

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. to 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. to 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 any applicable 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 average negotiated in-network fee schedule (INFS) 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.

2025 DEN002

HumanaDental® Medicare Network

Deductible	\$0
Annual maximum	None
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exams				
D0120	Periodic oral evaluation – established patient	Two procedure codes from this group per calendar year	80%	80%
D0140	Limited oral evaluation – problem focused		80%	80%
D0150	Comprehensive oral evaluation – new or established patient		80%	80%
Additional exam				
D0180	Comprehensive periodontal evaluation – new or established patient	One procedure code every three calendar years	80%	80%
Full mouth and panoramic X-rays				
D0210	Intraoral – comprehensive series of radiographic images	One procedure code from this group every five calendar years	80%	80%
D0330	Panoramic radiographic image		80%	80%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group per calendar year	80%	80%
D0230	Intraoral – periapical each additional radiographic image		80%	80%
D0240	Intraoral – occlusal radiographic image		80%	80%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group per calendar year	80%	80%
D0272	Bitewings – two radiographic images		80%	80%
D0273	Bitewings – three radiographic images		80%	80%
D0274	Bitewings – four radiographic images		80%	80%
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	80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia				
D9212	Trigeminal division block anesthesia	As needed with covered codes	80%	80%
D9222	Deep sedation/general anesthesia – first 15 minutes		80%	80%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		80%	80%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		80%	80%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		80%	80%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		80%	80%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	80%	80%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		80%	80%
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One procedure code from this group per calendar year	80%	80%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		80%	80%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		80%	80%
D3346	Retreatment of previous root canal therapy – anterior		80%	80%
D3347	Retreatment of previous root canal therapy – premolar		80%	80%
D3348	Retreatment of previous root canal therapy – molar		80%	80%
Endodontic services				
D3110	Pulp cap – direct (excluding final restoration)	One per calendar year	80%	80%
D3120	Pulp cap – indirect (excluding final restoration)	One per calendar year	80%	80%
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	One per calendar year	80%	80%
D3221	Pulpal debridement, primary and permanent teeth	One per calendar year	80%	80%
D3222	Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development	One per calendar year	80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	One per calendar year	80%	80%
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	One per calendar year	80%	80%
D3331	Treatment of root canal obstruction; non-surgical access	One per calendar year	80%	80%
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	One per calendar year	80%	80%
D3333	Internal root repair of perforation defects	One per calendar year	80%	80%
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	One per calendar year	80%	80%
D3352	Apexification/recalcification – interim medication replacement	One per calendar year	80%	80%
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	One per calendar year	80%	80%
D3357	Pulpal regeneration – completion of treatment	One per calendar year	80%	80%
D3410	Apicoectomy – anterior	One per calendar year	80%	80%
D3421	Apicoectomy – premolar (first root)	One per calendar year	80%	80%
D3425	Apicoectomy – molar (first root)	One per calendar year	80%	80%
D3426	Apicoectomy (each additional root)	One per calendar year	80%	80%
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	One per calendar year	80%	80%
D3430	Retrograde filling – per root	One per calendar year	80%	80%
Periodontics				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	80%	80%
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		80%	80%
Periodontics				
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	80%	80%
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics				
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	One per quadrant every three calendar years	80%	80%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		80%	80%
Periodontics				
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	One per calendar year	80%	80%
D4245	Apically positioned flap	One per calendar year	80%	80%
D4249	Clinical crown lengthening – hard tissue	One per calendar year	80%	80%
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	One per calendar year	80%	80%
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	One per calendar year	80%	80%
D4266	Guided tissue regeneration, natural teeth – resorbable barrier, per site	One per calendar year	80%	80%
