up to annual maximum	100%	100%
D5411	Adjust complete denture – mandibular		100%	100%
D5421	Adjust partial denture – maxillary		100%	100%
D5422	Adjust partial denture – mandibular		100%	100%
Repairs to dentures				
D5511	Repair broken complete denture base, mandibular	Unlimited up to annual maximum	100%	100%
D5512	Repair broken complete denture base, maxillary		100%	100%
D5520	Replace missing or broken teeth – complete denture (each tooth)		100%	100%
D5611	Repair resin partial denture base, mandibular		100%	100%
D5612	Repair resin partial denture base, maxillary		100%	100%
D5621	Repair cast partial framework, mandibular		100%	100%
D5622	Repair cast partial framework, maxillary		100%	100%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	100%
D5640	Replace broken teeth – per tooth		100%	100%
D5650	Add tooth to existing partial denture		100%	100%
D5660	Add clasp to existing partial denture – per tooth		100%	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	Unlimited up to annual maximum	100%	100%
D5711	Rebase complete mandibular denture		100%	100%
D5720	Rebase maxillary partial denture		100%	100%
D5721	Rebase mandibular partial denture		100%	100%
D5725	Rebase hybrid prosthesis		100%	100%
Denture reline (not allowed on spare dentures or if within six months of initial placement)				
D5730	Reline complete maxillary denture (direct)	Unlimited up to annual maximum	100%	100%
D5731	Reline complete mandibular denture (direct)		100%	100%
D5740	Reline maxillary partial denture (direct)		100%	100%
D5741	Reline mandibular partial denture (direct)		100%	100%
D5750	Reline complete maxillary denture (indirect)		100%	100%
D5751	Reline complete mandibular denture (indirect)		100%	100%
D5760	Reline maxillary partial denture (indirect)		100%	100%
D5761	Reline mandibular partial denture (indirect)		100%	100%
D5765	Soft liner for complete or partial removable denture (indirect)		100%	100%
Other removable prosthetic services				
D5850	Tissue conditioning, maxillary	Unlimited up to annual maximum	100%	100%
D5851	Tissue conditioning, mandibular		100%	100%
D5862	Precision attachment, by report		100%	100%
D5863	Overdenture – complete maxillary		100%	100%
D5864	Overdenture – partial maxillary		100%	100%
D5865	Overdenture – complete mandibular		100%	100%
D5866	Overdenture – partial mandibular		100%	100%
D5867	Replacement of replaceable part of semi-precision or precision attachment (male or female component)		100%	100%
D5875	Modification of removable prosthesis following implant surgery		100%	100%
D5876	Add metal substructure to acrylic full denture (per arch)		100%	100%
Bridges – pontic				
D6205	Pontic – indirect resin based composite	Unlimited up to annual maximum	100%	100%
D6210	Pontic – cast high noble metal		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – pontic (continued)				
D6211	Pontic – cast predominantly base metal	Unlimited up to annual maximum	100%	100%
D6212	Pontic – cast noble metal		100%	100%
D6214	Pontic – titanium and titanium alloys		100%	100%
D6240	Pontic – porcelain fused to high noble metal		100%	100%
D6241	Pontic – porcelain fused to predominantly base metal		100%	100%
D6242	Pontic – porcelain fused to noble metal		100%	100%
D6243	Pontic – porcelain fused to titanium and titanium alloys		100%	100%
D6245	Pontic – porcelain/ceramic		100%	100%
D6250	Pontic – resin with high noble metal		100%	100%
D6251	Pontic – resin with predominantly base metal		100%	100%
D6252	Pontic – resin with noble metal		100%	100%
D6253	Interim pontic – further treatment or completion of diagnosis necessary prior to final impression		100%	100%
Fixed partial denture retainers – inlays/onlays				
D6545	Retainer – cast metal for resin bonded fixed prosthesis	Unlimited up to annual maximum	100%	100%
D6548	Retainer – porcelain/ceramic for resin bonded fixed prosthesis		100%	100%
D6549	Resin retainer – for resin bonded fixed prosthesis		100%	100%
D6600	Retainer inlay – porcelain/ceramic, two surfaces		100%	100%
D6601	Retainer inlay – porcelain/ceramic, three or more surfaces		100%	100%
D6602	Retainer inlay – cast high noble metal, two surfaces		100%	100%
D6603	Retainer inlay – cast high noble metal, three or more surfaces		100%	100%
D6604	Retainer inlay – cast predominantly base metal, two surfaces		100%	100%
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces		100%	100%
D6606	Retainer inlay – cast noble metal, two surfaces		100%	100%
D6607	Retainer inlay – cast noble metal, three or more surfaces		100%	100%
D6608	Retainer onlay – porcelain/ceramic, two surfaces		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – inlays/onlays (continued)				
D6609	Retainer onlay – porcelain/ceramic, three or more surfaces	Unlimited up to annual maximum	100%	100%
D6610	Retainer onlay – cast high noble metal, two surfaces		100%	100%
D6611	Retainer onlay – cast high noble metal, three or more surfaces		100%	100%
D6612	Retainer onlay – cast predominantly base metal, two surfaces		100%	100%
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces		100%	100%
D6614	Retainer onlay – cast noble metal, two surfaces		100%	100%
D6615	Retainer onlay – cast noble metal, three or more surfaces		100%	100%
D6624	Retainer inlay – titanium		100%	100%
D6634	Retainer onlay – titanium		100%	100%
Fixed partial denture retainers – crowns				
