

# Humana Dental

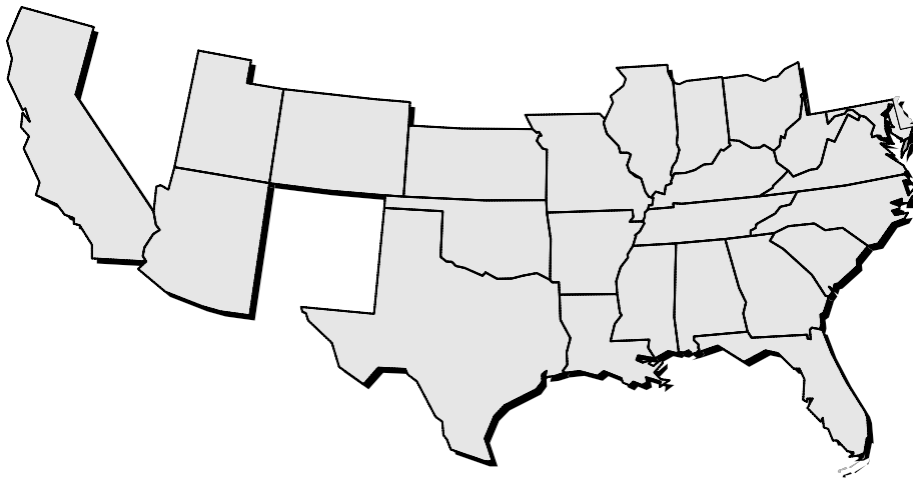
feds.humana.com

# Humana®

# 2015

## A Regional Copay Based Network Dental Plan

**Serving: Alabama, Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Missouri, Mississippi, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia and West Virginia**



**This plan has five enrollment regions; please see the end of this brochure to determine your region and corresponding rates.**

### **Options:**

**High Option Self Only High  
Option Self Plus One High  
Option Self and Family**

Authorized for distribution by the:



Federal Employees  
Dental And Vision Insurance Program



**United States  
Office of Personnel Management**

Healthcare and Insurance  
[www.opm.gov/healthcare-insurance](http://www.opm.gov/healthcare-insurance)

---

## Introduction

---

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Advantage under Humana Dental Advantage contract OPM01-FEDVIP-01AP-9 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

Humana Dental Advantage  
PO 14287  
Lexington, KY 40512  
1-877-692-2468  
<http://feds.humana.com>

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits. You and your family members do not have a right to benefits that were available before January 1, 2015 unless those benefits are also shown in this brochure.

If you are enrolled in this plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits, if they are also listed on the coverage.

OPM negotiates benefits and rates with each carrier annually. Rates are shown at the end of this brochure.

Humana Dental is responsible for the selection of in-network providers in your area. Contact us at 1-877-692-2468 for the names of participating providers or to request a provider directory. You may also request or view the most current directory via our website <http://feds.humana.com>. Continued participation of any specific provider cannot be guaranteed. Thus, you should choose your plan based on the benefits provided and not for a specific provider's participation. When you phone for an appointment, please remember to verify that the provider is currently in-network. If your provider is not currently participating in the provider network, you may nominate him or her to join. Contact us at 1-877-692-2468 to nominate a provider who is currently not participating with the Federal Advantage Plan. You cannot change plans, outside of Open Season, because of changes to the provider network.

Provider networks may be more extensive in some areas than others. We cannot guarantee the availability of every specialty in all areas. If you require the services of a specialist and one is not available in your area, please contact us for assistance.

**The Humana Dental Advantage Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.**

We want you to know that protecting the confidentiality of your individually identifiable health information is of the utmost importance to us. To review full details about our privacy practices, our legal duties, and your rights, please visit our website, <http://feds.humana.com> and click on the "Private Policies" link at the bottom of the page. If you do not have access to the internet or would like further information, please contact us by calling 1-800-459-6604.

---

## Table of Contents

---

|   |    |
|---|----|
| FEDVIP Program Highlights .....                       | 3  |
| A Choice of Plans and Options .....                   | 3  |
| Enroll Through BENEFEDS .....                         | 3  |
| Dual Enrollment .....                                 | 3  |
| Coverage Effective Date .....                         | 3  |
| Pre-Tax Salary Deduction for Employees .....          | 3  |
| Annual Enrollment Opportunity .....                   | 3  |
| Continued Group Coverage After Retirement .....       | 3  |
| Waiting Period .....                                  | 3  |
| Section 1 Eligibility .....                           | 4  |
| Federal Employees .....                               | 4  |
| Federal Annuitants .....                              | 4  |
| Survivor Annuitants .....                             | 4  |
| Compensationers .....                                 | 4  |
| Family Members .....                                  | 4  |
| Not Eligible .....                                    | 4  |
| Section 2 Enrollment .....                            | 5  |
| Enroll Through BENEFEDS .....                         | 5  |
| Enrollment Types .....                                | 5  |
| Dual Enrollment .....                                 | 5  |
| Opportunities to Enroll or Change Enrollment .....    | 5  |
| When Coverage Stops .....                             | 7  |
| Continuation of Coverage .....                        | 7  |
| FSAFEDS/High Deductible Health Plans and FEDVIP ..... | 7  |
| Section 3 How You Obtain Care .....                   | 9  |
| Identification Cards/Enrollment Confirmation .....    | 9  |
| Where You Get Covered Care .....                      | 9  |
| Plan Providers .....                                  | 9  |
| In-Network .....                                      | 9  |
| Out-of-Network .....                                  | 9  |
| Emergency Services .....                              | 9  |
| First Payor .....                                     | 9  |
| Coordination of Benefits .....                        | 9  |
| Service Area .....                                    | 9  |
| Rating Areas .....                                    | 10 |
| Limited Access Areas .....                            | 10 |
| Alternate Benefit .....                               | 10 |
| Dental Review .....                                   | 10 |
| Section 4 Your Cost for Covered Services .....        | 11 |
| Co-payment .....                                      | 11 |
| Annual Benefit Maximum .....                          | 11 |
| Lifetime Benefit Maximum .....                        | 11 |
| In-Network Services .....                             | 11 |
| Out-of-Network Services .....                         | 11 |
| Emergency Services .....                              | 11 |
| Plan Allowance .....                                  | 11 |

