

2025 DEN416

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 | \$1,000 |
| 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% | 100% |
| Emergency diagnostic exam | | | | |
| D0140 | Limited oral evaluation – problem focused | One procedure code per 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% |
| 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% |
| 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% |
| Bitewing X-rays | | | | |
| D0270 | Bitewing – single radiographic image | One procedure code from this group per 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 per calendar year | 100% | 100% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--------------------------------|---|---|---------------------|-------------------------|
| Fluoride | | | | |
| D1206 | Topical application of fluoride varnish | Two procedure codes from this group per calendar year | 100% | 100% |
| D1208 | Topical application of fluoride – excluding varnish | | 100% | 100% |
| Anesthesia | | | | |
| 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% |
| D9910 | Application of desensitizing medicament | | 100% | 100% |
| Restorations (fillings) | | | | |
| D2140 | Amalgam – one surface, primary or permanent | Two procedure codes from this group per calendar year | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|----------------------------|---|--|---------------------|-------------------------|
| 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% |
| Re-cement of bridge | | | | |
| D6930 | Re-cement or re-bond fixed partial denture | One procedure code every five calendar years | 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% |
| Pain management | | | | |
| D9110 | Palliative treatment of dental pain – per visit | Two procedure codes per calendar year | 100% | 100% |
| Crowns | | | | |
| D2510 | Inlay – metallic – one surface | Two procedure codes from this group per calendar year | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage | |
|---|---|---|----------------------------|-------------------------|------|
| Crowns (continued) | | | | | |
| D2651 | Inlay – resin-based composite – two surfaces | Two procedure codes from this group per calendar year | 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% | |
| 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% | |
| 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% | |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|---|---|---|---------------------|-------------------------|
| Restorative (other services) core buildup or prefabricated post and core (continued) | | | | |
| D2954 | Prefabricated post and core in addition to crown | One per tooth per lifetime | 100% | 100% |
| D2957 | Each additional prefabricated post – same tooth | | 100% | 100% |
| Endodontic services | | | | |
| D3310 | Endodontic therapy, anterior tooth (excluding final restoration) | One procedure code from this group per calendar year | 100% | 100% |
| D3320 | Endodontic therapy, premolar tooth (excluding final restoration) | | 100% | 100% |
| D3330 | Endodontic therapy, molar tooth (excluding final restoration) | | 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% |
| 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 per calendar year | 100% | 100% |
| 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 | 100% | 100% |
| D5120 | Complete denture – mandibular | | 100% | 100% |
| D5130 | Immediate denture – maxillary | | 100% | 100% |
| D5140 | Immediate denture – mandibular | | 100% | 100% |
| 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 | 100% | 100% |
| D5212 | Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth) | | 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) | | | | |
| D5213 | Maxillary 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 | 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% |
| D5283 | Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular | | 100% | 100% |

| 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 | 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 | One procedure code from this group per calendar year | 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 (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 | 100% | 100% |
| D5512 | Repair broken complete denture base, maxillary | | 100% | 100% |
| D5520 | Replace missing or broken teeth – complete denture – per 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 missing or broken teeth – partial denture – per tooth | | 100% | 100% |
| D5650 | Add tooth to existing partial denture – per tooth | | 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% |
| 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 | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage |
|--|--|---|---------------------|-------------------------|
| 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 | 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% |
| Tissue conditioning (not covered if within six months of initial placement) | | | | |
| D5850 | Tissue conditioning, maxillary | One procedure code from this group per calendar year | 100% | 100% |
| D5851 | Tissue conditioning, mandibular | | 100% | 100% |
| Oral surgery | | | | |
| D7220 | Removal of impacted tooth – soft tissue | Two procedure codes from this group per 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% |
| D7270 | Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth | | 100% | 100% |
| D7280 | Exposure of an unerupted tooth | | 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% |

| ADA code | Description of benefits | Frequency/limitations | In-network coverage | Out-of-network coverage | |
|---|--|---|---|-------------------------|------|
| Oral surgery (continued) | | | | | |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | Two procedure codes from this group per calendar year | 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% | |
| D7410 | Excision of benign lesion up to 1.25 cm | | 100% | 100% | |
| D7411 | Excision of benign lesion greater than 1.25 cm | | 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% | |
| D7970 | Excision of hyperplastic tissue – per arch | | 100% | 100% | |
| D7971 | Excision of pericoronal gingiva | | 100% | 100% | |
| D7972 | Surgical reduction of fibrous tuberosity | | 100% | 100% | |
| Occlusal adjustments (not covered if within six months of initial placement) | | | | | |
| D9951 | Occlusal adjustment – limited | | One procedure code from this group every three calendar years | 100% | 100% |
| D9952 | Occlusal adjustment – complete | 100% | | 100% | |

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