

PATIENT INFORMATION

Patient Name	[REDACTED]
Patient DOB	[REDACTED]
Insured	[REDACTED]
Subscriber DOB	[REDACTED]
Patient Member ID	[REDACTED]
Subscriber ID#/SSN #	[REDACTED]
Coverage Type	SELF
Is Subscriber	YES

INSURANCE COMPANY INFORMATION

Insurance Company	Humana
Claims Address	PO Box 14283, Lexington, KY 40512-0232
INS Phone #	NA

POLICY & PLAN DETAILS

Policy Effective Date	01/01/2026
Provider Participation(In/Out)	IN
Employer	[REDACTED]
GROUP NAME	[REDACTED]
GROUP NUMBER	[REDACTED]
PLAN NAME	Humana DEN283 (IM\$1000 / ID\$0 / FD\$0/No Ortho) (Group no : [REDACTED])
Plan Type	PPO
CONTRACT TYPE	Calendar
ANNUAL MAX	\$1,000.00
MAX REMAINING	\$884.00
DEDUCTIBLE (INDIVIDUAL)	\$0.00
DEDUCTIBLE REMAINING (INDIVIDUAL)	\$0.00
DEDUCTIBLE (FAMILY)	\$0.00
DEDUCTIBLE REMAINING (FAMILY)	\$0.00
WAITING PERIOD	NO
MISSING TOOTH CLAUSE	NO
Age Limit	no age limit
Coordination of Benefits	STANDARD

CO-INSURANCE LEVELS

PREV/DIAG	100%
BASIC	100%
MAJOR	100%
ENDO	100%
PERIO	100%
ORAL SURGERY	100%
Deductible Applicable	N/A

COVERAGE AND FREQUENCIES

Periodic Evaluation (D0120)	100% 2X1 CALENDAR YEAR(S)
Limited Oral Evaluation (D0140)	100% 1X1 CALENDAR YEAR(S)
Comprehensive Evaluation (D0150)	100% 1X3 CALENDAR YEAR(S), D0150 & D0180 shares
Periodontal Evaluation (D0180)	100% 1X3 CALENDAR YEAR(S), D0150 & D0180 shares
Do all the exams share frequency?	NO
Adult Prophylaxis (D1110)	100% 2X1 CALENDAR YEAR(S)
Child Prophylaxis (D1120)	NOT COVERED
Does it shares with perio maintenance?	DOES NOT SHARE WITH 4910
4 Radiographic Image (D0274)	100% 1X1 CALENDAR YEAR(S)
Full Mouth X-Ray (D0210)	100% 1X5 CALENDAR YEAR(S)
Panoramic X-Ray (D0330)	100% 1X5 CALENDAR YEAR(S)
Do FMX/PAN share?	SHARE
Periapical X-Ray (D0220)	100% 1X1 CALENDAR YEAR(S)
SRP - Four or More Teeth (D4341)	100% 1X3 CALENDAR YEAR(S)
Can all 4 Quads done on the same day	4
X-rays & Charting required?	requires xray/narrative & perio charting
Sealant (D1351)	NOT COVERED
Fluoride Treatment (D1208)	NOT COVERED
Topical Fluoride Varnish (D1206)	NOT COVERED
Periodontal Maintenance (D4910)	100% 4X1 CALENDAR YEAR(S)
Shares with prophyl or not?	DOES NOT SHARE
Waiting period between SRP and next Perio Maintenance	94 days
One Surface Posterior (D2391)	100% , no frequency
Two Surface Posterior (D2392)	100% , no frequency
Three Surface Posterior (D2393)	100% , no frequency
Four or More Surface Posterior (D2394)	100% , no frequency
Composites downgraded?	NO DOWNGRADE
Therapeutic Pulpotomy (D3220)	NOT COVERED
Anterior (D3310)	100% , no frequency
Bicuspid (D3320)	100% , no frequency
Molar (D3330)	100% , no frequency
Gingivectomy - Four or More Teeth (D4210)	NOT COVERED
Scaling with Inflammation (D4346)	100% 1X3 CALENDAR YEAR(S)
Does D4346 share frequency with Propthy?	NO
Full Mouth Debridement (D4355)	NOT COVERED
Local Antimicrobial Delivery (D4381)	NOT COVERED

Bone Replacement Graft (D4263)	NOT COVERED
Guided Tissue Regeneration (D4266)	NOT COVERED
Combined Connective Tissue and Double Pedicle Graft (D4276)	NOT COVERED
Clinical Crown Lengthening - Hard Tissue (D4249)	NOT COVERED
Osseous Surgery (D4260)	NOT COVERED
Porcelain / Ceramic Crown (D2740)	100% 1 IN 1 LIFETIME
Porcelain Fused to Metal Crown (D2750)	100% 1 IN 1 LIFETIME
Seat or Prep date	prep date
For crowns: Does alternate benefits apply	pre estimate suggested for downgrade , subject to downgrade
Abutment Supported Porcelain/Ceramic Crown (D6059)	NOT COVERED
Pontic - Porcelain/Ceramic (D6245)	NOT COVERED
Surgical Placement of Endosteal Implant (D6010)	NOT COVERED
Prefabricated Abutment (D6056)	NOT COVERED
Custom Abutment (D6057)	NOT COVERED
Bone Graft for Ridge Preservation (D6104)	NOT COVERED
Osseointegrated Implant/Fixture (D7950)	NOT COVERED
Bone Graft for Ridge Preservation Per Site (D7953)	NOT COVERED
Crown Repair (D2980)	NOT COVERED
Core Buildup (D2950)	100% 1 IN 1 LIFETIME
Surgical Extraction - Erupted Tooth (D7210)	100% , no frequency
Removal of Impacted Tooth - Soft Tissue (D7220)	100% 2X1 CALENDAR YEAR(S)
Removal of Impacted Tooth - Partially Bony (D7230)	100% 2X1 CALENDAR YEAR(S)
Removal of Impacted Tooth - Completely Bony (D7240)	100% 2X1 CALENDAR YEAR(S)
Removal of Impacted Tooth - Completely Bony with Complications (D7241)	NOT COVERED
Note	DENTAL ONLY
Coordinates with Medical?	NO
Extraction - Erupted Tooth or Exposed Root (D7140)	100% , no frequency
Conscious Sedation/Analgesia (D9243)	100% , as needed
IV Sedation Guidelines	no specific guidelines
Occlusal Guard - Hard (D9944)	NOT COVERED
Occlusal Guard - Soft (D9945)	NOT COVERED
Palliative Treatment (D9110)	100% 2X1 CALENDAR YEAR(S)

ORTHODONTICS

Ortho %	Not Covered
Is Covered	NO
What is the down payment percentage(percentage paid at initial banding)	Not Covered

HISTORY

EXAMS	Periodontal Evaluation (D0180): [REDACTED]
PROPHYLAXIS	NO HX
BITEWINGS	NO HX
Fluoride	NO HX
Sealants	NO HX
FMX/PAN	Panoramic X-Ray (D0330): [REDACTED] 0180 -
SRP	NO HX
PERIO MAINTENANCE	NO HX
Notes	[REDACTED] [REDACTED]

REPRESENTATIVE SPOKE TO

NA

EMPLOYEE AND DATE VERIFIED

NA