|  |    |
|--|----|
| Section 5 Dental Services and Supplies Class A Basic .....   | 12 |
| Class B Intermediate .....                                   | 14 |
| Class C Major.....   | 18 |
| Class D Orthodontic .....                                    | 24 |
| General Services .....                                       | 25 |
| Section 6 International Services and Supplies .....          | 26 |
| Section 7 General Exclusions – Things We Do Not Cover.....   | 27 |
| Section 8 Claims Filing and Disputed Claims Processes.....   | 28 |
| How to File a Claim for Covered Services .....               | 28 |
| Deadline for Filing Your Claim.....                          | 28 |
| Disputed Claims Process.....                                 | 28 |
| Section 9 Definitions of Terms We Use in This Brochure ..... | 29 |
| Non-FEDVIP Benefits Available To Employees .....             | 30 |
| Stop Health Care Fraud! .....                                | 31 |
| Summary of Benefits .....                                    | 32 |
| Rate Information .....                                       | 33 |

---

## FEDVIP Program Highlights

---

|  |  |
|--|--|
| <b>A Choice of Plans and Options</b>             | You can select from several nationwide, and in some areas, regional dental Preferred Provider Organization (PPO) or Health Maintenance Organization (HMO) plans, and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit <a href="http://www.opm.gov/healthcare-insurance/dental-vision/">www.opm.gov/healthcare-insurance/dental-vision/</a> for more information.   |
| <b>Enroll Through BENEFEDES</b>                  | You enroll through the Internet at <a href="http://www.BENEFEDES.com">www.BENEFEDES.com</a> . Please see Section 2, Enrollment, for more information.  |
| <b>Dual Enrollment</b>                           | If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) cannot be covered by two FEDVIP dental plans or two FEDVIP vision plans.   |
| <b>Pre-Tax Salary Deduction for Employees</b>    | Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.  |
| <b>Coverage Effective Date</b>                   | If you sign up for a dental and/or vision plan during the 2014 Open Season, your coverage will begin on January 1, 2015. Premium deductions will start with the first full pay period beginning on/after January 1, 2015. You may use your benefits as soon as your enrollment is confirmed.   |
| <b>Annual Enrollment Opportunity</b>             | Each year, an Open Season will be held, during which you may enroll or change your dental and/or vision plan enrollment. This year, Open Season runs from November 10, 2014 through December 8, 2014. You do not need to re-enroll each Open Season unless you wish to change plans or plan options; your coverage will continue from the previous year. In addition to the annual Open Season, there are certain events that allow you to make specific types of enrollment changes throughout the year. Please see Section 2, Enrollment for more information. |
| <b>Continued Group Coverage After Retirement</b> | Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may also be able to continue enrollment after your death. Please see Section 1, Eligibility, for more information.  |
| <b>Waiting Period</b>                            | There is no waiting period associated with this plan.  |

---

## Section 1 Eligibility

---

|                            |   |
|----------------------------|---|
| <b>Federal Employees</b>   | <p>If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program or the Health Insurance Marketplace (Exchange) and your position is not excluded by law or regulation, you are eligible to enroll in FEDVIP. Enrollment in the FEHB Program or a Health Insurance Marketplace (Exchange) plan is not required.</p>   |
| <b>Federal Annuitants</b>  | <p>You are eligible to enroll if you:</p> <ul style="list-style-type: none"><li>• retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;</li><li>• retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.</li></ul> <p>Your FEDVIP enrollment will continue into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for 5 years of service prior to retirement in order to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You may enroll in FEDVIP again when you begin to receive your annuity.</p> |
| <b>Survivor Annuitants</b> | <p>If you are a survivor of a deceased Federal/U.S. Postal Service employee or annuitant and you are receiving an annuity, you may enroll or continue the existing enrollment.</p>  |
| <b>Compensationers</b>     | <p>A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury/illness who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.</p>   |
| <b>Family Members</b>      | <p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren (may include children of your same-sex domestic partner*) and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for dependent children eligibility are <b>NOT</b> the same. For more information on family member eligibility visit the website at <a href="http://www.opm.gov/healthcare-insurance/dental-vision/">www.opm.gov/healthcare-insurance/dental-vision/</a> or contact your employing agency or retirement system.</p> <p>*If you would marry but you live in a state that does not allow same-sex couples to marry.</p>  |
| <b>Not Eligible</b>        | <p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none"><li>• Deferred annuitants</li><li>• Former spouses of employees or annuitants</li><li>• FEHB Temporary Continuation of Coverage (TCC) enrollees</li><li>• Anyone receiving an insurable interest annuity who is not also an eligible family member</li></ul>   |

---

## Section 2 Enrollment

---

### Enroll Through BENEFEDES

**You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website ([www.BENEFEDES.com](http://www.BENEFEDES.com)) sponsored by OPM.** If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

**If you are currently enrolled in FEDVIP and do not want to change plans your enrollment will continue automatically. Please Note:** your plans' premiums may change for 2015.

**Note:** You cannot enroll or change enrollment in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

### Enrollment Types

**Self Only:** A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

**Self Plus One:** A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

**Note:** A Self Plus One enrollment option does not exist under the FEHB Program.

**Self and Family:** A Self and Family enrollment covers you as the enrolled employee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

### Dual Enrollment

If you or one of your family members is enrolled in or covered by one FEDVIP plan, that person cannot be enrolled in or covered as a family member by another FEDVIP plan offering the same type of coverage; i.e., you (or covered family members) can not be covered by two FEDVIP dental plans or two FEDVIP vision plans.

