

DEN 007

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation, (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	Two procedure codes from this group every three calendar years	100%	0%
D0330	Panoramic film		100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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 (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%

DEN 007

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	One procedure code from this group per calendar year	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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth, soft tissue		100%	0%
D7230	Removal of impacted tooth, partially bony		100%	0%
D7240	Removal of impacted tooth, completely bony		100%	0%
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots		100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	0%

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DEN 007

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GCHJR2TEN

DEN 012

CAREington Network

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Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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 (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%

DEN 012

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Restorations (fillings) – amalgam and composite (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	Two procedure codes from this group per calendar year	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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Ten per calendar year	100%	0%
Complete dentures – including routine post delivery care				
D5110	Complete denture – maxillary (upper)	One upper complete/partial and/or one lower complete/partial denture every five years. (Initial placement, or replacement of a prior denture that is unserviceable and cannot be made serviceable. Spare dentures are not covered.)	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 013

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Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	50%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	50%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	50%
Restorations (fillings) – amalgam and composite				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior (back)		100%	50%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	50%
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Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	50%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	50%

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GCHJR2TEN

DEN 014

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Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One per calendar year	100%	50%
D0330	Panoramic film		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	50%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	50%
Restorations (fillings) – amalgam and composite				
D2330	Resin-based composite – one surface, anterior (front)	Four procedure codes from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior (back)		100%	50%
D2392	Resin-based composite – two surfaces, posterior (back)		100%	50%

DEN 014

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2393	Resin-based composite – three surfaces, posterior (back)	Four procedure codes from this group per calendar year	100%	50%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	50%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	50%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	50%

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GCHJR2TEN

DEN 016

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	0%

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DEN 016

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GCHJR2TEN

DEN 017

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	50%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	50%

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DEN 017

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GCHJR2TEN

DEN 021

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every three calendar years	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every two calendar years	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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%

DEN 021

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2332	Resin-based composite – three surfaces, anterior (front)	One procedure code from this group per calendar year	100%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth, soft tissue		100%	0%
D7230	Removal of impacted tooth, partially bony		100%	0%
D7240	Removal of impacted tooth, completely bony		100%	0%
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots		100%	0%
Complete dentures – including routine post delivery care				
D5110	Complete denture – maxillary (upper)	One upper complete and/or one lower complete denture every five years. (Initial placement, or replacement of a prior denture that is unserviceable and cannot be made serviceable. Spare dentures are not covered.)	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%

DEN 021

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 027

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every three calendar years	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every two calendar years	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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%

DEN 027

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2335	Resin-based composite – four or more surfaces, anterior (front)	One procedure code from this group per calendar year	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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth, soft tissue		100%	0%
D7230	Removal of impacted tooth, partially bony		100%	0%
D7240	Removal of impacted tooth, completely bony		100%	0%
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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DEN 027

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GCHJR2TEN

DEN 064

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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%
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DEN 064

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%
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D7250	Surgical removal of residual tooth roots		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 749

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	75%	50%
D0150	Comprehensive oral evaluation (new or established patient)		75%	50%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	75%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five years	75%	50%
D0330	Panoramic film		75%	50%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	75%	50%
D0230	Periapical X-ray – each additional film		75%	50%
D0240	Occlusal X-ray		75%	50%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	75%	50%
D0251	Extraoral – posterior dental radiographic image		75%	50%
D0260	Extraoral – each additional film		75%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	75%	50%
D0272	Bitewing X-rays – two films		75%	50%
D0273	Bitewing X-rays – three films		75%	50%
D0274	Bitewing X-rays – four films		75%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	75%	50%
Fluoride				
D1208	Topical fluoride application – adult	Two per calendar year	75%	50%

DEN 749

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group every three calendar years	25%	20%
D2331	Resin-based composite – two surfaces, anterior (front)		25%	20%
D2332	Resin-based composite – three surfaces, anterior (front)		25%	20%
D2335	Resin-based composite – four or more surfaces, anterior (front)		25%	20%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	50%	45%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	50%	45%

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GCHJR2TEN

DEN 750

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five years	100%	50%
D0330	Panoramic film		100%	50%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray – each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	50%
D0251	Extraoral posterior dental radiographic image		100%	50%
D0260	Extraoral – each additional film		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	50%

DEN 750

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group every three calendar years	50%	45%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	45%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	45%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	45%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	75%	50%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	75%	50%

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GCHJR2TEN

DEN 756

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	0%

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DEN 756

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GCHJR2TEN

DEN 762

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%

DEN 762

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	50%
D5731	Reline complete mandibular (lower) denture – chairside		100%	50%
D5750	Reline complete maxillary (upper) denture – lab		100%	50%
D5751	Reline complete mandibular (lower) denture – lab		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	50%
Anesthesia				
D9215	Local anesthesia	As needed with covered codes	100%	50%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	50%

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GCHJR2TEN

DEN 767

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	50%

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DEN 767

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GCHJR2TEN

DEN 768

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%
Amalgam 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 perm		100%	100%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	100%

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DEN 768

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DEN 769

HumanaDental® Network

Deductible	\$50 individual
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedures codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group per calendar year	80%	0%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		80%	0%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		80%	0%
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth		80%	0%
D2330	Resin-based composite – one surface, anterior (front)		80%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		80%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		80%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		80%	0%
D2391	Resin-based composite – one surface, posterior		80%	0%

DEN 769

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, anterior	Two procedure codes from this group per calendar year	80%	0%
D2393	Resin-based composite – three surfaces, posterior		80%	0%
D2394	Resin-based composite – four or more surfaces, posterior		80%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	0%
Crowns				
D2710	Resin crown – lab	One procedure code from this group per calendar year	30%	0%
D2712	Crown 3/4 resin-based composite (indirect)		30%	0%
D2720	Plastic high-noble gold crown		30%	0%
D2721	Plastic/base nonprecious crown		30%	0%
D2722	Plastic/noble semiprecious crown		30%	0%
Crowns – continued				
D2740	Porcelain crown	One procedure code from this group per calendar year	30%	0%
D2750	Porcelain/high-noble gold crown		30%	0%
D2751	Porcelain/base nonprecious crown		30%	0%
D2752	Porcelain/base semiprecious crown		30%	0%
D2780	3/4 crown high-noble		30%	0%
D2781	3/4 crown base nonprecious		30%	0%
D2782	3/4 crown noble metal		30%	0%
D2783	3/4 crown porcelain/ceramic		30%	0%
D2790	High-noble gold crown		30%	0%
D2791	Base nonprecious crown		30%	0%
D2792	Noble semiprecious crown		30%	0%
D2794	Crown titanium		30%	0%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%

DEN 769

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5740	Reline maxillary partial denture – chairside		30%	0%
D5741	Reline mandibular partial denture – chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%
D5760	Reline maxillary partial denture – lab		30%	0%
D5761	Reline mandibular partial denture – lab		30%	0%

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GCHJR2TEN

DEN 770

HumanaDental® Network

Deductible	\$50 individual
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Exams				
D0120	Oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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 (front)		100%	0%

DEN 770

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	0%
Crowns				
D2710	Resin crown – lab	One procedure code from this group per calendar year	30%	0%
D2712	Crown 3/4 resin-based composite (indirect)		30%	0%
D2720	Plastic high-noble gold crown		30%	0%
D2721	Plastic/base nonprecious crown		30%	0%
D2722	Plastic/noble semiprecious crown		30%	0%
D2740	Porcelain crown		30%	0%
D2750	Porcelain/high-noble gold crown		30%	0%
D2751	Porcelain/base nonprecious crown		30%	0%
D2752	Porcelain/base semiprecious crown		30%	0%
D2780	3/4 crown high-noble		30%	0%
D2781	3/4 crown base nonprecious		30%	0%
D2782	3/4 crown noble metal		30%	0%
D2783	3/4 crown porcelain/ceramic		30%	0%
D2790	High-noble gold crown		30%	0%
D2791	Base nonprecious crown		30%	0%
D2792	Noble semiprecious crown		30%	0%
D2794	Crown titanium	30%	0%	
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	0%
D5120	Complete denture – mandibular (lower)		30%	0%
D5130	Immediate denture – maxillary (upper)		30%	0%
D5140	Immediate denture – mandibular (lower)		30%	0%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower complete denture every five calendar years	30%	0%
D5212	Lower partial denture – resin		30%	0%
D5213	Upper partial denture – metal		30%	0%
D5214	Lower partial denture – metal		30%	0%
D5225	Upper partial denture		30%	0%
D5226	Lower partial denture		30%	0%
D5281	Unilateral partial denture		30%	0%

DEN 770

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- Providers: 1-800-833-2223 (TDD: 711) Monday – Friday, 8 a.m. to 8 p.m. Eastern time.

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Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

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GCHJR2TEN

DEN 772

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per calendar year	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 (front)		100%	0%

DEN 772

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	0%

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**Out-of-network dentists have not agreed to provide services at contracted fees. If a member sees and out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

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GCHJR2TEN

DEN 786

MyOption Dental Enriched

HumanaDental® Network

Deductible		None		
Annual maximum		\$1,500		
Waiting periods		None		
ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	0%
D0260	Extraoral – each additional film		100%	0%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	0%

DEN 786

MyOption Dental Enriched

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group every three calendar years	50%	0%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	0%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	0%
Amalgam/composite restorations (fillings) – continued				
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group every three calendar years	50%	0%
D2330	Resin-based composite – one surface, anterior (front)		50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	0%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		50%	0%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		50%	0%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		50%	0%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	75%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	75%	0%

DEN 786

MyOption Dental Enriched

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Root canals				
D3310	Root canal – anterior	One procedure code from this group per calendar year	30%	0%
D3320	Root canal – bicuspid		30%	0%
D3330	Root canal – molar		30%	0%
D3346	Retreat root canal therapy – anterior		30%	0%
D3347	Retreat root canal therapy – bicuspid		30%	0%
D3348	Retreat root canal therapy – molar		30%	0%
Crowns				
D2710	Resin crown – lab	One procedure code from this group per calendar year	30%	0%
D2712	Crown 3/4 resin-based composite (indirect)		30%	0%
D2720	Plastic high-noble gold crown		30%	0%
D2721	Plastic/base nonprecious crown		30%	0%
D2722	Plastic/noble semiprecious crown		30%	0%
D2740	Porcelain crown		30%	0%
D2750	Porcelain/high-noble gold crown		30%	0%
D2751	Porcelain/base nonprecious crown		30%	0%
D2752	Porcelain/base semiprecious crown		30%	0%
D2780	3/4 crown high-noble		30%	0%
D2781	3/4 crown base nonprecious		30%	0%
D2782	3/4 crown noble metal		30%	0%
Crowns – continued				
D2783	3/4 crown porcelain/ceramic	One procedure code from this group per calendar year	30%	0%
D2790	High-noble gold crown		30%	0%
D2791	Base nonprecious crown		30%	0%
D2792	Noble semiprecious crown		30%	0%
D2794	Crown titanium		30%	0%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Two procedure codes per quadrant, per calendar year	75%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		75%	0%
D4910	Periodontal maintenance		75%	0%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years	30%	0%
D5120	Complete denture – mandibular (lower)		30%	0%
D5130	Immediate denture – maxillary (upper)		30%	0%
D5140	Immediate denture – mandibular (lower)		30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One procedure code from this group per calendar year	30%	0%
D5212	Lower partial denture – resin		30%	0%
D5213	Upper partial denture – metal		30%	0%
D5214	Lower partial denture – metal		30%	0%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	0%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	0%
D5225	Upper partial denture		30%	0%
D5226	Lower partial denture		30%	0%
D5281	Unilateral partial denture		30%	0%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%

