

2026 DEN414

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 annual maximum benefit coverage amount. 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). Visiting an in-network provider may result in significant savings. The provider locator for our nationwide network can be found at **Humana.com/FindCare**.
- Out-of-network dental providers have not agreed to provide services at contracted fees. **The out-of-network provider may bill the member for more than what the plan pays, even for services listed with no member cost share. Members are responsible for this difference between Humana's reimbursement and the out-of-network provider's charges. This is known as balance billing.** Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions. 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.
- 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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HumanaDental® Medicare Network

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%
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 – general (in conjunction with extensive and/or complex procedures, subject to plan limitations and exclusions, subject to clinical review)				
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	As needed with covered codes	100%	100%
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof		100%	100%
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof		100%	100%
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof		100%	100%
D9246	Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof		100%	100%
D9247	Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof		100%	100%
Anesthesia – nitrous oxide/analgesia (in conjunction with covered services, subject to plan limitations and exclusions, subject to clinical review)				
D9230	Administration of nitrous oxide	As needed with covered codes	100%	100%
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	80%	80%
D2150	Amalgam – two surfaces, primary or permanent		80%	80%
D2160	Amalgam – three surfaces, primary or permanent		80%	80%
D2161	Amalgam – four or more surfaces, primary or permanent		80%	80%
D2330	Resin-based composite – one surface, anterior (front)		80%	80%
D2331	Resin-based composite – two surfaces, anterior (front)		80%	80%
D2332	Resin-based composite – three surfaces, anterior (front)		80%	80%
D2335	Resin-based composite – four or more surfaces (anterior)		80%	80%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Restorations (fillings) (continued)				
D2391	Resin-based composite – one surface, posterior (back)	Two procedure codes from this group per calendar year	80%	80%
D2392	Resin-based composite – two surfaces, posterior (back)		80%	80%
D2393	Resin-based composite – three surfaces, posterior (back)		80%	80%
D2394	Resin-based composite – four or more surfaces, posterior (back)		80%	80%
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	80%	80%
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core		80%	80%
D2920	Re-cement or re-bond crown		80%	80%
Re-cement of bridge				
D6930	Re-cement or re-bond fixed partial denture	One procedure code every five calendar years	80%	80%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Unlimited	80%	80%
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		80%	80%
Pain management				
D9110	Palliative treatment of dental pain – per visit	Two procedure codes per calendar year	80%	80%
Crowns				
D2542	Onlay – metallic – two surfaces	Two procedure codes from this group per calendar year	50%	50%
D2543	Onlay – metallic – three surfaces		50%	50%
D2544	Onlay – metallic – four or more surfaces		50%	50%
D2642	Onlay – porcelain/ceramic – two surfaces		50%	50%
D2643	Onlay – porcelain/ceramic – three surfaces		50%	50%
D2644	Onlay – porcelain/ceramic – four or more surfaces		50%	50%
D2662	Onlay – resin-based composite – two surfaces		50%	50%
D2663	Onlay – resin-based composite – three surfaces		50%	50%
D2664	Onlay – resin-based composite – four or more surfaces		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Crowns (continued)				
D2710	Crown – resin-based composite (indirect)	Two procedure codes from this group per calendar year	50%	50%
D2712	Crown – 3/4 resin-based composite (indirect)		50%	50%
D2720	Crown – resin with high noble metal		50%	50%
D2721	Crown – resin with predominantly base metal		50%	50%
D2722	Crown – resin with noble metal		50%	50%
D2740	Crown – porcelain/ceramic		50%	50%
D2750	Crown – porcelain fused to high noble metal		50%	50%
D2751	Crown – porcelain fused to predominantly base metal		50%	50%
D2752	Crown – porcelain fused to noble metal		50%	50%
D2753	Crown – porcelain fused to titanium and titanium alloys		50%	50%
D2780	Crown – 3/4 cast high noble metal		50%	50%
D2781	Crown – 3/4 cast predominantly base metal		50%	50%
D2782	Crown – 3/4 cast noble metal		50%	50%
D2783	Crown – 3/4 porcelain/ceramic		50%	50%
D2790	Crown – full cast high noble metal		50%	50%
D2791	Crown – full cast predominantly base metal		50%	50%
D2792	Crown – full cast noble metal		50%	50%
D2794	Crown – titanium and titanium alloys	50%	50%	
Restorative (other services) core buildup or prefabricated post and core				
D2950	Core buildup, including any pins when required	One per tooth per lifetime	50%	50%
D2952	Post and core in addition to crown, indirectly fabricated		50%	50%
D2953	Each additional indirectly fabricated post – same tooth		50%	50%
D2954	Prefabricated post and core in addition to crown		50%	50%
D2957	Each additional prefabricated post – same tooth		50%	50%

