2025 DEN370

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	$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 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 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 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)				
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 (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 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% after $25 copay	100% after $25 copay
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100% after $25 copay	100% after $25 copay
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% after $25 copay	100% after $25 copay
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes every calendar year	100%	100%

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