DEN 786

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5740	Reline maxillary partial denture – chairside		30%	0%
D5741	Reline mandibular partial denture –chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%
D5760	Reline maxillary partial denture – lab		30%	0%
D5761	Reline mandibular partial denture – lab		30%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed	100%	0%

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DEN 787

MyOption Dental Enriched

HumanaDental® Network

Deductible	None
Annual maximum	\$1,500
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	One per calendar year	100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	50%
D0330	Panoramic film		100%	50%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray – each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	50%
D0260	Extraoral – each additional film		100%	50%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	50%

DEN 787

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group every three calendar years	50%	50%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	50%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	50%
Amalgam/composite restorations (fillings) – continued				
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group every three calendar years	50%	50%
D2330	Resin-based composite – one surface, anterior (front)		50%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	50%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		50%	50%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		50%	50%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		50%	50%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		50%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	30%	30%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	30%	30%

DEN 787

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Root canals				
D3310	Root canal – anterior	One procedure code from this group per calendar year	30%	30%
D3320	Root canal – bicuspid		30%	30%
D3330	Root canal – molar		30%	30%
D3346	Retreat root canal therapy – anterior		30%	30%
D3347	Retreat root canal therapy – bicuspid		30%	30%
D3348	Retreat root canal therapy – molar		30%	30%
Crowns				
D2710	Resin crown – lab	One procedure code from this group per calendar year	30%	30%
D2712	Crown 3/4 resin-based composite (indirect)		30%	30%
D2720	Plastic high-noble gold crown		30%	30%
D2721	Plastic/base nonprecious crown		30%	30%
D2722	Plastic/noble semiprecious crown		30%	30%
D2740	Porcelain crown		30%	30%
D2750	Porcelain/high-noble gold crown		30%	30%
D2751	Porcelain/base nonprecious crown		30%	30%
D2752	Porcelain/base semiprecious crown		30%	30%
D2780	3/4 crown high-noble		30%	30%
D2781	3/4 crown base nonprecious		30%	30%
D2782	3/4 crown noble metal		30%	30%
Crowns – continued				
D2783	3/4 crown porcelain/ceramic	One procedure code from this group per calendar year	30%	30%
D2790	High-noble gold crown		30%	30%
D2791	Base nonprecious crown		30%	30%
D2792	Noble semiprecious crown		30%	30%
D2794	Crown titanium		30%	30%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Two procedure codes per quadrant, every year	30%	30%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		30%	30%
D4910	Periodontal maintenance		30%	30%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	30%
D5120	Complete denture – mandibular (lower)		30%	30%
D5130	Immediate denture – maxillary (upper)		30%	30%
D5140	Immediate denture – mandibular (lower)		30%	30%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One procedure code from this group per calendar year	30%	30%
D5212	Lower partial denture – resin		30%	30%
D5213	Upper partial denture – metal		30%	30%
D5214	Lower partial denture – metal		30%	30%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	30%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	30%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	30%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	30%
D5225	Upper partial denture		30%	30%
D5226	Lower partial denture		30%	30%
D5281	Unilateral partial denture		30%	30%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	30%
D5411	Complete denture adjustment – mandibular (lower)		30%	30%
D5421	Partial denture adjustment – maxillary (upper)		30%	30%
D5422	Partial denture adjustment – mandibular (lower)		30%	30%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	30%
D5731	Reline complete mandibular (lower) denture – chairside		30%	30%
D5740	Reline maxillary partial denture – chairside		30%	30%
D5741	Reline mandibular partial denture – chairside		30%	30%
D5750	Reline complete maxillary (upper) denture – lab		30%	30%
D5751	Reline complete mandibular (lower) denture – lab		30%	30%
D5760	Reline maxillary partial denture – lab		30%	30%
D5761	Reline mandibular partial denture – lab		30%	30%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed	100%	50%

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GCHJR2TEN

DEN 788

MyOption Dental Advantage

HumanaDental® Network

Deductible	None
Annual maximum	\$1,500
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	0%
D0260	Extraoral – each additional film		100%	0%

DEN 788

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group every calendar year	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%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group every calendar year	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 (front)		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	100%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Four per calendar year	75%	0%
Root canals				
D3310	Root canal – anterior	One procedure code from this group per calendar year	30%	0%
D3320	Root canal – bicuspid		30%	0%
D3330	Root canal – molar		30%	0%
D3346	Retreat root canal therapy – anterior		30%	0%
D3347	Retreat root canal therapy – bicuspid		30%	0%
D3348	Retreat root canal therapy – molar		30%	0%

DEN 788

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns				
D2710	Resin crown – lab	One procedure from this group per calendar year	30%	0%
D2712	Crown 3/4 resin-based composite (indirect)		30%	0%
D2720	Plastic high-noble gold crown		30%	0%
D2721	Plastic/base nonprecious crown		30%	0%
D2722	Plastic/noble semiprecious crown		30%	0%
D2740	Porcelain crown		30%	0%
D2750	Porcelain/high-noble gold crown		30%	0%
D2751	Porcelain/base nonprecious crown		30%	0%
D2752	Porcelain/base semiprecious crown		30%	0%
D2780	3/4 crown high-noble		30%	0%
D2781	3/4 crown base nonprecious		30%	0%
D2782	3/4 crown noble metal		30%	0%
D2783	3/4 crown porcelain/ceramic		30%	0%
D2790	High-noble gold crown		30%	0%
D2791	Base nonprecious crown		30%	0%
D2792	Noble semiprecious crown		30%	0%
D2794	Crown titanium	30%	0%	
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Two procedure codes per quadrant, per calendar year	75%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		75%	0%
D4910	Periodontal maintenance		75%	0%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	0%
D5120	Complete denture – mandibular (lower)		30%	0%
D5130	Immediate denture – maxillary (upper)		30%	0%
D5140	Immediate denture – mandibular (lower)		30%	0%

DEN 788

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One procedure code from this group per calendar year	30%	0%
D5212	Lower partial denture – resin		30%	0%
D5213	Upper partial denture – metal		30%	0%
D5214	Lower partial denture – metal		30%	0%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	0%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	0%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	0%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	0%
D5225	Upper partial denture		30%	0%
D5226	Lower partial denture		30%	0%
D5281	Unilateral partial denture		30%	0%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%

DEN 788

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed	100%	0%

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DEN 789

MyOption Dental Advantage

HumanaDental® Network

Deductible	None
Annual maximum	\$1,500
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	One per calendar year	100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	50%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	50%
D0330	Panoramic film		100%	50%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray – each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	50%
D0260	Extraoral – each additional film		100%	50%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group every calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group every calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	100%	50%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Four per calendar year	75%	75%
Root canals				
D3310	Root canal – anterior	One procedure code from this group per calendar year	30%	30%
D3320	Root canal – bicuspid		30%	30%
D3330	Root canal – molar		30%	30%
D3346	Retreat root canal therapy – anterior		30%	30%
D3347	Retreat root canal therapy – bicuspid		30%	30%
D3348	Retreat root canal therapy – molar		30%	30%

DEN 789

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns				
D2710	Resin crown – lab	One procedure code from this group per calendar year	30%	30%
D2712	Crown 3/4 resin-based composite (indirect)		30%	30%
D2720	Plastic high-noble gold crown		30%	30%
D2721	Plastic/base nonprecious crown		30%	30%
D2722	Plastic/noble semiprecious crown		30%	30%
D2740	Porcelain crown		30%	30%
D2750	Porcelain/high-noble gold crown		30%	30%
D2751	Porcelain/base nonprecious crown		30%	30%
D2752	Porcelain/base semiprecious crown		30%	30%
D2780	3/4 crown high-noble		30%	30%
D2781	3/4 crown base nonprecious		30%	30%
D2782	3/4 crown noble metal		30%	30%
D2783	3/4 crown porcelain/ceramic		30%	30%
D2790	High-noble gold crown		30%	30%
D2791	Base nonprecious crown		30%	30%
D2792	Noble semiprecious crown		30%	30%
D2794	Crown titanium	30%	30%	
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	Two procedure codes per quadrant, per year	75%	75%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		75%	75%
D4910	Periodontal maintenance		75%	75%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years	30%	30%
D5120	Complete denture – mandibular (lower)		30%	30%
D5130	Immediate denture – maxillary (upper)		30%	30%
D5140	Immediate denture – mandibular (lower)		30%	30%

DEN 789

MyOption Dental Advantage

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One procedure code from this group per calendar year	30%	30%
D5212	Lower partial denture – resin		30%	30%
D5213	Upper partial denture – metal		30%	30%
D5214	Lower partial denture – metal		30%	30%
D5225	Upper partial denture		30%	30%
D5226	Lower partial denture		30%	30%
D5281	Unilateral partial denture		30%	30%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	30%
D5411	Complete denture adjustment – mandibular (lower)		30%	30%
D5421	Partial denture adjustment – maxillary (upper)		30%	30%
D5422	Partial denture adjustment – mandibular (lower)		30%	30%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	30%
D5731	Reline complete mandibular (lower) denture – chairside		30%	30%
D5750	Reline complete maxillary (upper) denture – lab		30%	30%
D5751	Reline complete mandibular (lower) denture – lab		30%	30%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed	100%	50%

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DEN 814

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or perm		100%	50%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%

DEN 814

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary denture – chairside (upper)	One procedure code from this group per calendar year	100%	50%
D5731	Reline complete mandibular denture – chairside (lower)		100%	50%
D5750	Reline complete maxillary denture – lab (upper)		100%	50%
D5751	Reline complete mandibular – lab (lower)		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	50%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	50%

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DEN 838

MyOption Dental High

HumanaDental® Network

Deductible (waived on preventive for in- and out-of-network)

\$50 individual

Annual maximum

\$1,500

Waiting periods

None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Two procedure codes from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
D0140	Oral evaluation, limited, problem-focused		100%	100%
D0180	Periodontal exam		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group per calendar year	75%	75%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		75%	75%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		75%	75%
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth		75%	75%
D2330	Resin-based composite – one surface, anterior (front)		75%	75%

DEN 838

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2331	Resin-based composite – two surfaces, anterior (front)	Two procedure codes from this group per calendar year	75%	75%
D2332	Resin-based composite – three surfaces, anterior (front)		75%	75%
D2335	Resin-based composite – four or more surfaces, anterior (front)		75%	75%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		75%	75%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		75%	75%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		75%	75%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		75%	75%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	75%	75%
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		75%	75%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group per calendar year	75%	75%
D2915	Recement cast or prefabricated post or core		75%	75%
D2920	Recement crown		75%	75%
D6930	Recement fixed partial denture (bridge)		75%	75%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	75%	75%
Root canals				
D3310	Root canal – anterior	One procedure code from this group per calendar year	30%	30%
D3320	Root canal – bicuspid		30%	30%
D3330	Root canal – molar		30%	30%
D3346	Retreat root canal therapy – anterior		30%	30%
D3347	Retreat root canal therapy – bicuspid		30%	30%
D3348	Retreat root canal therapy – molar		30%	30%

