

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](https://www.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](https://www.humana.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](https://www.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.

| 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 | Placement of interim direct 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 – per 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 missing or broken teeth – partial denture – per tooth | | \$30 |
| D5650* | Add tooth to existing partial denture – per tooth | | \$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 | |
|---|---|-----------------------|---------------|-----------|
| Prosthetics (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 | Alveoplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | \$65 | |
| D7311 | Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | | \$65 | |
| D7320 | Alveoplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | | \$100 | |
| D7321 | Alveoplasty 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: 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.

Footnote

1. “Gum Diseases and Other Diseases,” American Academy of Periodontology, last accessed Oct. 11, 2024, <https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-other-diseases/>

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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 us, except out-of-area emergency care as provided in Section VI, Paragraph C of this policy.
2. Whenever any contributions or copayments are delinquent, the 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. We do 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 specialist 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 specialist or which in the opinion of the participating general dentist or participating specialist would endanger the member's health.
 - d. Any service or procedure which the participating general dentist or participating specialist is unable to perform because of the member's general health or physical limitations.
 - e. Any dental treatment started prior to the member's effective date for eligibility of benefits.
 - f. Services for injuries and conditions which are covered under Workers' Compensation or Employers' Liability laws.
 - g. Treatment for cysts, neoplasms, and malignancies.
 - h. General anesthesia.

Offered by Humana Employer's Health Plan of Georgia, Inc.

Policy number: GA-72037 11/20

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.

Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.