### Opportunities to Enroll or Change Enrollment

#### *Open Season*

If you are an eligible employee or annuitant, you may enroll in a dental and/or vision plan during the November 10, through December 8, 2014, Open Season. Coverage is effective January 1, 2015.

During future annual Open Seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these Open Season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

#### *New hire/Newly eligible*

You may enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a new survivor annuitant, if not already covered under FEDVIP;
- an employee returning to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives and confirms your enrollment.

***Qualifying Life Event***

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take:

| <b>Qualifying Life Event</b>  | <b>From Not Enrolled to Enrolled</b>      | <b>Increase Enrollment Type</b> | <b>Decrease Enrollment Type</b> | <b>Cancel</b> | <b>Change from One Plan to Another</b>    |
|---|---|---------------------------------|---------------------------------|---------------|---|
| <b>Marriage</b>   | Yes                                       | Yes                             | No                              | No            | Yes                                       |
| <b>Acquiring an eligible family member (non-spouse)</b>                       | No  | Yes                             | No                              | No            | No  |
| <b>Losing a covered family member</b>   | No  | No                              | Yes                             | No            | No  |
| <b>Losing other dental/vision coverage (eligible or covered person)</b>       | Yes                                       | Yes                             | No                              | No            | No  |
| <b>Moving out of regional plan's service area</b>                             | No  | No                              | No                              | No            | Yes                                       |
| <b>Going on active military duty, non-paystatus (enrollee or spouse)</b>      | No  | No                              | No                              | Yes           | No  |
| <b>Returning to pay status from active military duty (enrollee or spouse)</b> | Yes                                       | No                              | No                              | No            | No  |
| <b>Returning to pay status from Leave without pay</b>                         | Yes (if enrollment cancelled during LWOP) | No                              | No                              | No            | Yes (if enrollment cancelled during LWOP) |
| <b>Annuity/compensation restored</b>  | Yes                                       | Yes                             | Yes                             | No            | No  |
| <b>Transferring to an eligible position*</b>                                  | No  | No                              | No                              | Yes           | No  |

\*Position must be in a Federal agency that provides dental and/or vision coverage with 50 percent or more employer-paid premium.



The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs, except for enrollment because of a loss of dental or vision insurance. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Once you enroll in a plan, your 60-day window for that type of plan ends, even if 60 calendar days have not yet elapsed. That means once you have enrolled in either plan, you cannot change or cancel that particular enrollment until the next Open Season, unless you experience a QLE that allows such a change or cancellation.

### ***Cancelling an enrollment***

You may cancel your enrollment only during the annual Open Season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the Open Season effective date.

### **When Coverage Stops**

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or
- cancel the enrollment during Open Season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

### **Continuation of Coverage**

**Under FEDVIP, there is no 31-day extension of coverage. The following are also NOT available under the FEDVIP plans:**

- Temporary Continuation of Coverage (TCC);
- spouse equity coverage; or
- right to convert to an individual policy (conversion policy).

### **FSAFEDS/High Deductible Health Plans and FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSAs) or Limited Expense Health Care Flexible Spending Account (LEX HCFSAs),

you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the "Use-it-or-Lose-it" rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2015. See [www.fsafeds.com](http://www.fsafeds.com) or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Members that participate are not required to submit claims on behalf of the Humana Dental plan to be reimbursed.

---

## Section 3 How You Obtain Care

---

|  |   |
|--|---|
| <b>Identification Cards/<br/>Enrollment<br/>Confirmation</b> | <p>We will send you an identification (ID) card within 15 days of your effective date. It is important to bring your FEDVIP and FEHB ID card to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both ID cards can ensure that you receive the maximum allowable benefit under each Program.</p> <p>If you do not receive your ID card within 30 days after the effective date of your enrollment or if you need replacement cards, you may request one through our website at <a href="https://feds.humana.com">feds.humana.com</a> or call us at 1-877-692-2468.</p> <p>It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.</p>  |
| <b>Where You Get Covered<br/>Care</b>                        | <p>Members should receive services from in-network providers. There is no coverage for services rendered by an out-of-network provider, with the exception of emergency services. You can find in-network providers by visiting our website: <a href="https://feds.humana.com">feds.humana.com</a>.</p>   |
| <b>Plan Providers</b>  | <p>We list plan providers in the provider directory, which we update periodically. The list is on our website at: <a href="https://feds.humana.com">feds.humana.com</a>.</p>  |
| <b>In-Network</b>  | <p>You may see any network general dentist or specialist (e.g. Endodontist, Periodontist, etc.). You do not need a referral to see a specialist.</p>  |
| <b>Out-of-Network</b>  | <p>There are no out-of-network benefits available except for emergency care.</p>  |
| <b>Emergency Services</b>                                    | <p>If you have an emergency outside of the service area, visit any general dentist or specialist for care. We will reimburse you for emergency services up to \$100 per member per year.</p>  |
| <b>First Payor</b>   | <p>When you visit a provider who participates with both, your FEHB plan and your FEDVIP plan, the FEHB plan will pay benefits first. The FEDVIP plan allowance will be the prevailing charge, in these cases. You are responsible for the difference between the FEHB and FEDVIP benefit payments and the FEDVIP plan allowance. We are responsible for facilitating the process with the primary FEHB first payor. You can assist with this process and also ensure that you are receiving the maximum allowable benefit under each program by presenting both your FEDVIP and FEHB ID cards at the time of your dental appointment. The dentist should include both ID numbers when submitting the claim to the plans.</p> <p>It is important to bring your FEDVIP and FEHB identification cards to every dental appointment because most FEHB plans offer some level of dental benefits separate from your FEDVIP coverage. Presenting both identification cards can ensure that you receive the maximum allowable benefit under each Program.</p> |
| <b>Coordination of Benefits</b>                              | <p>We will coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.</p> <p>We may request that you verify/identify your health insurance plan(s) annually or at time of service.</p>   |
| <b>Service Area</b>  | <p>To enroll in this plan, you must live in our service area. This is where our providers are located. Our service area is: Alabama, Arkansas, Arizona, California, Colorado, District of Columbia, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Missouri, Mississippi, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, and West Virginia.</p>  |

Ordinarily, you must get your care from providers within the service area who contract with us. If you receive care outside our service area, we will pay only for emergency care benefits. An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval.