D4267	Guided tissue regeneration, natural teeth – nonresorbable barrier, per site	One per calendar year	80%	80%
D4270	Pedicle soft tissue graft procedure	One per calendar year	80%	80%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	One per calendar year	80%	80%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	One per calendar year	80%	80%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	One per calendar year	80%	80%
D4276	Combined connective tissue and pedicle graft, per tooth	One per calendar year	80%	80%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	One per calendar year	80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontics				
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	One per calendar year	80%	80%
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	One per calendar year	80%	80%
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	One per calendar year	80%	80%
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	One per calendar year	80%	80%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One per quadrant every three calendar years	80%	80%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		80%	80%
Scaling – moderate gingival inflammation				
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One per calendar year	80%	80%
Periodontal maintenance				
D4910	Periodontal maintenance	Two procedure codes per calendar year	80%	80%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	80%	80%
D7230	Removal of impacted tooth – partially bony		80%	80%
D7240	Removal of impacted tooth – completely bony		80%	80%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		80%	80%
D7250	Removal of residual tooth roots (cutting procedure)		80%	80%
D7260	Oroantral fistula closure		80%	80%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7280	Exposure of an unerupted tooth	Two procedure codes from this group per calendar year	80%	80%
D7284	Excisional biopsy of minor salivary glands		80%	80%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		80%	80%
D7286	Incisional biopsy of oral tissue – soft		80%	80%
D7287	Exfoliative cytological sample collection		80%	80%
D7288	Brush biopsy – transepithelial sample collection		80%	80%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		80%	80%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		80%	80%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		80%	80%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		80%	80%
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)		80%	80%
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		80%	80%
D7410	Excision of benign lesion up to 1.25 cm		80%	80%
D7411	Excision of benign lesion greater than 1.25 cm		80%	80%
D7412	Excision of benign lesion, complicated		80%	80%
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm		80%	80%
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm		80%	80%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		80%	80%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		80%	80%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
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	80%	80%
D7471	Removal of lateral exostosis (maxilla or mandible)		80%	80%
D7473	Removal of torus mandibularis		80%	80%
D7509	Marsupialization of odontogenic cyst		80%	80%
D7510	Incision and drainage of abscess – intraoral soft tissue		80%	80%
D7511	Incision and drainage of abscess – intraoral soft tissue – complicated (includes drainage of multiple fascial spaces)		80%	80%
D7520	Incision and drainage of abscess – extraoral soft tissue		80%	80%
D7540	Removal of reaction producing foreign bodies, musculoskeletal system		80%	80%
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone		80%	80%
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body		80%	80%
D7610	Maxilla – open reduction (teeth immobilized, if present)		80%	80%
D7620	Maxilla – closed reduction (teeth immobilized, if present)		80%	80%
D7630	Mandible – open reduction (teeth immobilized, if present)		80%	80%
D7640	Mandible – closed reduction (teeth immobilized, if present)		80%	80%
D7650	Malar and/or zygomatic arch – open reduction		80%	80%
D7660	Malar and/or zygomatic arch – closed reduction		80%	80%
D7710	Maxilla – open reduction		80%	80%
D7820	Closed reduction of dislocation		80%	80%
D7830	Manipulation under anesthesia		80%	80%
D7870	Arthrocentesis		80%	80%
D7910	Suture of recent small wounds up to 5 cm		80%	80%
D7911	Complicated suture – up to 5 cm		80%	80%
D7912	Complicated suture – greater than 5 cm		80%	80%
D7961	Buccal/labial frenectomy (frenulectomy)		80%	80%
D7962	Lingual frenectomy (frenulectomy)		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7963	Frenuloplasty	Two procedure codes from this group per calendar year	80%	80%
D7970	Excision of hyperplastic tissue – per arch		80%	80%
D7971	Excision of pericoronal gingiva		80%	80%
D7972	Surgical reduction of fibrous tuberosity		80%	80%
D7980	Surgical sialolithotomy		80%	80%
D7981	Excision of salivary gland, by report		80%	80%
Pain management				
D9110	Palliative treatment of dental pain – per visit	One per calendar year	80%	80%
Pain management				
D9120	Fixed partial denture sectioning	One per calendar year	80%	80%

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