DEN 838

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns				
D2710	Resin crown – lab	One procedure from this group per calendar year	30%	30%
D2712	Crown 3/4 resin – based composite (indirect)		30%	30%
D2720	Plastic high-noble gold crown		30%	30%
D2721	Plastic/base nonprecious crown		30%	30%
D2722	Plastic/noble semiprecious crown		30%	30%
D2740	Porcelain crown		30%	30%
D2750	Porcelain/high-noble gold crown		30%	30%
D2751	Porcelain/base nonprecious crown		30%	30%
D2752	Porcelain/base semiprecious crown		30%	30%
D2780	3/4 crown high-noble		30%	30%
D2781	3/4 crown base nonprecious		30%	30%
D2782	3/4 crown noble metal		30%	30%
D2783	3/4 crown porcelain/ceramic		30%	30%
D2790	High-noble gold crown		30%	30%
D2791	Base nonprecious crown		30%	30%
D2792	Noble semiprecious crown		30%	30%
D2794	Crown titanium	30%	30%	
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every three calendar years	75%	75%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		75%	75%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	30%
D5120	Complete denture – mandibular (lower)		30%	30%
D5130	Immediate denture – maxillary (upper)		30%	30%
D5140	Immediate denture – mandibular (lower)		30%	30%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One procedure code from this group per calendar year	30%	30%
D5212	Lower partial denture – resin		30%	30%
D5213	Upper partial denture – metal		30%	30%
D5214	Lower partial denture – metal		30%	30%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	30%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	30%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	30%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	30%
D5225	Upper partial denture		30%	30%
D5226	Lower partial denture		30%	30%
D5281	Unilateral partial denture		30%	30%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	30%
D5411	Complete denture adjustment – mandibular (lower)		30%	30%
D5421	Partial denture adjustment – maxillary (upper)		30%	30%
D5422	Partial denture adjustment – mandibular (lower)		30%	30%

DEN 838

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	30%
D5731	Reline complete mandibular (lower) denture – chairside		30%	30%
D5740	Reline maxillary partial denture – chairside		30%	30%
D5741	Reline mandibular partial denture – chairside		30%	30%
D5750	Reline complete maxillary (upper) denture – lab		30%	30%
D5751	Reline complete mandibular (lower) denture – lab		30%	30%
D5760	Reline maxillary partial denture – lab		30%	30%
D5761	Reline mandibular partial denture – lab		30%	30%

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MyOption Enhanced Dental

HumanaDental® Network

Deductible	None
Annual maximum	\$1,500
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	0%
D0140	Oral evaluation, limited, problem-focused		100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Three procedure codes from this group per calendar year	100%	0%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	0%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	0%
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	0%
D2330	Resin-based composite – one surface, anterior (front)		100%	0%

DEN 839

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) – continued				
D2331	Resin-based composite – two surfaces, anterior (front)	Three procedure codes from this group per calendar year	100%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	0%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		100%	0%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		100%	0%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	0%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	Two procedure codes from this group per calendar year	50%	0%
D2915	Recement cast or prefabricated post or core		50%	0%
D2920	Recement crown		50%	0%
D6930	Recement fixed partial denture (bridge)		50%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures.	Two per calendar year	50%	0%
Root canals				
D3310	Anterior endodontic therapy	One procedure code from this group per calendar year	30%	0%
D3320	Bicuspid endodontic therapy		30%	0%
D3330	Molar endodontic therapy		30%	0%
D3346	Retreatment of previous root canal therapy – anterior		30%	0%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	0%
D3348	Retreatment of previous root canal therapy – molar		30%	0%

DEN 839

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns				
D2710 through D2794	GC – gold crown – 2720, 2750, 2780, 2790 NP – nonprecious crown – 2710, 2712, 2721, 2740, 2751, 2781, 2783, 2791 SC – semiprecious crown – 2722, 2752, 2782, 2792, 2794	One procedure code from this group per calendar year	30%	0%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every three calendar years	30%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		30%	0%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5740	Reline maxillary partial denture – chairside		30%	0%
D5741	Reline mandibular partial denture – chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%
D5760	Reline maxillary partial denture – lab		30%	0%
D5761	Reline mandibular partial denture – lab		30%	0%

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GCHJR2TEN

DEN 840

MyOption Enhanced Dental

HumanaDental® Network

Deductible	None
Annual maximum	\$1,500
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Three procedure codes from this group per calendar year	100%	50%
D0140	Oral evaluation, limited, problem-focused		100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
D0180	Periodontal exam		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Three per calendar year	100%	50%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Three procedure codes from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent; allow alternate benefit on posterior teeth		100%	50%
D2330	Resin-based composite – one surface, anterior (front)		100%	50%

DEN 840

MyOption Enhanced Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) – continued				
D2331	Resin-based composite – two surfaces, anterior (front)	Three procedure codes from this group per calendar year	100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		100%	50%
D2392	Resin-based composite – two surfaces, posterior – alternate benefit only		100%	50%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		100%	50%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	45%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group per calendar year	50%	45%
D2915	Recement cast or prefabricated post or core		50%	45%
D2920	Recement crown		50%	45%
D6930	Recement fixed partial denture (bridge)		50%	45%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	50%	45%

DEN 840

MyOption Enhanced Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Root canal				
D3310	Anterior endodontic therapy	One procedure code from this group per calendar year	30%	25%
D3320	Bicuspid endodontic therapy		30%	25%
D3330	Molar endodontic therapy		30%	25%
D3346	Retreatment of previous root canal therapy – anterior		30%	25%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	25%
D3348	Retreatment of previous root canal therapy – molar		30%	25%
Crowns				
D2710 through D2794	GC – gold crown – 2720, 2750, 2780, 2790	One procedure code from this group per calendar year	30%	25%
	NP – nonprecious crown – 2710, 2712, 2721, 2740, 2751, 2781, 2783, 2791		30%	25%
	SC – semiprecious crown – 2722, 2752, 2782, 2792, 2794		30%	25%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every three calendar years	30%	25%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		30%	25%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	25%
D5411	Complete denture adjustment – mandibular (lower)		30%	25%
D5421	Partial denture adjustment – maxillary (upper)		30%	25%
D5422	Partial denture adjustment – mandibular (lower)		30%	25%

DEN 840

MyOption Enhanced Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	25%
D5731	Reline complete mandibular (lower) denture – chairside		30%	25%
D5740	Reline maxillary partial denture – chairside		30%	25%
D5741	Reline mandibular partial denture – chairside		30%	25%
D5750	Reline complete maxillary (upper) denture – lab		30%	25%
D5751	Reline complete mandibular (lower) denture – lab		30%	25%
D5760	Reline maxillary partial denture – lab		30%	25%
D5761	Reline mandibular partial denture – lab		30%	25%

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Multi-Language Interpreter Services

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DEN 843

MyOption Plus – Dental/Vision Combo Plan

HumanaDental® Network

Deductible (waived on preventive for in- and out-of-network)	\$50 individual
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	70%
D0140	Oral evaluation, limited, problem-focused		100%	70%
D0150	Comprehensive oral evaluation (new or established patient)		100%	70%
D0180	Periodontal exam		100%	70%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	70%
D0272	Bitewing X-rays – two films		100%	70%
D0273	Bitewing X-rays – three films		100%	70%
D0274	Bitewing X-rays – four films		100%	70%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	70%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent; allow alternate benefit on posterior teeth	Two procedure codes from this group per calendar year	50%	45%
D2150	Amalgam – two surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	45%
D2160	Amalgam – three surfaces, primary or permanent; allow alternate benefit on posterior teeth		50%	45%
D2161	Amalgam – four or more surfaces, primary or perm; allow alternate benefit on posterior teeth		50%	45%
D2330	Resin-based composite – one surface, anterior (front)		50%	45%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	45%

DEN 843

MyOption Plus – Dental/Vision Combo Plan

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2332	Resin-based composite – three surfaces, anterior (front)	Two procedure codes from this group per calendar year	50%	45%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	45%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		50%	45%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		50%	45%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		50%	45%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		50%	45%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	45%
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	45%
Recement of crown or bridge				
D2910	Recement inlay onlay, or partial coverage restoration	One procedure code from this group per calendar year	50%	45%
D2915	Recement cast or prefabricated post or core		50%	45%
D2920	Recement crown		50%	45%
D6930	Recement fixed partial denture (bridge)		50%	45%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	50%	45%

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DEN 843

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DEN 847

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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%

DEN 847

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2332	Resin-based composite – three surfaces, anterior (front)	Two procedure codes from this group per calendar year	100%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary.)	Three procedure codes from this group per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone of section of tooth		100%	0%
D7220	Removal of impacted tooth, soft tissue		100%	0%
D7230	Removal of impacted tooth, partially bony		100%	0%
D7240	Removal of impacted tooth, completely bony		100%	0%
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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DEN 847

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GCHJR2TEN

DEN 848

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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 (front)		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%

DEN 848

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 849

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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 (front)		100%	0%

DEN 849

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2391	Resin-based composite – one surface, posterior (back)	Two procedure codes from this group per calendar year	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%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 854

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	Four procedure codes from this group per calendar year	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%

DEN 854

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2335	Resin-based composite – four or more surfaces, anterior (front)	Four procedure codes from this group per calendar year	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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three procedure codes from this group per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth, soft tissue		100%	0%
D7230	Removal of impacted tooth, partially bony		100%	0%
D7240	Removal of impacted tooth, completely bony		100%	0%
D7241	Removal of impacted tooth, completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots		100%	0%
Complete dentures – including routine post delivery care				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years. (Initial placement, or replacement of a prior denture that is unserviceable and cannot be made serviceable. Spare dentures are not covered.)	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%

DEN 854

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial Dentures				
D5211	Maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	One upper and/or one lower partial denture every five calendar years	100%	0%
D5212	Mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		100%	0%
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		100%	0%
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		100%	0%
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)		100%	0%
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)		100%	0%
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)		100%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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DEN 854

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GCHJR2TEN

DEN 887

MyOption Platinum Dental

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
D0180	Periodontal exam		100%	50%
Oral cancer screening				
D0431	Oral cancer screening	One per calendar year	100%	50%
Emergency exam				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or perm.		100%	50%
D2330	Resin-based composite – one surface, anterior (front)		100%	50%

DEN 887

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2331	Resin-based composite – two surfaces, anterior (front)	Two procedure codes from this group per calendar year	100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior		100%	50%
D2392	Resin-based composite – two surfaces, posterior		100%	50%
D2393	Resin-based composite – three surfaces, posterior		100%	50%
D2394	Resin-based composite – four or more surfaces, posterior		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	45%
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	45%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group per calendar year	50%	45%
D2915	Recement cast or prefabricated post or core		50%	45%
D2920	Recement crown		50%	45%
D6930	Recement fixed partial denture (bridge)		50%	45%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures.	Two per calendar year	50%	45%
Root canals				
D3310	Anterior endodontic therapy	One procedure code from this group per calendar year	30%	25%
D3320	Bicuspid endodontic therapy		30%	25%
D3330	Molar endodontic therapy		30%	25%
D3346	Retreatment of previous root canal therapy – anterior		30%	25%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	25%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Root canals (continued)				
D3348	Retreatment of previous root canal therapy – molar	One procedure code from this group per calendar year	30%	25%
Crowns				
D2710 through D2794	GC – gold crown – 2720, 2750, 2780, 2790	One procedure code from this group per calendar year	30%	25%
	NP – nonprecious crown – 2710, 2712, 2721, 2740, 2751, 2781, 2783, 2791		30%	25%
	SC – semiprecious crown – 2722, 2752, 2782, 2792, 2794		30%	25%
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every three calendar years	30%	25%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		30%	25%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	25%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	25%
D5411	Complete denture adjustment – mandibular (lower)		30%	25%
D5421	Partial denture adjustment – maxillary (upper)		30%	25%
D5422	Partial denture adjustment – mandibular (lower)		30%	25%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	25%
D5731	Reline complete mandibular (lower) denture – chairside		30%	25%
D5740	Reline maxillary partial denture – chairside		30%	25%
D5741	Reline mandibular partial denture – chairside		30%	25%
D5750	Reline complete maxillary (upper) denture – lab		30%	25%
D5751	Reline complete mandibular (lower) denture – lab		30%	25%
D5760	Reline maxillary partial denture – lab		30%	25%
D5761	Reline mandibular partial denture – lab		30%	25%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years	30%	25%
D5120	Complete denture – mandibular (lower)		30%	25%
D5130	Immediate denture – maxillary (upper)		30%	25%
D5140	Immediate denture – mandibular (lower)		30%	25%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture every five years	30%	25%
D5212	Lower partial denture – resin		30%	25%
D5213	Upper partial denture – metal		30%	25%
D5214	Lower partial denture – metal		30%	25%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	25%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	25%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	25%
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	25%
D5225	Upper partial denture		30%	25%
D5226	Lower partial denture		30%	25%
D5281	Unilateral partial denture		30%	25%
Restoration implant services				
D6065	Implant supported porcelain/ceramic crown	One procedure code from this group per calendar year	30%	25%
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)		30%	25%
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)		30%	25%
D6058	Abutment supported porcelain/ceramic crown		30%	25%
D6059	Abutment supported porcelain fused to metal crown (high noble metal)		30%	25%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restoration implant services (continued)				
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	One procedure code from this group per calendar year	30%	25%
D6061	Abutment supported porcelain fused to metal crown (noble metal)		30%	25%
D6062	Abutment supported cast metal crown (high noble metal)		30%	25%
D6063	Abutment supported cast metal crown (predominantly base metal)		30%	25%
D6064	Abutment supported cast metal crown (noble metal)		30%	25%
D6094	Abutment supported crown (titanium)		30%	25%

