Dental Value C550

Individual Dental

About your plan

Good oral health means more than an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist are integral to overall health.[1]

The Dental Value C550 is a dental HMO plan that covers preventive, basic and major dental services provided by the primary care dentist of your choice from our dental network. This plan has no waiting periods, no claims to file, no annual maximum, and no deductibles. Copayments for listed services are applicable only at a participating primary care dentist. Visit **Humana.com/Find-Care** to find a participating dentist.

Who can enroll in this plan – Anyone can enroll in this plan.

What to expect

- You will be required to choose a general dentist as your primary care dentist from our network when you enroll in this plan. If you wish to change your primary care dentist in the future, contact Customer Service or go to **HumanaOneMembers.com** to update your plan.
- The service copayments are paid directly to your primary care dentist when you receive dental care. Note, your primary care dentist may or may not provide services for all listed ADA codes.
- Services provided by specialists are not covered by these copays and in some instances are only available through a specialist, like oral surgery procedures. You may however receive services from an in-network specialist and may receive a 25% discount. To find an in-network dental provider, including specialists, visit **Humana.com/Find-Care.**

How your plan works

The following provides a summary of the Dental Value C550 benefits. Services marked with a single asterisk (*) require separate payment of laboratory charges. The laboratory charges must be paid to the primary care dentist in addition to any applicable copayment for the service.

Out-of-network dentists can bill you for charges above the amount covered by your dental plan. To ensure you do not receive additional charges, you can visit a dentist in our nationwide network. Waiting periods and other limitations may apply; please see your policy for coverage details.

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ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Diagnostic			
D0120	Periodic oral evaluation – established patient	No limit	No charge
D0140	Limited oral evaluation – problem focused		No charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver		No charge
D0150	Comprehensive oral evaluation – new or established patient		No charge
D0160	Detailed and extensive oral evaluation – problem focused, by report		No charge
D0180	Comprehensive periodontal evaluation – new or established patient		$25
D0210	Intraoral – comprehensive series of radiographic images		No charge
D0220	Intraoral – periapical first radiographic image		No charge
D0230	Intraoral – periapical each additional radiographic image		No charge
D0251	Extra-oral posterior dental radiographic image		No charge
D0270	Bitewing – single radiographic image		No charge
D0272	Bitewings – two radiographic images		No charge
D0273	Bitewings – three radiographic images		No charge
D0274	Bitewings – four radiographic images		No charge
D0330	Panoramic radiographic image	Limit one per three years	No charge
D0460	Pulp vitality tests	No limit	No charge
D0470	Diagnostic casts		No charge
Preventive			
D1110	Prophylaxis – adult	Once every six months	No charge
D1110	Prophylaxis – adult (additional)	No limit	$35
D1120	Prophylaxis – child	Once every six months	No charge
D1120	Prophylaxis – child (additional)	No limit	$35
D1206	Topical application of fluoride varnish	Limit two per 12 calendar months	No charge
D1208	Topical application of fluoride – excluding varnish		No charge
D1330	Oral hygiene instructions	No limit	No charge
D1351	Sealant – per tooth	Limit permanent teeth only, age 16 and younger	$20
D1510*	Space maintainer – fixed, unilateral – per quadrant	Excludes a distal shoe space maintainer; age 14 and younger	$65
D1516*	Space maintainer – fixed – bilateral, maxillary	Age 14 and younger	$65
D1517*	Space maintainer – fixed – bilateral, mandibular		$65
D1520*	Space maintainer – removable, unilateral – per quadrant		$105
D1526*	Space maintainer – removable – bilateral, maxillary		$105
D1527*	Space maintainer – removable – bilateral, mandibular		$105
D1551	Re-cement or re-bond bilateral space maintainer – maxillary	No limit	$20
D1552	Re-cement or re-bond bilateral space maintainer – mandibular		$20
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant		$20
D1575*	Digital shoe space maintainer – fixed, unilateral – per quadrant	Age 14 and younger	$185

ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Restorative			
D2140	Amalgam – one surface, primary or permanent	No limit	$30
D2150	Amalgam – two surfaces, primary or permanent		$35
D2160	Amalgam – three surfaces, primary or permanent		$40
D2161	Amalgam – four or more surfaces, primary or permanent		$50
Resin restoration (including acid etch, adhesives, liners and bases)			
D2330	Resin based composite – one surface, anterior	No limit	$50
D2331	Resin based composite – two surfaces, anterior		$55
D2332	Resin based composite – three surfaces, anterior		$65
D2391	Resin-based composite – one surface, posterior		$90
D2392	Resin-based composite – two surfaces, posterior		$110
D2393	Resin-based composite – three surfaces, posterior		$130
D2394	Resin-based composite – four or more surfaces, posterior		$150
Restoration (other restoration services)			
D2940	Protective restoration	No limit	$30
D2999	Unspecified restorative procedure, by report		No charge
Inlay restorations			
D2510	Inlay – metallic – one surface	No limit	$155
D2520	Inlay – metallic – two surfaces		$165
D2530	Inlay – metallic – three or more surfaces		$190
Crowns and bridges			
D2740*	Crown – porcelain/ceramic	No limit	$370
D2750	Crown – porcelain fused to high noble metal		$370
D2751	Crown – porcelain fused to predominantly base metal		$370
D2752	Crown – porcelain fused to noble metal		$370
D2790	Crown – full cast high noble metal		$370
D2791	Crown – full cast predominantly base metal		$370
D2792	Crown – full cast noble metal		$370
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration		$30
D2920	Re-cement or re-bond crown		$30
D2930	Prefabricated stainless steel crown – primary tooth		$120
D2950	Core buildup, including any pins when required		$60
D2951	Pin retention – per tooth, in addition to restoration		$30
D2952*	Post and core in addition to crown, indirectly fabricated		$120
D2953*	Each additional indirectly fabricated post – same tooth		$120
D2954	Prefabricated post and core in addition to crown		$120
D2962*	Labial veneer (porcelain laminate) – indirect		$370
Endodontics			
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	No limit	$50
D3221	Pulpal debridement, primary and permanent teeth		$130
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Each procedure is limited to once per tooth per lifetime	$250
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		$350
D3330	Endodontic therapy, molar tooth (excluding final restoration)		$450
D3410	Apicoectomy – anterior	No limit	$200

ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Periodontics (gum treatment)			
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	No limit	$200
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant		$55
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant		$425
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant		$425
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		$375
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		$405
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		$225
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site		$245
D4341	Periodontal scaling and root planing – four or more teeth per quadrant		$65
D4342	Periodontal scaling and root planing – one to three teeth per quadrant		$65
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	One per three years	$60
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	No limit	$60
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth		$60
D4910	Periodontal maintenance		$65
Prosthodontics – (standard complete dentures includes adjustments within 30 days)			
D5110*	Complete denture – maxillary	No limit	$375
D5120*	Complete denture – mandibular		$375
D5130*	Immediate denture – maxillary		$375
D5140*	Immediate denture – mandibular		$375
D5211*	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		$375
D5212*	Mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		$375
D5213*	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		$375

ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Prosthodontics – (standard complete dentures includes adjustments within 30 days) (continued)			
D5214*	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	No limit	$375
D5221*	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)		$350
D5222*	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)		$350
D5223*	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		$350
D5224*	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)		$350
D5227*	Immediate maxillary partial denture – flexible base (including any clasps, rests and teeth)		$350
D5228*	Immediate mandibular partial denture – flexible base (including any clasps, rests and teeth)		$350
D5410	Adjust complete denture – maxillary		$30
D5411	Adjust complete denture – mandibular		$30
D5421	Adjust partial denture – maxillary		$30
D5422	Adjust partial denture – mandibular		$30
D5511*	Repair broken complete denture base, mandibular		$30
D5512*	Repair broken complete denture base, maxillary		$30
D5520*	Replace broken or missing teeth – complete denture (each tooth)		$30
D5611*	Repair resin partial denture base, mandibular		$30
D5612*	Repair resin partial denture base, maxillary		$30
D5630*	Repair or replace broken retentive clasping materials – per tooth		$30
D5640*	Replace broken teeth – per tooth		$30
D5650*	Add tooth to existing partial denture		$45
D5730	Reline complete maxillary denture (direct)		$65
D5731	Reline complete mandibular denture (direct)		$65
D5740	Reline maxillary partial denture (direct)		$65
D5741	Reline mandibular partial denture (direct)		$65
D5750*	Reline complete maxillary denture (indirect)		$50
D5751*	Reline complete mandibular denture (indirect)		$50
D5760*	Reline maxillary partial denture (indirect)		$50
D5761*	Reline mandibular partial denture (indirect)		$50
D5765*	Soft liner for complete or partial removable denture (indirect)		$50
D5850	Tissue conditioning, maxillary		$45
D5851	Tissue conditioning, mandibular		$45
Prosthodontics (fixed)			
D6210*	Pontic – cast high noble metal	No limit	$370
D6211*	Pontic – cast predominantly base metal		$370
D6212*	Pontic – cast noble metal		$370
D6240*	Bridges: Pontic – porcelain fused to high noble metal		$370

ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Prosthodontics (fixed) (continued)			
D6241*	Bridges: Pontic – porcelain fused to predominantly base metal	No limit	$370
D6242*	Bridges: Pontic – porcelain fused to noble metal		$370
D6750*	Bridges: Retainer Crown – porcelain fused to high noble metal		$370
D6751*	Bridges: Retainer Crown – porcelain fused to predominantly base metal		$370
D6752*	Bridges: Retainer Crown – porcelain fused to noble metal		$370
D6790*	Retainer crown – full cast high noble metal		$370
D6791*	Retainer crown – full cast predominantly base metal		$370
D6792*	Retainer crown – full cast noble metal		$370
D6930	Re-cement or re-bond fixed partial denture		$25
Extractions/oral and maxillofacial surgery			
D7111	Extraction, coronal remnants – primary tooth	No limit	$35
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		$35
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		$55
D7220	Removal of impacted tooth – soft tissue		$100
D7230	Removal of impacted tooth – partially bony		$125
D7240	Removal of impacted tooth – completely bony		$150
D7250	Removal of residual tooth roots (cutting procedure)		$65
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		$65
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		$65
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		$100
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant		$100
D7510	Incision and drainage of abscess – intraoral soft tissue		$40
Adjunctive general services			
D9215	Local anesthesia in conjunction with operative or surgical procedures	No limit	No charge
D9222	Deep sedation/general anesthesia – first 15 minutes		$66
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment		$56
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis		$30
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes		$66
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 subsequent minute increment		$56
D9450	Case presentation, subsequent detailed and extensive treatment planning		No charge
D9951	Occlusal adjustment – limited		$40
D9952	Occlusal adjustment – complete		$225

ADA Code	Description of Benefits	Frequency/Limitations	Member Co-Pay
Appointments			
D9110	Palliative treatment of dental pain – per visit	No limit	$20
D9310	Consultation – Diagnostic service provided by dentist or physician other than requesting dentist or physician		$30
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed		$10
D9440	Office visit (after regularly scheduled hours)		$35
D9986	Missed appointment		$20
D9987	Cancelled appointment		$10

* Services marked with a single asterisk (*) require separate payment of laboratory charges. The laboratory charges must be paid to the primary care dentist in addition to any applicable copayment for the service.

Note:

- If further clarification regarding your coverage and benefits is needed please ask your dentist for a pretreatment estimate.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.
- The above copayments do not include the additional cost of precious (high noble) and semi-precious (noble) metal. The additional cost of precious metal shall not exceed $125 per unit and $75 per unit for semi- precious metal.
- When crown or bridgework exceeds six units in the same treatment plan, the patient may be charged an additional $50 per unit.

Important to know: This plan requires a one-time, non-refundable enrollment fee and may require a one-year contract.

Footnote

1. “Gum Diseases and Other Diseases,” American Academy of Periodontology, last accessed Oct. 12, 2023, https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-other-diseases/

Limitations and Exclusions

This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VI, Paragraph C of the Certificate.

2. Whenever any Contributions or Copayments are delinquent, Member will not be entitled to receive benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.

3. Company does not provide coverage for the following services:

    a. Cost of hospitalization and pharmaceuticals, drugs or medications.

    b. Services which in the opinion of the Participating General Dentist or Participating specialty dentist are not Necessary Treatment to establish and/or maintain the Member's oral health.

    c. Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating specialty dentist or which in the opinion of the Participating General Dentist or Participating specialty dentist would endanger the health of the Member.

    d. Any service or procedure which the Participating General Dentist or Participating specialty dentist is unable to perform because of the general health or physical limitations of the Member.

    e. Any dental treatment started prior to the Member's effective date for the eligibility of benefits.

    f. Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.

    g. Treatment for cysts, neoplasms and malignancies.

    h. General anesthesia.

Offered by CompBenefits Company, Offered by HumanaDental Insurance Company, Offered by CompBenefits Dental Inc., Offered by CompBenefits Insurance Company, Offered by DentiCare, Inc. (d/b/a/ CompBenefits)

Policy number: GN Contract. 001, FLCERT0598, GA-72037 11/20, ILGNCERT0209, KY-72037, MOGNCERT0196, OHGNCERT04, TNPOLICY 10/1 (Individual), Texas Handbook/EOC 11/02, or WVGNCERT0196

Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage. Dental and vision plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period. Payment may include an administration fee. A one-time, non-refundable enrollment fee may apply (the fee is non-refundable as allowed by state requirements). Applicable fees are disclosed at time of enrollment. This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents**: You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 **(Japanese)**: 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721