If you move outside of our service area, you may enroll in another plan at that time. You do not have to wait until Open Season to change plans. Contact BENEFEDS at [www.benefeds.com](http://www.benefeds.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to change plans.

**Rating Areas**

Your rates are determined based on where you live. This is called a rating area. If you move, you must update your address through BENEFEDS. Your rates might change because of the move.

**Limited Access Areas**

If you live in a limited access area and you receive covered services from an out-of-network provider, we will pay in accordance with our plan allowance. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas by contacting us at 1-877-692-2468.

**Alternate Benefit**

There are no alternate benefits associated with this plan. The copayment for each listed procedure you receive is the total amount you will owe the dentist.

**Dental Review**

Claims submitted by dentists that may be for cosmetic purposes only are subject to dental review prior to payment.

---

## Section 4 Your Cost for Covered Services

---

This is what you will pay out-of-pocket for covered care:

|                                 |   |
|---------------------------------|---|
| <b>Co-payment</b>               | <p>A co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services. Your benefit schedule lists the co-payments for each covered procedure. There are no additional charges.</p> <p>Example: In our plan, you pay \$29 for an amalgam – one surface primary or permanent.</p>   |
| <b>Annual Benefit Maximum</b>   | <p>The annual benefit maximum under this plan is \$15,000. Once you reach this amount, you are responsible for all charges.</p>   |
| <b>Lifetime Benefit Maximum</b> | <p>There is no lifetime benefit maximum under this plan</p>   |
| <b>In-Network Services</b>      | <p>The co-payment amounts listed in the benefit schedule represent your total cost for in-network services.</p>   |
| <b>Out-of-Network Services</b>  | <p>Benefits under your plan must be received through in-network dentists. There is no coverage for services rendered by an out-of-network provider.</p>   |
| <b>Emergency Services</b>       | <p>An emergency is treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider. We will not pay for any other services out of our service area unless the services have prior plan approval. We will reimburse you up to \$100 per member per year. When traveling overseas, we will authorize emergency services only.</p> |
| <b>Plan Allowance</b>           | <p>The amounts we pay to the providers are the plan allowances. The co-payments in Section 5 are the only payments you make to the dentist for covered services. There are no calculations based on plan allowances that will result in any additional costs to you.</p>  |

## Section 5 Dental Services and Supplies Class A Basic

**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for basic services.
- The annual benefit maximum is \$15,000.

**You Pay:**

**High Option**

- **In-Network:** The co-pay amount shown in the Benefit Schedule.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Diagnostic and Treatment Services</b>  |               |
| D0120 Periodic oral evaluation – <i>established patient – (limited to 2 every 12 months)</i>  | \$0           |
| D0140 Limited oral evaluation – problem focused <i>(limited to 1 every 12 months)</i>   | \$0           |
| D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver <i>(limited to 1 per patient per lifetime)</i> | \$0           |
| D0150 Comprehensive oral evaluation – new or established patient <i>(limited to 1 every 12 months)</i>  | \$0           |
| D0180 Comprehensive periodontal evaluation – new or established patient <i>(limited to 1 every 12 months)</i>                                     | \$0           |
| D0210 Intraoral – complete series of radiographic images <i>(limited to 1 every 3 years)</i>  | \$0           |
| D0220 Intraoral – periapical first radiographic image   | \$0           |
| D0230 Intraoral – periapical – each additional radiographic image   | \$0           |
| D0240 Intraoral – occlusal radiographic image   | \$0           |
| D0250 Extraoral – first radiographic image  | \$0           |
| D0260 Extraoral – each additional radiographic image  | \$0           |
| D0270 Bitewing – single radiographic image <i>(limited to 2 every 12 months)</i>  | \$0           |
| D0272 Bitewings – two radiographic images <i>(limited to 2 every 12 months)</i>   | \$0           |
| D0273 Bitewings – three radiographic images <i>(limited to 2 every 12 months)</i>   | \$0           |
| D0274 Bitewings – four radiographic images <i>(limited to 2 every 12 months)</i>  | \$0           |
| D0277 Vertical bitewings – 7 to 8 radiographic images <i>(limited to 2 every 12 months)</i>   | \$0           |
| D0330 Panoramic radiographic image <i>(limited to 1 every 3 years)</i>  | \$0           |
| D0425 Caries susceptibility tests   | \$0           |

