2026 DEN221

HumanaDental® Medicare Network

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 annual maximum benefit coverage amount. 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). The provider locator for our nationwide network can be found at **Humana.com/FindCare**.
- No out-of-network coverage on this plan.
- Humana is a Medicare Advantage health maintenance organization (HMO) with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. Dental benefits on this plan use a preferred provider organization (PPO) dental network.

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Deductible	$0
Annual maximum	$2,000
Waiting periods	None

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Exam				
D0120	Periodic oral evaluation – established patient	Two procedure codes 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%
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%
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%
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%
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	As needed with covered codes	100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based composite – one surface, anterior (front)		50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		50%	0%
D2391	Resin-based composite – one surface, posterior (back)		50%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		50%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		50%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	50%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	0%
Crowns				
D2710	Crown – resin-based composite (indirect)	One procedure code from this group per calendar year	30%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		30%	0%
D2720	Crown – resin with high noble metal		30%	0%
D2721	Crown – resin with predominantly base metal		30%	0%
D2722	Crown – resin with noble metal		30%	0%
D2740	Crown – porcelain/ceramic		30%	0%
D2750	Crown – porcelain fused to high noble metal		30%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2751	Crown – porcelain fused to predominantly base metal	One procedure code from this group per calendar year	30%	0%
D2752	Crown – porcelain fused to noble metal		30%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		30%	0%
D2780	Crown – 3/4 cast high noble metal		30%	0%
D2781	Crown – 3/4 cast predominantly base metal		30%	0%
D2782	Crown – 3/4 cast noble metal		30%	0%
D2783	Crown – 3/4 porcelain/ceramic		30%	0%
D2790	Crown – full cast high noble metal		30%	0%
D2791	Crown – full cast predominantly base metal		30%	0%
D2792	Crown – full cast noble metal		30%	0%
D2794	Crown – titanium and titanium alloys		30%	0%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	30%	0%
D2952	Post and core in addition to crown, indirectly fabricated		30%	0%
D2953	Each additional indirectly fabricated post – same tooth		30%	0%
D2954	Prefabricated post and core in addition to crown		30%	0%
D2957	Each additional prefabricated post – same tooth		30%	0%
Complete dentures (including routine post-delivery care)				
D5110	Complete denture – maxillary	One upper and lower complete or one upper and lower immediate denture every five calendar years	30%	0%
D5120	Complete denture – mandibular		30%	0%
D5130	Immediate denture – maxillary		30%	0%
D5140	Immediate denture – mandibular		30%	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	30%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		30%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5214	Mandibular 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	30%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		30%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		30%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		30%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		30%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		30%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		30%	0%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		30%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		30%	0%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		30%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
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	30%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		30%	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	30%	0%
D5411	Adjust complete denture – mandibular		30%	0%
D5421	Adjust partial denture – maxillary		30%	0%
D5422	Adjust partial denture – mandibular		30%	0%
Repairs to dentures (not covered if within six months of initial placement)				
D5511	Repair broken complete denture base, mandibular	One procedure code from this group per calendar year	30%	0%
D5512	Repair broken complete denture base, maxillary		30%	0%
D5520	Replace missing or broken teeth – complete denture – per tooth		30%	0%
D5611	Repair resin partial denture base, mandibular		30%	0%
D5612	Repair resin partial denture base, maxillary		30%	0%
D5621	Repair cast partial framework, mandibular		30%	0%
D5622	Repair cast partial framework, maxillary		30%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		30%	0%
D5640	Replace missing or broken teeth – partial denture – per tooth		30%	0%
D5650	Add tooth to existing partial denture – per tooth		30%	0%
D5660	Add clasp to existing partial denture – per tooth		30%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		30%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		30%	0%

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	One procedure code from this group per calendar year	30%	0%
D5711	Rebase complete mandibular denture		30%	0%
D5720	Rebase maxillary partial denture		30%	0%
D5721	Rebase mandibular partial denture		30%	0%
D5725	Rebase hybrid prosthesis		30%	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	30%	0%
D5731	Reline complete mandibular denture (direct)		30%	0%
D5740	Reline maxillary partial denture (direct)		30%	0%
D5741	Reline mandibular partial denture (direct)		30%	0%
D5750	Reline complete maxillary denture (indirect)		30%	0%
D5751	Reline complete mandibular denture (indirect)		30%	0%
D5760	Reline maxillary partial denture (indirect)		30%	0%
D5761	Reline mandibular partial denture (indirect)		30%	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	30%	0%
D5851	Tissue conditioning, mandibular		30%	0%

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