

2025 DEN245

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 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.



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Deductible	\$0
Annual maximum	\$1,500
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 every calendar year	100%	100%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code every 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 every 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 every 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 every calendar year	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Anesthesia (subject to plan limitations and exclusions)				
D9222	Deep sedation/general anesthesia – first 15 minutes	As needed with covered codes	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%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	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%
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%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	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%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes every calendar year	100%	100%
D7230	Removal of impacted tooth – partially bony		100%	100%
D7240	Removal of impacted tooth – completely bony		100%	100%
D7250	Removal of residual tooth roots (cutting procedure)		100%	100%
D7284	Excisional biopsy of minor salivary glands		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%
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%
D7412	Excision of benign lesion, complicated		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%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		100%	100%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		100%	100%
D7509	Marsupialization of odontogenic cyst		100%	100%
D7510	Incision and drainage of abscess – intraoral soft tissue		100%	100%
D7961	Buccal/labial frenectomy (frenulectomy)		100%	100%
D7962	Lingual frenectomy (frenulectomy)		100%	100%
D7963	Frenuloplasty		100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Oral surgery (continued)				
D7970	Excision of hyperplastic tissue – per arch	Two procedure codes every calendar year	100%	100%
D7971	Excision of pericoronal gingiva		100%	100%
D7972	Surgical reduction of fibrous tuberosity		100%	100%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes every calendar year	100%	100%
Crowns				
D2510	Inlay – metallic – one surface	One per tooth per lifetime	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%
D2644	Onlay – porcelain/ceramic – four or more surfaces		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%
D2710	Crown – resin-based composite (indirect)		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%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2722	Crown – resin with noble metal	One per tooth per lifetime	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%
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%	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%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	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%
D2957	Each additional prefabricated post – same tooth		100%	100%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	100%	100%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Endodontic services				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	One per tooth per lifetime	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		100%	100%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		100%	100%
Endodontic retreatment				
D3346	Retreatment of previous root canal therapy – anterior	One per tooth per lifetime	100%	100%
D3347	Retreatment of previous root canal therapy – premolar		100%	100%
D3348	Retreatment of previous root canal therapy – molar		100%	100%
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%	100%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	100%
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%	100%
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes every calendar year	100%	100%
Bridges – pontic				
D6210	Pontic – cast high noble metal	One procedure code from this group every five calendar years	100%	100%
D6211	Pontic – cast predominantly base metal		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%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Bridges – crown				
D6740	Retainer crown – porcelain/ceramic	Two procedure codes from this group every five calendar years	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%
D6790	Retainer crown – full cast high noble metal		100%	100%
D6791	Retainer crown – full cast predominantly base metal		100%	100%
D6792	Retainer crown – full cast noble metal		100%	100%
D6794	Retainer crown – titanium and titanium alloys		100%	100%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code every three calendar years	100%	100%

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