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Preventive Services</b>  |               |
| D1110 Prophylaxis – adult ( <i>limited to 2 every 12 months</i> )   | \$0           |
| D1120 Prophylaxis – child ( <i>limited to 2 every 12 months</i> )   | \$0           |
| D1206 Topical application of fluoride varnish ( <i>limited to 2 every 12 months</i> )   | \$0           |
| D1208 Topical application of fluoride ( <i>limited to 2 every 12 months</i> )   | \$0           |
| D1351 Sealant – per tooth ( <i>limited to permanent molar and children under age 18. One sealant per tooth in a 3-year period</i> )   | \$0           |
| D1352 Preventive resin restoration in a moderate high caries risk patient – permanent tooth ( <i>limited to 1 per non-carious permanent molar every 3 years under age 18</i> )  | \$0           |
| D1510 Space maintainer – fixed – unilateral ( <i>limited to children under age 19</i> )   | \$0           |
| D1515 Space maintainer – fixed – bilateral ( <i>limited to children under age 19</i> )  | \$0           |
| D1520 Space maintainer – removable – unilateral ( <i>limited to children under age 19</i> )   | \$0           |
| D1525 Space maintainer – removable – bilateral ( <i>limited to children under age 19</i> )  | \$0           |
| D1550 Re-cementation of space maintainer ( <i>limited to children under age 19</i> )  | \$0           |
| <b>Additional Procedures Covered as Basic Services</b>  |               |
| D9110 Palliative treatment of dental pain – minor procedure   | \$0           |
| D9310 Consultation (diagnostic service provided by dentist or physician other than requesting dentist or physician)   | \$0           |
| D9440 Office visit after regularly scheduled hours  | \$0           |
| <b>Not covered:</b> <ul style="list-style-type: none"> <li>• <i>Plaque control programs</i></li> <li>• <i>Oral hygiene instruction</i></li> <li>• <i>Dietary instructions</i></li> <li>• <i>Sealants for teeth other than permanent molars</i></li> <li>• <i>Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss</i></li> </ul> |               |

## Class B Intermediate

### Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for intermediate services.
- The annual benefit maximum is \$15,000.

### You Pay:

#### High Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Minor Restorative Services</b>  |               |
| D2140 Amalgam - one surface, primary or permanent ( <i>limited to 1 per tooth every 24 months</i> )  | \$29          |
| D2150 Amalgam - two surfaces, primary or permanent ( <i>limited to 1 per tooth every 24 months</i> )   | \$38          |
| D2160 Amalgam – three surfaces, primary or permanent ( <i>limited to 1 per tooth every 24 months</i> )   | \$46          |
| D2161 Amalgam – four or more surfaces, primary or permanent ( <i>limited to 1 per tooth every 24 months</i> )  | \$54          |
| D2330 Resin-based composite – one surface, anterior ( <i>limited to 1 per tooth every 24 months</i> )  | \$36          |
| D2331 Resin-based composite - two surfaces, anterior ( <i>limited to 1 per tooth every 24 months</i> )   | \$44          |
| D2332 Resin-based composite - three surfaces, anterior ( <i>limited to 1 per tooth every 24 months</i> )   | \$54          |
| D2335 Resin-based composite - four or more surfaces or involving incisal angle, anterior ( <i>limited to 1 per tooth every 24 months</i> )                         | \$64          |
| D2391 Resin-based composite- one surface, posterior ( <i>limited to 1 per tooth every 24 months</i> )  | \$53          |
| D2392 Resin-based composite – two surfaces, posterior ( <i>limited to 1 per tooth every 24 months</i> )  | \$69          |
| D2393 Resin-based composite – three surfaces, posterior ( <i>limited to 1 per tooth every 24 months</i> )  | \$85          |
| D2394 Resin-based composite – four or more surfaces, posterior ( <i>limited to 1 per tooth every 24 months</i> )   | \$103         |
| D2910 Recement inlay, onlay, or partial coverage restoration   | \$24          |
| D2920 Recement crown   | \$24          |
| D2930 Prefabricated stainless steel crown - primary tooth ( <i>limited to 1 per tooth per lifetime to age 15 or higher if as a result of accidental injury</i> )   | \$67          |
| D2931 Prefabricated stainless steel crown - permanent tooth ( <i>limited to 1 per tooth per lifetime to age 15 or higher if as a result of accidental injury</i> ) | \$74          |
| D2951 Pin retention - per tooth, in addition to restoration  | \$16          |



| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Endodontic Services</b>   |               |
| D3110 Pulp cap – direct ( <i>excluding final restoration</i> ) - ( <i>limited to 1 per tooth per lifetime</i> )  | \$21          |
| D3120 Pulp cap – indirect ( <i>excluding final restoration</i> ) - ( <i>limited to 1 per tooth per lifetime</i> )  | \$19          |
| D3220 Therapeutic pulpotomy ( <i>excluding final restoration</i> ) removal of pulp coronal to the dentinocemental junction and application of medicament ( <i>limited to 1 per tooth per lifetime</i> )          | \$46          |
| D3221 Pulpal debridement, primary and permanent teeth ( <i>limited to 1 per tooth per lifetime</i> )   | \$60          |
| D3222 Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development ( <i>limited to 1 per tooth per lifetime</i> )   | \$64          |
| D3230 Pulpal therapy (resorbable filling) – anterior, primary tooth ( <i>excluding final restoration</i> ) – ( <i>limited to 1 per tooth per lifetime up to age 11</i> )   | \$53          |
| D3240 Pulpal therapy (resorbable filling) – posterior, primary tooth ( <i>excluding final restoration</i> ) – ( <i>limited to 1 per tooth per lifetime up to age 11</i> )  | \$60          |
| <b>Periodontal Services</b>  |               |
| D4341 Periodontal scaling and root planning - four or more teeth per quadrant ( <i>limited to 1 per quadrant every 24 months</i> )   | \$63          |
| D4342 Periodontal scaling and root planning - one to three teeth, per quadrant ( <i>limited to 1 per quadrant every 24 months</i> )  | \$41          |
| D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth ( <i>limited to 1 every 12 months, to a maximum of 3 tooth sites per quadrant</i> ) | \$17          |
| D4910 Periodontal maintenance ( <i>limited to 4 every 12 months</i> )  | \$39          |
| <b>Prosthodontic Services</b>  |               |
| D5410 Adjust complete denture – maxillary  | \$22          |
| D5411 Adjust complete denture – mandibular   | \$22          |
| D5421 Adjust partial denture – maxillary   | \$22          |
| D5422 Adjust partial denture – mandibular  | \$22          |
| D5510 Repair broken complete denture base  | \$44          |
| D5520 Replace missing or broken teeth – complete denture (each tooth)  | \$41          |
| D5610 Repair resin denture base  | \$46          |
| D5620 Repair cast framework  | \$49          |
| D5630 Repair or replace broken clasp   | \$56          |
| D5640 Replace broken teeth – per tooth   | \$42          |
| D5650 Add tooth to existing partial denture  | \$52          |
| D5660 Add clasp to existing partial denture  | \$57          |
| D5670 Replace all teeth and acrylic on cast metal framework, maxillary ( <i>limited to 1 every 5 years</i> )   | \$78          |
| D5671 Replace all teeth and acrylic on cast metal framework, mandibular ( <i>limited to 1 every 5 years</i> )  | \$171         |
| D5710 Rebase complete maxillary denture  | \$138         |
| D5711 Rebase complete mandibular denture   | \$133         |
| D5720 Rebase maxillary partial denture   | \$127         |
| D5721 Rebase mandibular partial denture  | \$124         |
| D5730 Reline complete maxillary denture (chairside)  | \$82          |

