2025 DEN760

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 **855-267-1935 (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	One 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%
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.)	One per calendar year	100%	100%
Anesthesia				
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	As needed with covered codes	100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	50%	50%
D2150	Amalgam – two surfaces, primary or permanent		50%	50%
D2160	Amalgam – three surfaces, primary or permanent		50%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	50%
D2330	Resin-based composite – one surface, anterior (front)		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings) (continued)				
D2331	Resin-based composite – two surfaces, anterior (front)	One procedure code from this group per calendar year	50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces (anterior)		50%	50%
D2391	Resin-based composite – one surface, posterior (back)		50%	50%
D2392	Resin-based composite – two surfaces, posterior (back)		50%	50%
D2393	Resin-based composite – three surfaces, posterior (back)		50%	50%
D2394	Resin-based composite – four or more surfaces, posterior (back)		50%	50%