2025 DENA50

Florida GoldPlus Dental 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).
- 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.

Humana.

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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%	0%
Emergency diagnostic exam				
D0140	Limited oral evaluation – problem focused	One procedure code every 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%
Intraoral X-rays (inside the mouth)				
D0220	Intraoral – periapical first radiographic image	One procedure code from this group every calendar year	100%	0%
D0230	Intraoral – periapical each additional radiographic image		100%	0%
D0240	Intraoral – occlusal radiographic image		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%
Bitewing X-rays				
D0270	Bitewing – single radiographic image	One procedure code from this group every 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 every calendar year	100%	0%

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%	0%
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		100%	0%
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		100%	0%
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment		100%	0%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Unlimited	100%	0%
D2150	Amalgam – two surfaces, primary or permanent		100%	0%
D2160	Amalgam – three surfaces, primary or permanent		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces (anterior)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	100%	0%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes every calendar year	100%	0%
Crowns				
D2510	Inlay – metallic – one surface		100%	0%
D2520	Inlay – metallic – two surfaces		100%	0%
D2530	Inlay – metallic – three or more surfaces		100%	0%
D2542	Onlay – metallic – two surfaces		100%	0%
D2543	Onlay – metallic – three surfaces		100%	0%
D2544	Onlay – metallic – four or more surfaces		100%	0%
D2610	Inlay – porcelain/ceramic – one surface		100%	0%
D2620	Inlay – porcelain/ceramic – two surfaces		100%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces		100%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		100%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		100%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		100%	0%
D2650	Inlay – resin-based composite – one surface		100%	0%
D2651	Inlay – resin-based composite – two surfaces	One per tooth per lifetime	100%	0%
D2652	Inlay – resin-based composite – three or more surfaces		100%	0%
D2662	Onlay – resin-based composite – two surfaces		100%	0%
D2663	Onlay – resin-based composite – three surfaces		100%	0%
D2664	Onlay – resin-based composite – four or more surfaces		100%	0%
D2710	Crown – resin-based composite (indirect)		100%	0%
D2712	Crown – 3/4 resin-based composite (indirect)		100%	0%
D2720	Crown – resin with high noble metal		100%	0%
D2721	Crown – resin with predominantly base metal		100%	0%
D2722	Crown – resin with noble metal		100%	0%
D2740	Crown – porcelain/ceramic		100%	0%
D2750	Crown – porcelain fused to high noble metal		100%	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 per tooth per lifetime	100%	0%
D2752	Crown – porcelain fused to noble metal		100%	0%
D2753	Crown – porcelain fused to titanium and titanium alloys		100%	0%
D2780	Crown – 3/4 cast high noble metal		100%	0%
D2781	Crown – 3/4 cast predominantly base metal		100%	0%
D2782	Crown – 3/4 cast noble metal		100%	0%
D2783	Crown – 3/4 porcelain/ceramic		100%	0%
D2790	Crown – full cast high noble metal		100%	0%
D2791	Crown – full cast predominantly base metal		100%	0%
D2792	Crown – full cast noble metal		100%	0%
D2794	Crown – titanium and titanium alloys		100%	0%
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%	0%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		100%	0%
D2920	Re-cement or re-bond crown		100%	0%
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	100%	0%
D2952	Post and core in addition to crown, indirectly fabricated		100%	0%
D2953	Each additional indirectly fabricated post – same tooth		100%	0%
D2954	Prefabricated post and core in addition to crown		100%	0%
D2957	Each additional prefabricated post – same tooth		100%	0%
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%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
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%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Periodontal maintenance				
D4910	Periodontal maintenance	Four procedure codes every calendar year	100%	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	70%	0%
D5120	Complete denture – mandibular		70%	0%
D5130	Immediate denture – maxillary		70%	0%
D5140	Immediate denture – mandibular		70%	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	70%	0%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	0%
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	0%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		70%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		70%	0%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	0%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	0%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		70%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	70%	0%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		70%	0%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		70%	0%
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	70%	0%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		70%	0%
Denture adjustments (not covered if within six months of initial placement)				
D5410	Adjust complete denture – maxillary	One procedure code from this group every calendar year	100%	0%
D5411	Adjust complete denture – mandibular		100%	0%
D5421	Adjust partial denture – maxillary		100%	0%
D5422	Adjust partial denture – mandibular		100%	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 every calendar year	100%	0%
D5512	Repair broken complete denture base, maxillary		100%	0%
D5520	Replace missing or broken teeth – complete denture – per tooth		100%	0%
D5611	Repair resin partial denture base, mandibular		100%	0%
D5612	Repair resin partial denture base, maxillary		100%	0%
D5621	Repair cast partial framework, mandibular		100%	0%
D5622	Repair cast partial framework, maxillary		100%	0%
D5630	Repair or replace broken retentive/clasping materials – per tooth		100%	0%
D5640	Replace missing or broken teeth – partial denture – per tooth		100%	0%
D5650	Add tooth to existing partial denture – per tooth		100%	0%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Repairs to dentures (not covered if within six months of initial placement) (continued)				
D5660	Add clasp to existing partial denture – per tooth	One procedure code from this group every calendar year	100%	0%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		100%	0%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		100%	0%
Dentures rebase (not covered if within six months of initial placement)				
D5710	Rebase complete maxillary denture	One procedure code from this group every calendar year	100%	0%
D5711	Rebase complete mandibular denture		100%	0%
D5720	Rebase maxillary partial denture		100%	0%
D5721	Rebase mandibular partial denture		100%	0%
D5725	Rebase hybrid prosthesis		100%	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 every calendar year	100%	0%
D5731	Reline complete mandibular denture (direct)		100%	0%
D5740	Reline maxillary partial denture (direct)		100%	0%
D5741	Reline mandibular partial denture (direct)		100%	0%
D5750	Reline complete maxillary denture (indirect)		100%	0%
D5751	Reline complete mandibular denture (indirect)		100%	0%
D5760	Reline maxillary partial denture (indirect)		100%	0%
D5761	Reline mandibular partial denture (indirect)		100%	0%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group every calendar year	100%	0%
D5851	Tissue conditioning, mandibular		100%	0%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code every three calendar years	100%	0%