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GCHJR2TEN

DEN 890

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation, new or established patient		100%	50%
Oral Cancer Exam				
D0431	Oral cancer screening	One per calendar year	100%	50%
Emergency Exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	50%
Intraoral X-rays (Inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray – each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Extraoral X-rays (Outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	50%
D0260	Extraoral – each additional film		100%	50%
Bitewing X-rays				
D0270	Bitewing X-rays – one film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Restorations (fillings) – amalgam and composite				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	50%	45%
D2150	Amalgam – two surfaces, primary or permanent		50%	45%
D2160	Amalgam – three surfaces, primary or permanent		50%	45%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	45%
D2330	Resin-based composite – one surface, anterior (front)		50%	45%

DEN 890

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings) – amalgam and composite (continued)				
D2331	Resin-based composite – two surfaces, anterior (front)	One procedure code from this group per calendar year	50%	45%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	45%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	45%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	75%	50%
Emergency Treatment for Pain				
D9110	Palliative (emergency) treatment of pain, minor procedures.	Two per calendar year	75%	50%

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GCHJR2TEN

DEN 898

HumanaDental Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
Oral Cancer Exam				
D0431	Oral cancer screening	One per calendar year	100%	100%
Emergency Exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	100%
Intraoral X-rays (Inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	100%
D0230	Periapical X-ray – each additional film		100%	100%
D0240	Occlusal X-ray		100%	100%
Extraoral X-rays (Outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	100%
D0260	Extraoral – each additional film		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – one film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus, and stains from the tooth structures)	Two per calendar year	100%	100%
Restorations (Fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per month 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%

DEN 898

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (Fillings) (continued)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per month per calendar year	50%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.)	Unlimited	75%	75%
Emergency Treatment for Pain				
D9110	Palliative (emergency) treatment of pain, minor procedures.	Two per calendar year	75%	75%

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GCHJR2TEN

DEN 906

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation, new or established patient		100%	50%
Oral Cancer Exam				
D0431	Oral cancer screening	One per calendar year	100%	50%
Emergency Exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	50%
Intraoral X-rays (Inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	50%
D0230	Periapical X-ray – each additional film		100%	50%
D0240	Occlusal X-ray		100%	50%
Extraoral X-rays (Outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	50%
D0260	Extraoral – each additional film		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – one film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%

DEN 906

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (Fillings) – Amalgam and Composite				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per month 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%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	75%	50%
Emergency Treatment for Pain				
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DEN 906

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GCHJR2TEN

DEN 916

HumanaDental® Network

Deductible	\$50
Annual maximum benefit	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Oral exam	Two procedures from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
D0180	Periodontal exam		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – one film	Two procedures from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedures from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
D2330	Resin-based composite – one surface, anterior (front)		100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior (back)		100%	50%

DEN 916

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	Two procedures from this group per calendar year	100%	50%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	50%
D2394	Resin-based composite – four surfaces, posterior (back)		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	45%
Crowns				
D2710 through D2794	GC – gold crown – 2720, 2750, 2780, 2790	One procedure from this group per calendar year	30%	25%
	NP – nonprecious crown – 2710, 2712, 2721, 2740, 2751, 2781, 2783, 2791		30%	25%
	SC – semiprecious crown – 2722, 2752, 2782, 2792, 2794		30%	25%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	25%
D5120	Complete denture – mandibular (lower)		30%	25%
D5130	Immediate denture – maxillary (upper)		30%	25%
D5140	Immediate denture – mandibular (lower)		30%	25%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower complete denture every five calendar years	30%	25%
D5212	Lower partial denture – resin		30%	25%
D5213	Upper partial denture – metal		30%	25%
D5214	Lower partial denture – metal		30%	25%
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)		30%	25%
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)		30%	25%
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)		30%	25%

DEN 916

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures (continued)				
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	One upper and/or one lower complete denture every five calendar years	30%	25%
D5225	Upper partial denture		30%	25%
D5226	Lower partial denture		30%	25%
D5281	Unilateral partial denture		30%	25%

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GCHJR2TEN

DEN 917

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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 – alternate benefit only		100%	0%
D2331	Resin-based composite – two surfaces, anterior – alternate benefit only		100%	0%
D2332	Resin-based composite – three surfaces, anterior – alternate benefit only		100%	0%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior – alternate benefit only		100%	0%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		100%	0%
D2392	Resin-based composite – two surfaces, posterior – alternate benefit only		100%	0%
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		100%	0%

DEN 917

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	0%

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GCHJR2TEN

DEN 918

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per calendar year	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 (front)		100%	0%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		100%	0%
D2392	Resin-based composite – two surfaces, posterior – alternate benefit only		100%	0%

DEN 918

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Composite restorations (fillings) (continued)				
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only	One procedure code from this group per calendar year	100%	0%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		100%	0%
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	0%

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DEN 918

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GCHJR2TEN

DEN 920

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%
D2391	Resin-based composite – one surface, posterior – alternate benefit only		100%	50%
D2392	Resin-based composite – two surfaces, anterior – alternate benefit only		100%	50%

DEN 920

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Composite restorations (fillings) (continued)				
D2393	Resin-based composite – three surfaces, posterior – alternate benefit only	Two procedure codes from this group per calendar year	100%	50%
D2394	Resin-based composite – four or more surfaces, posterior – alternate benefit only		100%	50%
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary denture – chairside (upper)	One procedure code from this group per calendar year	100%	50%
D5731	Reline complete mandibular denture – chairside (lower)		100%	50%
D5750	Reline complete maxillary denture – lab (upper)		100%	50%
D5751	Reline complete mandibular – lab (lower)		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	50%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	50%

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GCHJR2TEN

DEN 921

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
Composite restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	Two procedure codes from this group per calendar year	100%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		100%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		100%	50%
D2335	Resin-based composite – four or more surfaces, anterior (front)		100%	50%

DEN 921

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture reline procedures (not covered within six months of initial denture placement or on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	50%
D5731	Reline complete mandibular (lower) denture – chairside		100%	50%
D5750	Reline complete maxillary (upper) denture – lab		100%	50%
D5751	Reline complete mandibular (lower) denture – lab		100%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	One per calendar year	100%	50%
Anesthesia				
D9215	Local anesthesia	As needed with covered codes	100%	50%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	50%

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GCHJR2TEN

DEN 932

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-rays – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	0%
D0251	Extraoral posterior dental radiographic image		100%	0%
D0260	Extraoral – each additional film		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	0%

DEN 932

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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 (front)		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 (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	100%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	100%	0%

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DEN 937

HumanaDental Network

ADA code	Description of benefit	Frequency/limitations	In-Network	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per mouth per calendar year	100%	0%
D0150	Comprehensive oral evaluation, (new or established patient)		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per mouth per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (Cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Restorations (Fillings) – Amalgam				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per mouth per calendar year	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%
Restorations (Fillings) – Composite				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group per mouth per calendar year	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 (front)		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%

DEN 937

Restorations (Fillings) – Composite (continued)				
D2394	Resin-based Composite -four or more surfaces, posterior (back)	One procedure code from this group per mouth per calendar year	100%	0%
Anesthesia				
D9215	Local anesthesia	Anesthesia shall be included when billed with a covered benefit	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 946

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	100%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code 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%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	100%

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DEN 946

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GCHJR2TEN

DEN 947

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	100%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code 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%

Benefits are offered on an annual basis. If benefits are changed or eliminated next year, and the benefits have not been used, the member will no longer be eligible for the benefits.

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DEN 947

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GCHJR2TEN

DEN 998

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	50%
D0150	Comprehensive oral evaluation (new or established patient)		100%	50%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	50%
D0272	Bitewing X-rays – two films		100%	50%
D0273	Bitewing X-rays – three films		100%	50%
D0274	Bitewing X-rays – four films		100%	50%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	50%
Amalgam restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	100%	50%
D2150	Amalgam – two surfaces, primary or permanent		100%	50%
D2160	Amalgam – three surfaces, primary or permanent		100%	50%
D2161	Amalgam – four or more surfaces, primary or permanent		100%	50%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered codes	100%	50%

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DEN 998

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GCHJR2TEN

DEN 953

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Exams				
D0120	Periodic oral exam	One procedure code from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Panoramic X-ray				
D0330	Panoramic film	One every three calendar years	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	One per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	One procedure code from this group per calendar year	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 or involving incisal angle, anterior (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%

DEN 953

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	One procedure code from this group per calendar year	100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture per calendar year	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture per calendar year	100%	0%
D5212	Lower partial denture – resin		100%	0%
D5213	Upper partial denture – metal		100%	0%
D5214	Lower partial denture – metal		100%	0%
D5225	Upper partial denture		100%	0%
D5226	Lower partial denture		100%	0%
D5281	Unilateral partial denture		100%	0%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three procedure codes from this group per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		100%	0%

DEN 953

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, every two calendar years	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation	One per calendar year	100%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%

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GCHJR2TEN

DEN 955

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Panoramic X-ray				
D0330	Panoramic film	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis- adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	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 or involving incisal angle, anterior (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%

DEN 955

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	Two procedure codes from this group per calendar year	100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture per calendar year	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture per calendar year	100%	0%
D5212	Lower partial denture – resin		100%	0%
D5213	Upper partial denture – metal		100%	0%
D5214	Lower partial denture – metal		100%	0%
D5225	Upper partial denture		100%	0%
D5226	Lower partial denture		100%	0%
D5281	Unilateral partial denture		100%	0%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three procedure codes from this group per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		100%	0%

DEN 955

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation	One per calendar year	100%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%

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GCHJR2TEN

DEN 958

CAREington Network

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Panoramic X-ray				
D0330	Panoramic film	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	Two procedure codes from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Four procedure codes from this group per calendar year	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 or involving incisal angle, anterior (front)		100%	0%
D2391	Resin-based composite – one surface, posterior (back)		100%	0%