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 procedure code from this group per calendar year	50%	50%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		50%	50%
D3330	Endodontic therapy, molar tooth (excluding final restoration)		50%	50%
D3346	Retreatment of previous root canal therapy – anterior		50%	50%
D3347	Retreatment of previous root canal therapy – premolar		50%	50%
D3348	Retreatment of previous root canal therapy – molar		50%	50%
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	50%	50%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		50%	50%
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	50%	50%
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	50%	50%
D5120	Complete denture – mandibular		50%	50%
D5130	Immediate denture – maxillary		50%	50%
D5140	Immediate denture – mandibular		50%	50%
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	50%	50%
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
Removable partial dentures (including routine post-delivery care) (continued)				
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	One upper and lower partial denture every five calendar years	50%	50%
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		50%	50%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		50%	50%
D5225	Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5226	Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5227	Immediate Maxillary partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5228	Immediate Mandibular partial denture – flexible base (including retentive/clasping materials, rests and teeth)		50%	50%
D5282	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		50%	50%
D5283	Removable unilateral partial denture – one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		50%	50%
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	50%	50%
D5286	Removable unilateral partial denture – one piece resin (including retentive/clasping materials, rests and teeth) – per quadrant		50%	50%

ADA code	Description of benefits	Frequency/limitations	In-network coverage	Out-of-network coverage
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	50%	50%
D5411	Adjust complete denture – mandibular		50%	50%
D5421	Adjust partial denture – maxillary		50%	50%
D5422	Adjust partial denture – mandibular		50%	50%
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	50%	50%
D5512	Repair broken complete denture base, maxillary		50%	50%
D5520	Replace missing or broken teeth – complete denture – per tooth		50%	50%
D5611	Repair resin partial denture base, mandibular		50%	50%
D5612	Repair resin partial denture base, maxillary		50%	50%
D5621	Repair cast partial framework, mandibular		50%	50%
D5622	Repair cast partial framework, maxillary		50%	50%
D5630	Repair or replace broken retentive/clasping materials – per tooth		50%	50%
D5640	Replace missing or broken teeth – partial denture – per tooth		50%	50%
D5650	Add tooth to existing partial denture – per tooth		50%	50%
D5660	Add clasp to existing partial denture – per tooth		50%	50%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		50%	50%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		50%	50%
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	50%	50%
D5711	Rebase complete mandibular denture		50%	50%
D5720	Rebase maxillary partial denture		50%	50%
D5721	Rebase mandibular partial denture		50%	50%
D5725	Rebase hybrid prosthesis		50%	50%

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	50%	50%
D5731	Reline complete mandibular denture (direct)		50%	50%
D5740	Reline maxillary partial denture (direct)		50%	50%
D5741	Reline mandibular partial denture (direct)		50%	50%
D5750	Reline complete maxillary denture (indirect)		50%	50%
D5751	Reline complete mandibular denture (indirect)		50%	50%
D5760	Reline maxillary partial denture (indirect)		50%	50%
D5761	Reline mandibular partial denture (indirect)		50%	50%
Tissue conditioning (not covered if within six months of initial placement)				
D5850	Tissue conditioning, maxillary	One procedure code from this group per calendar year	50%	50%
D5851	Tissue conditioning, mandibular		50%	50%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	50%	50%
D7230	Removal of impacted tooth – partially bony		50%	50%
D7240	Removal of impacted tooth – completely bony		50%	50%
D7250	Removal of residual tooth roots (cutting procedure)		50%	50%
D7284	Excisional biopsy of minor salivary glands		50%	50%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		50%	50%
D7286	Incisional biopsy of oral tissue – soft		50%	50%
D7287	Exfoliative cytological sample collection		50%	50%
D7288	Brush biopsy – transepithelial sample collection		50%	50%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	50%