*Prosthodontic Services - continued on next page*

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Prosthodontic Services (cont.)</b>   |               |
| D5731 Reline complete mandibular denture (chairside)  | \$82          |
| D5740 Reline maxillary partial denture (chairside)  | \$77          |
| D5741 Reline mandibular partial denture (chairside)   | \$75          |
| D5750 Reline complete maxillary denture (laboratory)  | \$114         |
| D5751 Reline complete mandibular denture (laboratory)   | \$114         |
| D5760 Reline maxillary partial denture (laboratory)   | \$112         |
| D5761 Reline mandibular partial denture (laboratory)  | \$112         |
| D5850 Tissue conditioning (maxillary)   | \$36          |
| D5851 Tissue conditioning (mandibular)  | \$36          |
| D6930 Recement fixed partial denture  | \$33          |
| D6980 Fixed partial denture repair necessitated by restorative material failure   | \$63          |
| <b>Oral Surgery</b>   |               |
| D7111 Extraction, coronal remnants – deciduous tooth  | \$38          |
| D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)  | \$39          |
| D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated | \$65          |
| D7220 Removal of impacted tooth – soft tissue   | \$84          |
| D7230 Removal of impacted tooth – partially bony  | \$110         |
| D7240 Removal of impacted tooth – completely bony   | \$130         |
| D7241 Removal of impacted tooth – completely bony – with unusual surgical complications   | \$188         |
| D7250 Surgical removal of residual tooth roots (cutting procedure)  | \$73          |
| D7251 Coronectomy – intentional partial tooth removal ( <i>limited to 1 per tooth per lifetime</i> )  | \$186         |
| D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth  | \$154         |
| D7280 Surgical access of an unerupted tooth   | \$171         |
| D7310 Alveoloplasty in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant  | \$84          |
| D7311 Alveoloplasty in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant   | \$68          |
| D7320 Alveoloplasty not in conjunction with extractions – 4 or more teeth or tooth spaces per quadrant  | \$155         |
| D7321 Alveoloplasty not in conjunction with extractions – 1 to 3 teeth or tooth spaces per quadrant   | \$124         |
| D7471 Removal of lateral exostosis (maxilla or mandible)  | \$259         |
| D7510 Incision and drainage of abscess – intraoral soft tissue  | \$73          |
| D7910 Suture of recent small wounds up to 5 cm  | \$110         |
| D7921 Collection and application of autologous blood concentrate product ( <i>limited to 1 per tooth per lifetime</i> )                                   | \$450         |
| D7971 Excision of pericoronal gingiva   | \$61          |

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Additional Procedures Covered as Intermediate Services</b>  |               |
| D6092 Recement implant/abutment supported crown  | \$24          |
| D6093 Recement implant/abutment supported fixed partial denture  | \$33          |
| <b><i>Not Covered:</i></b> <ul style="list-style-type: none"> <li>• <i>Gold foil restorations</i></li> <li>• <i>Restorations for cosmetic purposes only</i></li> </ul> |               |

## Class C Major

### Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period for major services.
- The annual benefit maximum is \$15,000.

### You Pay:

#### High Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Major Restorative Services</b>  |               |
| D2510 Inlay – metallic – one surface- an alternate benefit will be provided ( <i>limited to 1 per tooth every 5 years</i> )            | \$353         |
| D2520 Inlay – metallic – two surfaces- an alternate benefit will be provided ( <i>limited to 1 per tooth every 5 years</i> )           | \$341         |
| D2530 Inlay – metallic – three or more surfaces- an alternate benefit will be provided ( <i>limited to 1 per tooth every 5 years</i> ) | \$432         |
| D2542 Onlay – metallic – two surfaces ( <i>limited to 1 per tooth every 5 years</i> )  | \$315         |
| D2543 Onlay – metallic – three surfaces ( <i>limited to 1 per tooth every 5 years</i> )  | \$342         |
| D2544 Onlay – metallic – four or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )   | \$362         |
| D2740 Crown – porcelain/ceramic substrate ( <i>limited to 1 per tooth every 5 years</i> )  | \$430         |
| D2750 Crown – porcelain fused to high noble metal ( <i>limited to 1 per tooth every 5 years</i> )                                      | \$432         |
| D2751 Crown – porcelain fused to predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                              | \$396         |
| D2752 Crown – porcelain fused to noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$408         |
| D2780 Crown – ¾ cast high noble metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$447         |
| D2781 Crown – ¾ cast predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$419         |
| D2782 Crown – ¾ cast noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$431         |
| D2783 Crown – ¾ porcelain/ceramic ( <i>limited to 1 per tooth every 5 years</i> )  | \$456         |
| D2790 Crown – full cast high noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$412         |
| D2791 Crown – full cast predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                                       | \$381         |
| D2792 Crown – full cast noble metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$389         |
| D2794 Crown – titanium ( <i>limited to 1 per tooth every 5 years</i> )   | \$417         |
| D2950 Core buildup, including any pins   | \$90          |
| D2954 Prefabricated post and core, in addition to crown  | \$109         |
| D2980 Crown repair, necessitated by restorative material failure   | \$70          |