DEN 958

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2392	Resin-based composite – two surfaces, posterior (back)	Four procedure codes from this group per calendar year	100%	0%
D2393	Resin-based composite – three surfaces, posterior (back)		100%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back)		100%	0%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture per calendar year	100%	0%
D5120	Complete denture – mandibular (lower)		100%	0%
D5130	Immediate denture – maxillary (upper)		100%	0%
D5140	Immediate denture – mandibular (lower)		100%	0%
Partial denture				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture per calendar year	100%	0%
D5212	Lower partial denture – resin		100%	0%
D5213	Upper partial denture – metal		100%	0%
D5214	Lower partial denture – metal		100%	0%
D5225	Upper partial denture		100%	0%
D5226	Lower partial denture		100%	0%
D5281	Unilateral partial denture		100%	0%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Three procedure codes from this group per calendar year	100%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		100%	0%
D7220	Removal of impacted tooth – soft tissue		100%	0%
D7230	Removal of impacted tooth – partially bony		100%	0%
D7240	Removal of impacted tooth – completely bony		100%	0%
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications		100%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		100%	0%

DEN 958

ADA code	Description of benefit	Frequency/limitations	In-Network*	Out-of-network**
Periodontal scaling and root planing				
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	100%	0%
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		100%	0%
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation – full mouth after oral evaluation	One per calendar year	100%	0%
Denture reline procedures (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	100%	0%
D5731	Reline complete mandibular (lower) denture – chairside		100%	0%
D5750	Reline complete maxillary (upper) denture – lab		100%	0%
D5751	Reline complete mandibular (lower) denture – lab		100%	0%
Anesthesia				
D9215	Local anesthesia	As needed with covered benefits	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%

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GCHJR2TEN

DEN 975

HumanaDental® Network

Deductible	None
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam	One every three calendar years	100%	0%
Oral cancer screening				
D0431	Oral cancer screening	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray- single film	One procedure code from this group every calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%

DEN 975

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based composite – one surface, anterior (front)		50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	0%
Amalgam/composite restorations (fillings) (continued)				
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only	Two procedure codes from this group per calendar year	50%	0%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	0%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	0%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	0%

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DEN 975

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GCHJR2TEN

DEN 976

HumanaDental® Network

Deductible	None
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
D0180	Periodontal exam	One every three calendar years	100%	100%
Oral cancer screening				
D0431	Oral cancer screening	One per calendar year	100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group every calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X rays – four films		100%	100%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five years	100%	100%
D0330	Panoramic film		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	100%
D0230	Periapical X-ray – each additional film		100%	100%
D0240	Occlusal X-ray		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%

DEN 976

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes 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%
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D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	50%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only	50%	50%	
Amalgam/composite restorations (fillings) (continued)				
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only	Two procedure codes from this group per calendar year	50%	50%
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Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	50%
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GCHJR2TEN

DEN 977

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Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two from this grouping every calendar year	100%	N/A
D0150	Comprehensive oral evaluation (new or established patient)		100%	N/A
D0180	Periodontal exam	One every three years	100%	N/A
Bitewing X-rays				
D0270	Bitewing X-ray- single film	One procedure code from this group every calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	0%

DEN 977

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
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Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	0%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedures codes from this group every three calendar years	30%	0%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	0%

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GCHJR2TEN

DEN 978

HumanaDental® Network

Deductible	None
Annual maximum	\$1,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two from this grouping per calendar year	100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
D0180	Periodontal exam	One every three calendar years	100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray- single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X rays – four films		100%	100%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic film		100%	100%
Intraoral X-rays				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	100%
D0230	Periapical X-ray – first film		100%	100%
D0240	Periapical X-ray – first film		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%
Anesthesia				
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	As needed with covered benefits	100%	100%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes 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%

DEN 978

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings) (continued)				
D2161	Amalgam – four or more surfaces, primary or permanent	Two procedure codes from this group per calendar year	50%	50%
D2330	Resin-based composite – one surface, anterior (front)		50%	50%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	50%
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	50%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	50%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	50%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	50%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	50%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	50%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	30%
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure code from this group every three calendar years	30%	30%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	30%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	30%

DEN 978

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GCHJR2TEN

DEN 979

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure code from this group per calendar year	100%	0%
D0140	Oral evaluation, limited, problem-focused		100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam	One every three calendar years	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray- single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
General services				
D9223	Deep sedation/general anesthesia – each 15-minute increment	When medically necessary with oral surgery	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15-minute increment		100%	0%

DEN 979

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based composite – one surface, anterior (front)		50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
Amalgam/composite restorations (fillings) (continued)				
D2332	Resin-based composite – three surfaces, anterior (front)	Two procedure codes from this group per calendar year	50%	0%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	0%
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	0%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	0%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	0%
Recement of crown				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group every five calendar years	50%	0%
D2915	Recement cast or prefabricated post or core		50%	0%
D2920	Recement crown		50%	0%
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two per calendar year	50%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	0%

DEN 979

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar years	50%	0%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	0%
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure code from this group every three calendar years	30%	0%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	0%
Crowns				
D2510	Inlay, metallic – one surface – alternate benefit only	Two procedure codes from this group per calendar year	30%	0%
D2520	Inlay, metallic – two surfaces – alternate benefit only		30%	0%
D2530	Inlay, metallic – three or more surfaces – alternate benefit only		30%	0%
D2542	Onlay, metallic – two surfaces		30%	0%
D2543	Onlay, metallic – three surfaces		30%	0%
D2544	Onlay, metallic – four or more surfaces		30%	0%
D2610	Inlay – porcelain/ceramic – one surface – alternate benefit only		30%	0%
D2620	Inlay – porcelain/ceramic – two surfaces – alternate benefit only		30%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces – alternate benefit only		30%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		30%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		30%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		30%	0%
D2650	Inlay – resin-based composite – one surface – alternate benefit only		30%	0%
D2651	Inlay – resin-based composite – two surfaces – alternate benefit only		30%	0%
D2652	Inlay – resin-based composite – three or more surfaces – alternate benefit only		30%	0%

DEN 979

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns (continued)				
D2662	Onlay – resin-based composite – two surfaces	Two procedure codes from this group per calendar year	30%	0%
D2663	Onlay – resin-based composite – three surfaces		30%	0%
D2664	Onlay – resin-based composite – four or more surfaces		30%	0%
D2710	Crowns – alternate benefit only		30%	0%
D2712	Crowns – alternate benefit only		30%	0%
D2720	Crowns – alternate benefit only		30%	0%
D2721	Crowns – alternate benefit only		30%	0%
D2722	Crowns – alternate benefit only		30%	0%
D2740	Crowns – alternate benefit only		30%	0%
D2750	Crowns – alternate benefit only		30%	0%
D2751	Crowns – alternate benefit only		30%	0%
D2752	Crowns – alternate benefit only		30%	0%
D2780	Crowns – alternate benefit only		30%	0%
D2781	Crowns – alternate benefit only		30%	0%
D2782	Crowns – alternate benefit only		30%	0%
D2783	Crowns – alternate benefit only		30%	0%
D2790	Crowns – alternate benefit only		30%	0%
D2791	Crowns – alternate benefit only		30%	0%
D2792	Crowns – alternate benefit only	30%	0%	
D2794	Crown – titanium	30%	0%	
Oral Surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	30%	0%
D7230	Removal of impacted tooth – partially bony		30%	0%
D7240	Removal of impacted tooth – completely bony		30%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	0%
D7280	Surgical exposure of an unerupted tooth		30%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		30%	0%
D7286	Incisional biopsy of oral tissue – soft		30%	0%

DEN 979

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral Surgery (continued)				
D7287	Exfoliative cytological sample collection	Two procedure codes from this group per calendar year	30%	0%
D7288	Brush biopsy – transepithelial sample collection		30%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7410	Excision of benign lesion up to 1.25 cm		30%	0%
D7411	Excision of benign lesion greater than 1.25 cm		30%	0%
D7412	Excision of benign lesion, complicated		30%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	0%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	0%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		30%	0%
D7960	Frenulectomy (also known as frenectomy or frenotomy) separate procedure not incidental to another procedure		30%	0%
D7963	Frenuloplasty		30%	0%
D7970	Excision of hyperplastic tissue – per arch		30%	0%
D7971	Excision of pericoronal gingiva		30%	0%
D7972	Surgical reduction of fibrous tuberosity		30%	0%

DEN 979

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Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

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Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

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فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínizín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hółne' (TTY: 711).

العربية (Arabic):

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GCHJR2TEN

DEN 766

HumanaDental® Network

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral exam	Two procedure codes from this group per calendar year	100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
Emergency exams				
D0140	Oral evaluation, limited, problem-focused	Two per calendar year	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Extraoral X-rays (outside the mouth)				
D0250	Extraoral – first film	One procedure code from this group per calendar year	100%	0%
D0251	Extraoral posterior dental radiographic image		100%	0%
D0260	Extraoral – each additional film		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	0%

DEN 766

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Restorations (fillings)				
D2330	Resin-based composite – one surface, anterior (front)	One procedure code from this group every three calendar years	50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite – four or more surfaces, anterior (front)		50%	0%
Extractions				
D7140	Extraction, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Unlimited	75%	0%
Emergency treatment for pain				
D9110	Palliative treatment of pain, minor procedures	Two per calendar year	75%	0%

Benefits are offered on an annual basis. If these benefits are changed or eliminated next year and the benefits have not been used, the member will no longer be eligible for these benefits.

This is an all-inclusive list of covered services under this plan. Any services received that are not listed will not be covered by the plan and will be the member's responsibility.

*Network dentists have agreed to provide services at contracted fees (the in-network fee schedules, or INFS). If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee schedule (coinsurance payment still applies).

**Out-of-network dentists have not agreed to provide services at contracted fees. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

For information, call Humana Dental Customer Service.

- Members: 1-800-457-4708 (TDD: 711) Monday – Friday, 8 a.m. to 6 p.m. in your time zone.
- Providers: 1-800-833-2223 (TDD: 711) Monday – Friday, 8 a.m. to 8 p.m. Eastern time.

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GCHJR2TEN

DEN 982

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	100%
D0140	Oral evaluation, limited, problem-focused		100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
D0180	Periodontal exam	One every three calendar years	100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray- single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X rays – four films		100%	100%
Full mouth and panoramic X-rays				
D0210	Complete Series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	100%
D0330	Panoramic film		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group every year	100%	100%
D0230	Periapical X-ray – each additional film		100%	100%
D0240	Occlusal X-ray		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	100%

DEN 982

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
General services				
D9223	Deep sedation/general anesthesia – each 15 minute increment	When medically necessary with oral surgery	100%	100%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment		100%	100%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes 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%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	50%
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	50%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	50%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	50%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	50%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group every five calendar years	50%	50%
D2915	Recement cast or prefabricated post or core		50%	50%
D2920	Recement Crown		50%	50%
D6930	Recement fixed partial denture (bridge)	One every five calendar years	50%	50%

DEN 982

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two procedure codes from this group per calendar year	50%	50%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	50%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar years	50%	50%
Root canals				
D3310	Anterior endodontic therapy	One procedure code from this group per calendar year	30%	30%
D3320	Bicuspid endodontic therapy		30%	30%
D3330	Molar endodontic therapy		30%	30%
D3346	Retreatment of previous root canal therapy – anterior		30%	30%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	30%
D3348	Retreatment of previous root canal therapy – molar		30%	30%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	30%
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure code from this group per quadrant every three calendar years	30%	30%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	30%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	30%
Occlusal adjustments				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	30%	30%
D9952	Occlusal adjustment – complete		30%	30%
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	30%
D5120	Complete denture – mandibular (lower)		30%	30%
D5130	Immediate denture – maxillary (upper)		30%	30%
D5140	Immediate denture – mandibular (lower)		30%	30%