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	50%	50%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		50%	50%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		50%	50%
D7412	Excision of benign lesion, complicated		50%	50%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	50%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		50%	50%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		50%	50%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		50%	50%
D7509	Marsupialization of odontogenic cyst		50%	50%
D7510	Incision and drainage of abscess – intraoral soft tissue		50%	50%
D7961	Buccal/labial frenectomy (frenulectomy)		50%	50%
D7962	Lingual frenectomy (frenulectomy)		50%	50%
D7963	Frenuloplasty		50%	50%
D7970	Excision of hyperplastic tissue – per arch		50%	50%
D7971	Excision of pericoronal gingiva		50%	50%
D7972	Surgical reduction of fibrous tuberosity		50%	50%
Occlusal adjustments (not covered if within six months of initial placement)				
D9951	Occlusal adjustment – limited	One procedure code every three calendar years	50%	50%

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Routine Hearing

TruHearing® (Choice)

\$0 exam / \$500 allowance

Routine hearing services offered through TruHearing® includes a fully-managed network of provider locations across the U.S. There are hearing aid styles to meet all members' hearing needs with the lowest pricing amongst industry-leading technology.

All plans include a full 3 year manufacturer warranty on every device, 80 free batteries per hearing aid and unlimited follow-up provider visits during the first year following a TruHearing® hearing aid purchase.

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network
Routine hearing exam	\$0 copayment for routine hearing exams up to 1 per year.	N/A
Benefit coverage	\$500 maximum benefit coverage amount for hearing aid(s) (all types) up to 1 per ear per year.	N/A

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Humana Medicare Insight Network

When members receive necessary routine vision services, they will be covered according to the following schedule.

Vision care services	In-network member cost	Out-of-network reimbursement
Exam (One per calendar year) Routine eye exam (includes refraction)	\$0 copay	\$0 copay Up to \$175
Eyewear benefit (One per calendar year) Benefit toward the purchase of frame and pair of lenses or contact lenses (conventional or disposable)	Any retail amount over \$250 allowance	Up to \$250

The network of providers for your supplemental vision benefits through **Humana Medicare Insight Network** may be different than the network of providers for the Medicare-covered vision benefits. The provider locator for routine or Medicare-covered vision can be found at [Humana.com/FindCare](https://www.humana.com/FindCare).

The benefit can only be used one time. Any remaining benefit dollars do not "roll over" to a future purchase.

Eyeglass lens options may be available with the maximum benefit coverage amount up to one pair per year. Maximum benefit coverage amount is limited to one-time use per year.

Benefit allowance is applied toward the retail price. Member is responsible for any costs above the plan-approved amount. Lost or broken materials are not covered. Benefits are offered on a calendar basis. Any amount unused at the end of the year will expire.

Additional discounts:

Member may receive a 20% discount on items not covered by the plan at in-network locations. Discount does not apply to provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see our online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Members may receive a 40% discount off complete-pair eyeglass purchases and may receive a 15% discount off conventional contact lenses once the funded benefit has been used.

Member may receive a 15% discount off the retail price or may receive 5% off any promotional price of Lasik or photorefractive keratectomy (PRK) laser vision correction procedures. Lasik or PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Please note that since Lasik and PRK vision correction are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location, so members should first call **844-608-2020** for the nearest facility and to receive authorization for the discount.

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Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that may apply to out-of-network services.

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