*Major Restorative Services - continued on next page*

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Major Restorative Services (cont.)</b>   |               |
| D2981 Inlay repair, necessitated by restorative material failure  | \$141         |
| D2982 Onlay repair, necessitated by restorative material failure  | \$141         |
| D2983 Veneer repair, necessitated by restorative material failure   | \$141         |
| D2990 Resin infiltration of incipient smooth surface lesions  | \$45          |
| <b>Endodontic Services</b>  |               |
| D3310 Endodontic therapy, anterior tooth ( <i>excluding final restoration</i> ) - ( <i>limited to 1 per tooth per lifetime</i> )  | \$328         |
| D3320 Endodontic therapy, bicuspid tooth ( <i>excluding final restoration</i> ) - ( <i>limited to 1 per tooth per lifetime</i> )  | \$400         |
| D3330 Endodontic therapy, molar tooth ( <i>excluding final restoration</i> ) - ( <i>limited to 1 per tooth per lifetime</i> )   | \$508         |
| D3346 Retreatment of previous root canal therapy – anterior   | \$426         |
| D3347 Retreatment of previous root canal therapy – bicuspid   | \$502         |
| D3348 Retreatment of previous root canal therapy – molar  | \$600         |
| D3351 Apexification/recalcification/pulpal regeneration – initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection etc.) | \$175         |
| D3352 Apexification/recalcification/pulpal regeneration – interim medication replacement  | \$87          |
| D3353 Apexification/recalcification – final visit (includes completed root canal therapy, apical closure/ calcific repair of perforations, root resorption, etc.)       | \$250         |
| D3354 Pulpal regeneration (completion of regeneration treatment in an immature permanent tooth with a necrotic pulp) does not include final restoration                 | \$230         |
| D3410 Apicoectomy/periradicular surgery – anterior  | \$342         |
| D3421 Apicoectomy/periradicular surgery – bicuspid (first root)   | \$359         |
| D3425 Apicoectomy/periradicular surgery – molar (first root)  | \$420         |
| D3426 Apicoectomy/periradicular surgery (each additional root)  | \$146         |
| D3430 Retrograde filling – per root   | \$115         |
| D3450 Root amputation – per root  | \$208         |
| D3920 Hemisection (including any root removal) – not including root canal therapy   | \$165         |
| <b>Periodontal Services</b>   |               |
| D4210 Gingivectomy or gingivoplasty – 4 or more contiguous teeth or bounded teeth spaces, per quadrant  | \$226         |
| D4211 Gingivectomy or gingivoplasty – 1 to 3 contiguous teeth or tooth bounded spaces, per quadrant   | \$81          |
| D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  | \$91          |
| D4240 Gingival flap procedure, including root planning, 4 or more contiguous teeth or bounded teeth spaces per quadrant ( <i>limited to 1 every 36 months</i> )         | \$298         |
| D4241 Gingival flap procedure, including root planning – 1 to 3 teeth or tooth bounded spaces per quadrant ( <i>limited to 1 every 36 months</i> )                      | \$236         |
| D4249 Clinical crown lengthening-hard tissue  | \$332         |
| D4260 Osseous surgery (including flap entry and closure), 4 or more contiguous teeth or bounded teeth spaces per quadrant ( <i>limited to 1 every 24 months</i> )       | \$510         |

Periodontal Services - continued on next page

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Periodontal Services (cont.)</b>  |               |
| D4261 Osseous surgery (including flap entry and closure), 1 to 3 contiguous teeth or bounded teeth spaces per quadrant <i>(limited to 1 every 24 months)</i>                         | \$285         |
| D4268 Surgical revision procedure, per tooth   | \$130         |
| D4270 Pedicle soft tissue graft procedure <i>(limited to 1 every 36 months)</i>  | \$363         |
| D4273 Subepithelial connective tissue graft procedures (including donor site surgery) - <i>(limited to 1 every 36 months)</i>  | \$421         |
| D4275 Soft tissue allograft <i>(limited to 1 every 36 months)</i>  | \$447         |
| D4276 Combined connective tissue and double pedicle graft, per tooth <i>(limited to 1 every 36 months)</i>   | \$475         |
| D4277 Free soft tissue graft procedure, first tooth or edentulous tooth position in a graft <i>(limited to 1 every 36 months)</i>  | \$560         |
| D4278 Free soft tissue graft procedure, each additional contiguous tooth or edentulous tooth position in a graft site <i>(limited to 1 every 36 months)</i>                          | \$280         |
| D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis <i>(limited to 1 per lifetime)</i>   | \$51          |
| <b>Prosthodontic Services</b>  |               |
| D5110 Complete denture – maxillary <i>(limited to 1 per tooth every 5 years)</i>   | \$510         |
| D5120 Complete denture – mandibular <i>(limited to 1 per tooth every 5 years)</i>  | \$510         |
| D5130 Immediate denture – maxillary <i>(limited to 1 per tooth every 5 years)</i>  | \$544         |
| D5140 Immediate denture – mandibular <i>(limited to 1 per tooth every 5 years)</i>   | \$544         |
| D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) - <i>(limited to 1 per tooth every 5 years)</i>                                    | \$407         |
| D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) - <i>(limited to 1 per tooth every 5 years)</i>                                   | \$435         |
| D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – <i>(limited to 1 per tooth every 5 years)</i>  | \$559         |
| D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth) – <i>(limited to 1 per tooth every 5 years)</i> | \$559         |
| D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth) - <i>(limited to 1 per tooth every 5 years)</i>   | \$295         |
| D6010 Surgical placement of implant body: endosteal implant <i>(limited to 1 per tooth per lifetime)</i>   | \$980         |
| D6055 Connecting Bar – implant supported or abutment supported <i>(limited to 1 every 5 years)</i>   | \$300         |
| D6056 Prefabricated abutment – includes modification and placement <i>(limited to 1 every 5 years)</i>   | \$280         |
| D6057 Custom fabricated abutment – includes modification and placement <i>(limited to 1 every 5 years)</i>   | \$390         |
| D6058 Abutment supported porcelain/ceramic crown <i>(limited to 1 every 5 years)</i>   | \$680         |
| D6059 Abutment supported porcelain fused to metal crown – high noble metal <i>(limited to 1 every 5 years)</i>   | \$630         |
| D6060 Abutment supported porcelain fused to metal crown – predominantly based metal <i>(limited to 1 every 5 years)</i>  | \$560         |
| D6061 Abutment supported porcelain fused to metal crown – noble metal <i>(limited to 1 every 5 years)</i>  | \$630         |
| D6062 Abutment supported cast metal crown – high noble metal <i>(limited to 1 every 5 years)</i>   | \$650         |
| D6063 Abutment supported cast metal crown – predominantly based metal <i>(limited to 1 every 5 years)</i>  | \$630         |