DEN 982

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture every five calendar years	30%	30%
D5212	Lower partial denture – resin		30%	30%
D5213	Upper partial denture – metal		30%	30%
D5214	Lower partial denture – metal		30%	30%
D5225	Upper partial denture		30%	30%
D5226	Lower partial denture		30%	30%
D5281	Unilateral partial denture		30%	30%
Adjustment to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	30%
D5411	Complete denture adjustment – mandibular (lower)		30%	30%
D5421	Partial denture adjustment – maxillary (upper)		30%	30%
D5422	Partial denture adjustment – mandibular (lower)		30%	30%
Repairs to dentures				
D5510	Repair broken complete denture base	One procedure code from this group per calendar year	30%	30%
D5520	Replace missing or broken teeth – complete denture		30%	30%
D5610	Repair resin denture base		30%	30%
D5620	Repair cast framework		30%	30%
D5630	Repair or replace broken clasp		30%	30%
D5640	Replace broken teeth – per tooth		30%	30%
D5650	Add tooth to existing partial denture		30%	30%
D5660	Add clasp to existing partial denture		30%	30%
D5670	Replace all teeth and acrylic on cast metal framework – maxillary (upper)		30%	30%
D5671	Replace all teeth and acrylic on cast metal framework – mandibular (lower)		30%	30%
Denture Rebase (not covered if done within six months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	30%
D5711	Rebase complete mandibular denture		30%	30%
D5720	Rebase maxillary partial denture		30%	30%
D5721	Rebase mandibular partial denture		30%	30%

DEN 982

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture Reline (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	30%
D5731	Reline complete mandibular (lower) denture – chairside		30%	30%
D5740	Reline maxillary partial denture – chairside		30%	30%
D5741	Reline mandibular partial denture – chairside		30%	30%
D5750	Reline complete maxillary (upper) denture – lab		30%	30%
D5751	Reline complete mandibular (lower) denture – lab		30%	30%
D5760	Reline maxillary partial denture – lab		30%	30%
D5761	Reline mandibular partial denture – lab		30%	30%
Tissue Conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	30%	30%
D5851	Tissue conditioning mandibular		30%	30%
Crowns				
D2510	Inlay – metallic – one surface – alternate benefit only	Two procedure codes from this group per calendar year	30%	30%
D2520	Inlay – metallic – two surfaces – alternate benefit only		30%	30%
D2530	Inlay – metallic – three or more surfaces – alternate benefit only		30%	30%
D2542	Onlay – metallic – two surfaces		30%	30%
D2543	Onlay – metallic – three surfaces		30%	30%
D2544	Onlay – metallic – four or more surfaces		30%	30%
D2610	Inlay – porcelain/ceramic – one surface – alternate benefit only		30%	30%
D2620	Inlay – porcelain/ceramic – two surfaces – alternate benefit only		30%	30%
D2630	Inlay – porcelain/ceramic – three or more surfaces – alternate benefit only		30%	30%
D2642	Onlay – porcelain/ceramic – two surfaces		30%	30%
D2643	Onlay – porcelain/ceramic – three surfaces		30%	30%
D2644	Onlay – porcelain/ceramic – four or more surfaces		30%	30%
D2650	Inlay – resin-based composite – one surface – alternate benefit only		30%	30%

DEN 982

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Crowns (continued)				
D2651	Inlay – resin-based composite – two surfaces – alternate benefit only	Two procedure codes from this group per calendar year	30%	30%
D2652	Inlay – resin based compos – three or more surfaces – alternate benefit only		30%	30%
D2662	Onlay – resin based compos – two surfaces		30%	30%
D2663	Onlay – resin based compos – three surfaces		30%	30%
D2664	Onlay – resin based compos – four or more surfaces		30%	30%
D2710	Crowns – alternate benefit only		30%	30%
D2712	Crowns – alternate benefit only		30%	30%
D2720	Crowns – alternate benefit only		30%	30%
D2721	Crowns – alternate benefit only		30%	30%
D2722	Crowns – alternate benefit only		30%	30%
D2740	Crowns – alternate benefit only		30%	30%
D2750	Crowns – alternate benefit only		30%	30%
D2751	Crowns – alternate benefit only		30%	30%
D2752	Crowns – alternate benefit only		30%	30%
D2780	Crowns – alternate benefit only		30%	30%
D2781	Crowns – alternate benefit only		30%	30%
D2782	Crowns – alternate benefit only		30%	30%
D2783	Crowns – alternate benefit only		30%	30%
D2790	Crowns – alternate benefit only		30%	30%
D2791	Crowns – alternate benefit only		30%	30%
D2792	Crowns – alternate benefit only		30%	30%
D2794	Crown – titanium		30%	30%
Oral Surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	30%	30%
D7230	Removal of impacted tooth – partially bony		30%	30%
D7240	Removal of impacted tooth – completely bony		30%	30%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	30%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	30%
D7280	Surgical exposure of an unerupted tooth		30%	30%

DEN 982

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral Surgery (continued)				
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	Two procedure codes from this group per calendar year	30%	30%
D7286	Incisional biopsy of oral tissue – soft		30%	30%
D7287	Exfoliative cytological sample collection		30%	30%
D7288	Brush biopsy – transepithelial sample collection		30%	30%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	30%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	30%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	30%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	30%
D7410	Excision of benign lesion up to 1.25 cm		30%	30%
D7411	Excision of benign lesion greater than 1.25 cm		30%	30%
D7412	Excision of benign lesion, complicated		30%	30%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	30%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	30%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	30%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	30%
D7510	Incision and drainage of abscess – intraoral soft tissue		30%	30%
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure		30%	30%
D7963	Frenuloplasty		30%	30%
D7970	Excision of hyperplastic tissue – per arch		30%	30%
D7971	Excision of pericoronal gingiva		30%	30%
D7972	Surgical reduction of fibrous tuberosity		30%	30%

DEN 982

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DEN 983

MyOption Total Dental

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	0%
D0140	Oral evaluation, limited, problem-focused		100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam	One every three calendar years	100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	0%
D0330	Panoramic film		100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X-rays – four films		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis- Adult (Includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	0%

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General services				
D9223	Deep sedation/general anesthesia – each 15 minute increment	When medically necessary with oral surgery	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%
D9243	intravenous moderate (conscious) sedation/analgesia – each 15 minute increment		100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
D2330	Resin based composite – one surface, anterior (front)		50%	0%
D2331	Resin based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	0%
D2391	Resin based composite – one surface, posterior (back) – alternate benefit only		50%	0%
D2392	Resin based composite – two surfaces, posterior (back) – alternate benefit only		50%	0%
D2393	Resin based composite – three surfaces, posterior (back) – alternate benefit only		50%	0%
D2394	Resin based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	0%
Recement of crown				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group every five calendar years	50%	0%
D2915	Recement cast or prefabricated post or core		50%	0%
D2920	Recement Crown		50%	0%
Recement of denture				
D6930	Recement fixed partial denture;	One every five calendar years	50%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two procedure codes from this group per calendar year	50%	0%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	50%	0%
Crowns				
D2510	Inlay – metallic – one surface – alternate benefit only	Two procedure codes from this group per calendar year	30%	0%
D2520	Inlay – metallic – two surfaces – alternate benefit only		30%	0%
D2530	Inlay – metallic – three or more surfaces – alternate benefit only		30%	0%
D2542	Onlay – metallic – two surfaces		30%	0%
D2543	Onlay – metallic – three surfaces		30%	0%
D2544	Onlay – metallic – four or more surfaces		30%	0%
D2610	Inlay – porcelain/ceramic – one surface – alternate benefit only		30%	0%
D2620	Inlay – porcelain/ceramic – two surfaces – alternate benefit only		30%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces – alternate benefit only		30%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		30%	0%
D2643	Onlay – porcelain/ceramic – three surfaces		30%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		30%	0%
D2650	Inlay – resin based composite – one surface – alternate benefit only		30%	0%
D2651	Inlay – resin based composite – two surfaces – alternate benefit only		30%	0%
D2652	Inlay – resin based compos – three or more surfaces – alternate benefit only		30%	0%
D2662	Onlay – resin based compos – two surfaces		30%	0%
D2663	Onlay – resin based compos – three surfaces		30%	0%
D2664	Onlay – resin based compos – four or more surfaces		30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns (continued)				
D2710	Crowns – alternate benefit only	Two procedure codes from this group per calendar year	30%	0%
D2712	Crowns – alternate benefit only		30%	0%
D2720	Crowns – alternate benefit only		30%	0%
D2721	Crowns – alternate benefit only		30%	0%
D2722	Crowns – alternate benefit only		30%	0%
D2740	Crowns – alternate benefit only		30%	0%
D2750	Crowns – alternate benefit only		30%	0%
D2751	Crowns – alternate benefit only		30%	0%
D2752	Crowns – alternate benefit only		30%	0%
D2780	Crowns – alternate benefit only		30%	0%
D2781	Crowns – alternate benefit only		30%	0%
D2782	Crowns – alternate benefit only		30%	0%
D2783	Crowns – alternate benefit only		30%	0%
D2790	Crowns – alternate benefit only		30%	0%
D2791	Crowns – alternate benefit only		30%	0%
D2792	Crowns – alternate benefit only		30%	0%
D2794	Crown – titanium	30%	0%	
Root canals				
D3310	Anterior endodontic therapy	One procedure code from this grouping per calendar year	30%	0%
D3320	Bicuspid endodontic therapy		30%	0%
D3330	Molar endodontic therapy		30%	0%
D3346	Retreatment of previous root canal therapy – anterior		30%	0%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	0%
D3348	Retreatment of previous root canal therapy – molar		30%	0%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	0%
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	30%	0%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One per calendar year	30%	0%

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Occlusal adjustments				
D9951	Occlusal adjustment – limited	One procedure code from this group every three years	30%	0%
D9952	Occlusal adjustment – complete		30%	0%
Complete dentures (Including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years.	30%	0%
D5120	Complete denture – mandibular (lower)		30%	0%
D5130	Immediate denture – maxillary (upper)		30%	0%
D5140	Immediate denture – mandibular (lower)		30%	0%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture every five years.	30%	0%
D5212	Lower partial denture – resin		30%	0%
D5213	Upper partial denture – metal		30%	0%
D5214	Lower partial denture – metal		30%	0%
D5225	Upper partial denture		30%	0%
D5226	Lower partial denture		30%	0%
D5281	Unilateral partial denture		30%	0%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%
Repairs to dentures				
D5510	Repair broken complete denture base	One procedure code from this group per calendar year	30%	0%
D5520	Replace missing or broken teeth – complete denture		30%	0%
D5610	Repair resin denture base		30%	0%
D5620	Repair cast framework		30%	0%
D5630	Repair or replace broken clasp		30%	0%
D5640	Replace broken teeth – per tooth		30%	0%
D5650	Add tooth to existing partial denture		30%	0%
D5660	Add clasp to existing partial denture		30%	0%
D5670	Replace all teeth and acrylic on cast metal framework – maxillary (upper)		30%	0%
D5671	Replace all teeth and acrylic on cast metal framework – mandibular (lower)		30%	0%

DEN 983

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Denture Rebase (not covered if done within six months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	0%
D5711	Rebase complete mandibular denture		30%	0%
D5720	Rebase maxillary partial denture		30%	0%
D5721	Rebase mandibular partial denture		30%	0%
Denture reline (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5740	Reline maxillary partial denture – chairside		30%	0%
D5741	Reline mandibular partial denture – chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%
D5760	Reline maxillary partial denture – lab		30%	0%
D5761	Reline mandibular partial denture – lab		30%	0%
Tissue conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	30%	0%
D5851	Tissue conditioning mandibular		30%	0%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	30%	0%
D7230	Removal of impacted tooth – partially bony		30%	0%
D7240	Removal of impacted tooth – completely bony		30%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	0%
D7280	Surgical exposure of an unerupted tooth		30%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		30%	0%
D7286	Incisional biopsy of oral tissue – soft		30%	0%
D7287	Exfoliative cytological sample collection		30%	0%
D7288	Brush biopsy – transepithelial sample collection		30%	0%