D6710	Retainer crown – indirect resin based composite	Unlimited up to annual maximum	100%	100%
D6720	Retainer crown – resin with high noble metal		100%	100%
D6721	Retainer crown – resin with predominantly base metal		100%	100%
D6722	Retainer crown – resin with noble metal		100%	100%
D6740	Retainer crown – porcelain/ceramic		100%	100%
D6750	Retainer crown – porcelain fused to high noble metal		100%	100%
D6751	Retainer crown – porcelain fused to predominantly base metal		100%	100%
D6752	Retainer crown – porcelain fused to noble metal		100%	100%
D6753	Retainer crown – porcelain fused to titanium and titanium alloys		100%	100%
D6780	Retainer crown – 3/4 cast high noble metal		100%	100%
D6781	Retainer crown – 3/4 cast predominantly base metal		100%	100%
D6782	Retainer crown – 3/4 cast noble metal		100%	100%
D6783	Retainer crown – 3/4 porcelain/ceramic		100%	100%
D6784	Retainer crown – 3/4 titanium and titanium alloys		100%	100%
D6790	Retainer crown – full cast high noble metal		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Fixed partial denture retainers – crowns (continued)				
D6791	Retainer crown – full cast predominantly base metal	Unlimited up to annual maximum	100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Other fixed partial denture services				
D6920	Connector bar	Unlimited up to annual maximum	100%	100%
D6930	Re-cement or re-bond fixed partial denture		100%	100%
D6940	Stress breaker		100%	100%
D6950	Precision attachment		100%	100%
D6980	Fixed partial denture repair necessitated by restorative material failure		100%	100%
Oral surgery				
D7111	Extraction, coronal remnants – primary tooth	Unlimited up to annual maximum	100%	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		100%	100%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	100%
D7220	Removal of impacted tooth – soft tissue		100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only		100%	100%
D7260	Oroantral fistula closure		100%	100%
D7261	Primary closure of a sinus perforation		100%	100%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		100%	100%
D7280	Exposure of an unerupted tooth		100%	100%
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		100%	100%
D7283	Placement of device to facilitate eruption of impacted tooth		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7284	Excisional biopsy of minor salivary glands	Unlimited up to annual maximum	100%	100%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		100%	100%
D7286	Incisional biopsy of oral tissue – soft		100%	100%
D7287	Exfoliative cytological sample collection		100%	100%
D7288	Brush biopsy – transepithelial sample collection		100%	100%
D7290	Surgical repositioning of teeth		100%	100%
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report		100%	100%
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		100%	100%
D7293	Placement of temporary anchorage device requiring flap; includes device removal		100%	100%
D7294	Placement of temporary anchorage device without flap; includes device removal		100%	100%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		100%	100%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		100%	100%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		100%	100%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		100%	100%
D7465	Destruction of lesion(s) by physical or chemical method, by report		100%	100%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7509	Marsupialization of odontogenic cyst	Unlimited up to annual maximum	100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		100%	100%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		100%	100%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		100%	100%
D7921	Collection and application of autologous blood concentrate product		100%	100%
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach		100%	100%
D7952	Sinus augmentation via a vertical approach		100%	100%
D7953	Bone replacement graft for ridge preservation – per site		100%	100%
D7955	Repair of maxillofacial soft and/or hard tissue defect		100%	100%
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site		100%	100%
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%
Adjunctive general services				
D9110	Palliative treatment of dental pain – per visit	Unlimited up to annual maximum	100%	100%
D9120	Fixed partial denture sectioning		100%	100%
Anesthesia				
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Unlimited up to annual maximum	100%	100%
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		100%	100%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (continued)				
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	Unlimited up to annual maximum	100%	100%
D9248	Non-intravenous conscious sedation		100%	100%
Miscellaneous services				
D9944	Occlusal guard – hard appliance, full arch	Unlimited up to annual maximum	100%	100%
D9945	Occlusal guard – soft appliance, full arch		100%	100%
D9946	Occlusal guard – hard appliance, partial arch		100%	100%
D9951	Occlusal adjustment – limited		100%	100%
D9952	Occlusal adjustment – complete		100%	100%

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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, 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): Wóda'í béesh 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 0721

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك