

Preventive Plus

Individual Dental

New York

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 Preventive Plus dental plan is designed for people who believe in the importance of regular dental exams and cleanings. With no office visit copayments, the plan offers coverage for preventive and basic services like routine cleanings and exams, fillings, and extractions. Members can maximize benefits by choosing one of the more than 135,000 dentists and specialists* in our nationwide network. 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.

How your plan works

Calendar year deductible

This is the dollar amount you pay for covered services each calendar year before the plan pays

Individual

\$50

Family

\$150

Annual maximum

This is the maximum amount that the plan will pay in a calendar year for covered services

\$1,000 per individual on the plan

Dental care services

In-network coverage

Out-of-network coverage[†]

Preventive services (no waiting period)

- Routine oral examinations (limit two per calendar year)
- Comprehensive oral evaluation (limit two per calendar year)
- Bitewing X-rays (limit one set, up to four films, every calendar year, excludes full mouth and panoramic)
- Cleanings (limit two per calendar year)
- Topical fluoride treatment (limit one per calendar year, age 14 and younger)
- Sealants (limit of one per tooth per lifetime, age 14 and younger)

100% no deductible

70% after deductible

Basic services (6 month waiting period)

- Extractions and root removal
- Fillings (limit two per calendar year, composite covered on front teeth only²)
- Space maintainers (age 14 and younger, initial placement only, not covered on permanent teeth)
- Oral surgery
- Prefabricated stainless steel crowns
- Palliative treatment of dental pain – per visit

50% after deductible

50% after deductible

* Based on Humana network data, last accessed October 2024.

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

Important to know: Dental plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period. If further clarification regarding coverage and benefits is needed, please ask your dentist for a pretreatment estimate. 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.

Footnotes:

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/>

2. 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.

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. Treatment provided in a government hospital; benefits provided under Medicare or other governmental program (except Medicaid), and state or Federal workers' compensation or occupational disease act or law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories, or other institutions; services performed by a member of the covered person's immediate family; and services for which no charge is normally made.
2. Any loss caused or contributed by:
 - a. War or act of war, (whether declared or not); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary there to;
 - b. Suicide, attempted suicide or intentionally self-inflicted injury; and
 - c. Aviation, other than as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline.
3. Cosmetic dentistry, except that cosmetic dentistry shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. However, if the policy provides hospital, surgical or medical expense coverage, including a policy issued by a health maintenance organization, then coverage and determinations with respect to cosmetic surgery must be provided pursuant to Part 56 of this Title (Regulation 183).
4. Any service that we determine;
 - a. Is not a dental necessity;
 - b. Does not offer a favorable prognosis;
 - c. Does not have uniform professional endorsement.
5. Services while you are outside the United States, its possessions, or the countries of Canada and Mexico.
6. Any expense incurred to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation.
7. Any expenses incurred in consequence of your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

Insured by Humana Insurance Company of New York.

Policy number: HUMD-IP.002-NY PRV 6/10

Applications are subject to approval. 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.