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ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral Surgery (continued)				
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	Two procedure codes from this group per calendar year	30%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7410	Excision of benign lesion up to 1.25 cm		30%	0%
D7411	Excision of benign lesion greater than 1.25 cm		30%	0%
D7412	Excision of benign lesion, complicated		30%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	0%
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GCHJR2TEN

DEN 984

MyOption Total Dental

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	100%
D0140	Oral evaluation, limited, problem-focused		100%	100%
D0150	Comprehensive oral evaluation (new or established patient)		100%	100%
D0180	Periodontal exam	One every three calendar years	100%	100%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group per calendar year	100%	100%
D0330	Panoramic film		100%	100%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	100%
D0272	Bitewing X-rays – two films		100%	100%
D0273	Bitewing X-rays – three films		100%	100%
D0274	Bitewing X-rays – four films		100%	100%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group every year	100%	100%
D0230	Periapical X-ray – each additional film		100%	100%
D0240	Occlusal X-ray		100%	100%
Prophylaxis (cleaning)				
D1110	Prophylaxis- adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	100%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	100%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
General services				
D9223	Deep sedation/general anesthesia – each 15 minute increment	When medically necessary with oral surgery	100%	100%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	100%
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment		100%	100%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes 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%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	50%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	50%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	50%
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	50%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	50%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	50%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	50%
Recement of crown				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group every five calendar years	50%	50%
D2915	Recement cast or prefabricated post or core		50%	50%
D2920	Recement crown		50%	50%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Recement of denture				
D6930	Recement fixed partial denture	One every five calendar years	50%	50%
Extractions				
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Two procedure codes from this group per calendar year	50%	50%
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	50%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar year	50%	50%
Crowns				
D2510	Inlay – metallic – one surface – alternate benefit only	Two procedure codes from this group per calendar year	30%	30%
D2520	Inlay – metallic – two surfaces – alternate benefit only		30%	30%
D2530	Inlay – metallic – three or more surfaces – alternate benefit only		30%	30%
D2542	Onlay – metallic – two surfaces		30%	30%
D2543	Onlay – metallic – three surfaces		30%	30%
D2544	Onlay – metallic – four or more surfaces		30%	30%
D2610	Inlay – porcelain/ceramic – one surface – alternate benefit only		30%	30%
D2620	Inlay – porcelain/ceramic – two surfaces – alternate benefit only		30%	30%
D2630	Inlay – porcelain/ceramic – three or more surfaces – alternate benefit only		30%	30%
D2642	Onlay – porcelain/ceramic – two surfaces		30%	30%
D2643	Onlay – porcelain/ceramic – three surfaces		30%	30%
D2644	Onlay – porcelain/ceramic – four or more surfaces		30%	30%
D2650	Inlay – resin-based composite – one surface – alternate benefit only		30%	30%
D2651	Inlay – resin-based composite – two surfaces – alternate benefit only		30%	30%
D2652	Inlay – resin based compos – three or more surfaces – alternate benefit only		30%	30%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns (continued)				
D2662	Onlay – resin based composite – two surfaces	Two procedure codes from this group per calendar year	30%	30%
D2663	Onlay – resin based composite – three surfaces		30%	30%
D2664	Onlay – resin based composite – four or more surfaces		30%	30%
D2710	Crowns – alternate benefit only		30%	30%
D2712	Crowns – alternate benefit only		30%	30%
D2720	Crowns – alternate benefit only		30%	30%
D2721	Crowns – alternate benefit only		30%	30%
D2722	Crowns – alternate benefit only		30%	30%
D2740	Crowns – alternate benefit only		30%	30%
D2750	Crowns – alternate benefit only		30%	30%
D2751	Crowns – alternate benefit only		30%	30%
D2752	Crowns – alternate benefit only		30%	30%
D2780	Crowns – alternate benefit only		30%	30%
D2781	Crowns – alternate benefit only		30%	30%
D2782	Crowns – alternate benefit only		30%	30%
D2783	Crowns – alternate benefit only		30%	30%
D2790	Crowns – alternate benefit only		30%	30%
D2791	Crowns – alternate benefit only	30%	30%	
D2792	Crowns – alternate benefit only	30%	30%	
D2794	Crown – titanium	30%	30%	
Root canals				
D3310	Anterior endodontic therapy	One procedure code form this group per calendar year	30%	30%
D3320	Bicuspid endodontic therapy		30%	30%
D3330	Molar endodontic therapy		30%	30%
D3346	Retreatment of previous root canal therapy – anterior		30%	30%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	30%
D3348	Retreatment of previous root canal therapy – molar		30%	30%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	30%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure per quadrant, per calendar year	30%	30%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	30%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One per calendar year	30%	30%
Occlusal adjustments				
D9951	Occlusal adjustment – limited	One procedure code from this group every three years	30%	30%
D9952	Occlusal adjustment – complete		30%	30%
Complete dentures (Including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five years.	30%	30%
D5120	Complete denture – mandibular (lower)		30%	30%
D5130	Immediate denture – maxillary (upper)		30%	30%
D5140	Immediate denture – mandibular (lower)		30%	30%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture every five years.	30%	30%
D5212	Lower partial denture – resin		30%	30%
D5213	Upper partial denture – metal		30%	30%
D5214	Lower partial denture – metal		30%	30%
D5225	Upper partial denture		30%	30%
D5226	Lower partial denture		30%	30%
D5281	Unilateral partial denture		30%	30%
Adjustments to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	30%
D5411	Complete denture adjustment – mandibular (lower)		30%	30%
D5421	Partial denture adjustment – maxillary (upper)		30%	30%
D5422	Partial denture adjustment – mandibular (lower)		30%	30%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Repairs to dentures				
D5510	Repair broken complete denture base	One procedure code from this group per calendar year	30%	30%
D5520	Replace missing or broken teeth – complete denture		30%	30%
D5610	Repair resin denture base		30%	30%
D5620	Repair cast framework		30%	30%
D5630	Repair or replace broken clasp		30%	30%
D5640	Replace broken teeth – per tooth		30%	30%
D5650	Add tooth to existing partial denture		30%	30%
D5660	Add clasp to existing partial denture		30%	30%
D5670	Replace all teeth and acrylic on cast metal framework – maxillary (upper)		30%	30%
D5671	Replace all teeth and acrylic on cast metal framework – mandibular (lower)		30%	30%
Denture rebase (not covered if done within six months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	30%
D5711	Rebase complete mandibular denture		30%	30%
D5720	Rebase maxillary partial denture		30%	30%
D5721	Rebase mandibular partial denture		30%	30%
Denture reline (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	30%
D5731	Reline complete mandibular (lower) denture – chairside		30%	30%
D5740	Reline maxillary partial denture – chairside		30%	30%
D5741	Reline mandibular partial denture – chairside		30%	30%
D5750	Reline complete maxillary (upper) denture – lab		30%	30%
D5751	Reline complete mandibular (lower) denture – lab		30%	30%
D5760	Reline maxillary partial denture – lab		30%	30%
D5761	Reline mandibular partial denture – lab		30%	30%
Tissue conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	30%	30%
D5851	Tissue conditioning mandibular		30%	30%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	30%	30%
D7230	Removal of impacted tooth – partially bony		30%	30%
D7240	Removal of impacted tooth – completely bony		30%	30%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	30%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	30%
D7280	Surgical exposure of an unerupted tooth		30%	30%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		30%	30%
D7286	Incisional biopsy of oral tissue – soft		30%	30%
D7287	Exfoliative cytological sample collection		30%	30%
D7288	Brush biopsy – transepithelial sample collection		30%	30%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	30%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	30%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	30%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	30%
D7410	Excision of benign lesion up to 1.25 cm		30%	30%
D7411	Excision of benign lesion greater than 1.25 cm		30%	30%
D7412	Excision of benign lesion, complicated		30%	30%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	30%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	30%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	30%

DEN 984

MyOption Total Dental

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral surgery (continued)				
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	Two procedure codes from this group per calendar year	30%	30%
D7510	Incision and drainage of abscess – intraoral soft tissue		30%	30%
D7960	Frenulectomy (also known as frenectomy or frenotomy) – separate procedure not incidental to another procedure		30%	30%
D7963	Frenuloplasty		30%	30%
D7970	Excision of hyperplastic tissue – per arch		30%	30%
D7971	Excision of pericoronal gingiva		30%	30%
D7972	Surgical reduction of fibrous tuberosity		30%	30%

Benefits are offered on an annual basis. If benefits are changed or eliminated next year, and the benefits have not been used, the member will no longer be eligible for the benefits.

This is an all-inclusive list of services covered under this plan. Any services received that are not listed will not be covered by the plan and will be the member's responsibility.

*Network dentists have agreed to provide services at contracted fees, which are described in the in-network fee schedules, or INFS. If a member visits a participating network dentist, the member will not be billed for more than the amount stated on the negotiated fee schedule. Please note that coinsurance payments still apply.

**Out-of-network dentists have not agreed to provide services at contracted fees. If a member sees and out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

For information, call Humana Dental Customer Service.

- Members: 1-800-457-4708 (TDD: 711) Monday – Friday, 8 a.m. to 6 p.m. in your time zone.
- Providers: 1-800-833-2223 (TDD: 711) Monday – Friday, 8 a.m. to 8 p.m. Eastern time.

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Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínizín: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hólne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

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DEN 981

HumanaDental® Network

Deductible	None
Annual maximum	\$2,000
Waiting periods	None

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Exams				
D0120	Periodic oral evaluation	Two procedure codes from this group per calendar year	100%	0%
D0140	Oral evaluation, limited, problem-focused		100%	0%
D0150	Comprehensive oral evaluation (new or established patient)		100%	0%
D0180	Periodontal exam	One every three calendar years	100%	0%
Oral cancer screening				
D0431	Oral cancer screening	One per calendar year	100%	0%
Bitewing X-rays				
D0270	Bitewing X-ray – single film	One procedure code from this group per calendar year	100%	0%
D0272	Bitewing X-rays – two films		100%	0%
D0273	Bitewing X-rays – three films		100%	0%
D0274	Bitewing X rays – four films		100%	0%
Full mouth and panoramic X-rays				
D0210	Complete series X-ray (includes bitewings)	One procedure code from this group every five calendar years	100%	0%
D0330	Panoramic film		100%	0%
Intraoral X-rays (inside the mouth)				
D0220	Periapical X-ray – first film	One procedure code from this group per calendar year	100%	0%
D0230	Periapical X-ray – each additional film		100%	0%
D0240	Occlusal X-ray		100%	0%
Prophylaxis (cleaning)				
D1110	Prophylaxis – adult (includes removal of plaque, calculus and stains from the tooth structures)	Two per calendar year	100%	0%
Fluoride				
D1208	Topical fluoride application – adult (covered when cleaning and fluoride procedures are separate)	Two per calendar year	100%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
General services				
D9223	Deep sedation/general anesthesia – each 15-minute increment	When medically necessary with oral surgery	100%	0%
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide		100%	0%
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15-minute increment		100%	0%
Amalgam/composite restorations (fillings)				
D2140	Amalgam – one surface, primary or permanent	Two procedure codes from this group per calendar year	50%	0%
D2150	Amalgam – two surfaces, primary or permanent		50%	0%
D2160	Amalgam – three surfaces, primary or permanent		50%	0%
D2161	Amalgam – four or more surfaces, primary or permanent		50%	0%
D2330	Resin-based composite – one surface, anterior (front)		50%	0%
D2331	Resin-based composite – two surfaces, anterior (front)		50%	0%
D2332	Resin-based composite – three surfaces, anterior (front)		50%	0%
D2335	Resin-based composite – four or more surfaces or involving incisal angle, anterior (front)		50%	0%
D2391	Resin-based composite – one surface, posterior (back) – alternate benefit only		50%	0%
D2392	Resin-based composite – two surfaces, posterior (back) – alternate benefit only		50%	0%
D2393	Resin-based composite – three surfaces, posterior (back) – alternate benefit only		50%	0%
D2394	Resin-based composite – four or more surfaces, posterior (back) – alternate benefit only		50%	0%
Recement of crown or bridge				
D2910	Recement inlay, onlay or partial coverage restoration	One procedure code from this group every five calendar years	50%	0%
D2915	Recement cast or prefabricated post or core		50%	0%
D2920	Recement crown		50%	0%
D6930	Recement fixed partial denture (bridge)	One every five calendar years	50%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Extractions				
D7140	Extractions, erupted tooth or exposed root (includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary)	Two procedure codes from this group per calendar year	50%	0%
D7210	Surgical removal of erupted tooth requiring evaluation of mucoperiosteal flap and removal of bone and/or section of tooth		50%	0%
Emergency treatment for pain				
D9110	Palliative (emergency) treatment of pain, minor procedures	Two per calendar years	50%	0%
Root canals				
D3310	Anterior endodontic therapy	One procedure code from this group per calendar year	30%	0%
D3320	Bicuspid endodontic therapy		30%	0%
D3330	Molar endodontic therapy		30%	0%
D3346	Retreatment of previous root canal therapy – anterior		30%	0%
D3347	Retreatment of previous root canal therapy – bicuspid		30%	0%
D3348	Retreatment of previous root canal therapy – molar		30%	0%
Periodontal maintenance				
D4910	Periodontal maintenance following periodontal therapy	Two per calendar year	30%	0%
Periodontal scaling and root planing				
D4341	Scaling and root planing – four or more teeth per quadrant	One procedure code from this group per quadrant every three calendar years	30%	0%
D4342	Scaling and root planing – one to three teeth per quadrant		30%	0%
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One every three calendar years	30%	0%
Occlusal adjustments				
D9951	Occlusal adjustment – limited	One procedure code from this group every three calendar years	30%	0%
D9952	Occlusal adjustment – complete		30%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Complete dentures (including routine post delivery care)				
D5110	Complete denture – maxillary (upper)	One upper and/or one lower complete denture every five calendar years	30%	0%
D5120	Complete denture – mandibular (lower)		30%	0%
D5130	Immediate denture – maxillary (upper)		30%	0%
D5140	Immediate denture – mandibular (lower)		30%	0%
Partial dentures				
D5211	Upper partial denture – resin	One upper and/or one lower partial denture every five calendar years	30%	0%
D5212	Lower partial denture – resin		30%	0%
D5213	Upper partial denture – metal		30%	0%
D5214	Lower partial denture – metal		30%	0%
D5225	Upper partial denture		30%	0%
D5226	Lower partial denture		30%	0%
D5281	Unilateral partial denture		30%	0%
Adjustment to dentures (not covered if within six months of initial placement)				
D5410	Complete denture adjustment – maxillary (upper)	One procedure code from this group per calendar year	30%	0%
D5411	Complete denture adjustment – mandibular (lower)		30%	0%
D5421	Partial denture adjustment – maxillary (upper)		30%	0%
D5422	Partial denture adjustment – mandibular (lower)		30%	0%
Repairs to dentures				
D5510	Repair broken complete denture base	One procedure code from this group per calendar year	30%	0%
D5520	Replace missing or broken teeth – complete denture		30%	0%
D5610	Repair resin denture base		30%	0%
D5620	Repair cast framework		30%	0%
D5630	Repair or replace broken clasp		30%	0%
D5640	Replace broken teeth – per tooth		30%	0%
D5650	Add tooth to existing partial denture		30%	0%
D5660	Add clasp to existing partial denture		30%	0%
D5670	Replace all teeth and acrylic on cast metal framework – maxillary (upper)		30%	0%
D5671	Replace all teeth and acrylic on cast metal framework – mandibular (lower)		30%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Denture rebase (not covered if done within six months of installation)				
D5710	Rebase complete maxillary denture	One procedure code from this group per calendar year	30%	0%
D5711	Rebase complete mandibular denture		30%	0%
D5720	Rebase maxillary partial denture		30%	0%
D5721	Rebase mandibular partial denture		30%	0%
Denture reline (not allowed on spare dentures)				
D5730	Reline complete maxillary (upper) denture – chairside	One procedure code from this group per calendar year	30%	0%
D5731	Reline complete mandibular (lower) denture – chairside		30%	0%
D5740	Reline maxillary partial denture – chairside		30%	0%
D5741	Reline mandibular partial denture – chairside		30%	0%
D5750	Reline complete maxillary (upper) denture – lab		30%	0%
D5751	Reline complete mandibular (lower) denture – lab		30%	0%
D5760	Reline maxillary partial denture – lab		30%	0%
D5761	Reline mandibular partial denture – lab		30%	0%
Tissue conditioning (not covered if done within six months of installation)				
D5850	Tissue conditioning maxillary	One procedure code from this group per calendar year	30%	0%
D5851	Tissue conditioning mandibular		30%	0%
Crowns				
D2510	Inlay – metallic – one surface – alternate benefit only	Two procedure codes from this group per calendar year	30%	0%
D2520	Inlay – metallic – two surfaces – alternate benefit only		30%	0%
D2530	Inlay – metallic – three or more surfaces – alternate benefit only		30%	0%
D2542	Onlay – metallic – two surfaces		30%	0%
D2543	Onlay – metallic – three surfaces		30%	0%
D2544	Onlay – metallic – four or more surfaces		30%	0%
D2610	Inlay – porcelain/ceramic – one surface – alternate benefit only		30%	0%
D2620	Inlay – porcelain/ceramic – two surfaces – alternate benefit only		30%	0%
D2630	Inlay – porcelain/ceramic – three or more surfaces – alternate benefit only		30%	0%
D2642	Onlay – porcelain/ceramic – two surfaces		30%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Crowns (continued)				
D2643	Onlay – porcelain/ceramic – three surfaces	Two procedure codes from this group per calendar year	30%	0%
D2644	Onlay – porcelain/ceramic – four or more surfaces		30%	0%
D2650	Inlay – resin-based composite – one surface – alternate benefit only		30%	0%
D2651	Inlay – resin-based composite – two surfaces – alternate benefit only		30%	0%
D2652	Inlay – resin-based composite – three or more surfaces – alternate benefit only		30%	0%
D2662	Onlay – Resin-based composite – two surfaces		30%	0%
D2663	Onlay – Resin-based composite – three surfaces		30%	0%
D2664	Onlay – Resin-based composite – four or more surfaces		30%	0%
D2710	Crowns – alternate benefit only		30%	0%
D2712	Crowns – alternate benefit only		30%	0%
D2720	Crowns – alternate benefit only		30%	0%
D2721	Crowns – alternate benefit only		30%	0%
D2722	Crowns – alternate benefit only		30%	0%
D2740	Crowns – alternate benefit only		30%	0%
D2750	Crowns – alternate benefit only		30%	0%
D2751	Crowns – alternate benefit only		30%	0%
D2752	Crowns – alternate benefit only		30%	0%
D2780	Crowns – alternate benefit only		30%	0%
D2781	Crowns – alternate benefit only		30%	0%
D2782	Crowns – alternate benefit only		30%	0%
D2783	Crowns – alternate benefit only		30%	0%
D2790	Crowns – alternate benefit only		30%	0%
D2791	Crowns – alternate benefit only		30%	0%
D2792	Crowns – alternate benefit only		30%	0%
D2794	Crown – titanium		30%	0%
Oral surgery				
D7220	Removal of impacted tooth – soft tissue	Two procedure codes from this group per calendar year	30%	0%
D7230	Removal of impacted tooth – partially bony		30%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral surgery (continued)				
D7240	Removal of impacted tooth – completely bony	Two procedure codes from this group per calendar year	30%	0%
D7250	Surgical removal of residual tooth roots (cutting procedure)		30%	0%
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth		30%	0%
D7280	Surgical exposure of an unerupted tooth		30%	0%
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)		30%	0%
D7286	Incisional biopsy of oral tissue – soft		30%	0%
D7287	Exfoliative cytological sample collection		30%	0%
D7288	Brush biopsy – transepithelial sample collection		30%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7410	Excision of benign lesion up to 1.25 cm		30%	0%
D7411	Excision of benign lesion greater than 1.25 cm		30%	0%
D7412	Excision of benign lesion, complicated		30%	0%
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	0%
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	0%
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm		30%	0%
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm		30%	0%
D7510	Incision and drainage of abscess – intraoral soft tissue		30%	0%

DEN 981

ADA code	Description of benefit	Frequency/limitations	In-network*	Out-of-network**
Oral surgery (continued)				
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	Two procedure codes from this group per calendar year	30%	0%
D7963	Frenuloplasty		30%	0%
D7970	Excision of hyperplastic tissue – per arch		30%	0%
D7971	Excision of pericoronal gingiva		30%	0%
D7972	Surgical reduction of fibrous tuberosity		30%	0%
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		30%	0%
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		30%	0%
D7410	Excision of benign lesion up to 1.25 cm		30%	0%
D7411	Excision of benign lesion greater than 1.25 cm		30%	0%

Benefits are offered on an annual basis. If benefits are changed or eliminated next year, and the benefits have not been used, the member will no longer be eligible for the benefits.

This is an all-inclusive list of services covered under this plan. Any services received that are not listed will not be covered by the plan and will be the member's responsibility.

*Network dentists have agreed to provide services at contracted fees, which are described in the in-network fee schedules, or INFS. If a member visits a participating network dentist, the member will not be billed for more than the amount stated on the negotiated fee schedule. Please note that coinsurance payments still apply.

**Out-of-network dentists have not agreed to provide services at contracted fees. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule (INFS) in your area. Members are responsible for the difference between the INFS and dentists' charged fees when visiting an out-of-network dentist.

DEN 981

For information, call Humana Dental Customer Service.

- Members: 1-800-457-4708 (TDD: 711) Monday – Friday, 8 a.m. to 6 p.m. in your time zone.
- Providers: 1-800-833-2223 (TDD: 711) Monday – Friday, 8 a.m. to 8 p.m. Eastern time.

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Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員卡上的電話號碼 (TTY：711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số điện thoại ghi trên thẻ ID của quý vị (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . ID 카드에 적혀 있는 번호로 전화해 주십시오 (TTY: 711).

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero na nasa iyong ID card (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Наберите номер, указанный на вашей карточке-удостоверении (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki sou kat idantite manm ou (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro figurant sur votre carte de membre (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Proszę zadzwonić pod numer podany na karcie identyfikacyjnej (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para o número presente em seu cartão de identificação (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero che appare sulla tessera identificativa (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wählen Sie die Nummer, die sich auf Ihrer Versicherungskarte befindet (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お手持ちの ID カードに記載されている電話番号までご連絡ください (TTY：711)。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با شماره تلفن روی کارت شناسایی تان تماس بگیرید (TTY: 711).

Diné Bizaad (Navajo): Díí baa akó nínizín: Díí saad bee yáńíłt'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, námbóo ninaaltsoos yézhí, bee nées ho'dółzin bikáá'ígíí bee hółne' (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم الهاتف الموجود على بطاقة الهوية الخاصة بك (رقم هاتف الصم والبكم: 711).

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