Prosthodontic Services - continued on next page  
Enroll at [www.BENEFEDS.com](http://www.BENEFEDS.com)

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Prosthodontic Services (cont.)</b>   |               |
| D6064 Abutment supported cast metal crown – noble metal ( <i>limited to 1 every 5 years</i> )   | \$680         |
| D6065 Implant supported porcelain/ceramic crown ( <i>limited to 1 every 5 years</i> )   | \$680         |
| D6066 Implant supported porcelain fused to metal crown - titanium, titanium alloy, high noble metal ( <i>limited to 1 every 5 years</i> )   | \$690         |
| D6067 Implant supported metal crown – titanium, titanium alloy, high noble metal ( <i>limited to 1 every 5 years</i> )  | \$600         |
| D6068 Abutment supported retainer for porcelain/ceramic FPD ( <i>limited to 1 every 5 years</i> )   | \$500         |
| D6069 Abutment supported retainer for porcelain fused to metal FPD – high noble metal ( <i>limited to 1 every 5 years</i> )   | \$650         |
| D6070 Abutment supported retainer for porcelain fused to metal FPD – predominantly base metal ( <i>limited to 1 every 5 years</i> )   | \$590         |
| D6071 Abutment supported retainer for porcelain fused to metal FPD – noble metal ( <i>limited to 1 every 5 years</i> )  | \$620         |
| D6072 Abutment supported retainer for cast metal FPD – high noble metal ( <i>limited to 1 every 5 years</i> )   | \$610         |
| D6073 Abutment supported retainer for cast metal FPD – predominantly base metal ( <i>limited to 1 every 5 years</i> )   | \$540         |
| D6074 Abutment supported retainer for cast metal FPD – noble metal ( <i>limited to 1 every 5 years</i> )  | \$690         |
| D6075 Implant supported retainer for ceramic FPD ( <i>limited to 1 every 5 years</i> )  | \$690         |
| D6076 Implant supported retainer for porcelain fused to metal FPD – titanium, titanium alloy, or high noble metal ( <i>limited to 1 every 5 years</i> )                               | \$570         |
| D6077 Implant supported retainer for cast metal FPD – titanium, titanium alloy, or high noble metal ( <i>limited to 1 every 5 years</i> )   | \$440         |
| D6080 Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis ( <i>limited to 1 every 5 years</i> )      | \$50          |
| D6090 Repair implant supported prosthesis, by report ( <i>limited to 1 every 5 years</i> )  | \$80          |
| D6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment ( <i>limited to 1 every 5 years</i> ) | \$30          |
| D6094 Abutment supported crown – titanium ( <i>limited to 1 every 5 years</i> )   | \$630         |
| D6095 Repair Implant Abutment ( <i>limited to 1 every 5 years</i> )   | \$70          |
| D6100 Implant Removal ( <i>limited to 1 every 5 years</i> )   | \$180         |
| D6110 implant /abutment supported removable denture for edentulous arch – Maxillary ( <i>limited to 1 every 5 years</i> )   | \$1,020       |
| D6111 implant /abutment supported removable denture for edentulous arch – mandibular ( <i>limited to 1 every 5 years</i> )  | \$1,020       |
| D6112 implant /abutment supported removable denture for partially edentulous arch – maxillary ( <i>limited to 1 every 5 years</i> )   | \$930         |
| D6113 implant /abutment supported removable denture for partially edentulous arch – mandibular ( <i>limited to 1 every 5 years</i> )  | \$930         |
| D6114 implant /abutment supported fixed denture for edentulous arch – maxillary ( <i>limited to 1 every 5 years</i> )   | \$1,130       |
| D6115 implant /abutment supported fixed denture for edentulous arch – mandibular ( <i>limited to 1 every 5 years</i> )  | \$1,130       |

Prosthodontic Services - continued on next page

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Prosthodontic Services (cont.)</b>  |               |
| D6116 implant /abutment supported fixed denture for partially edentulous arch – maxillary ( <i>limited to 1 every 5 years</i> )  | \$570         |
| D6117 implant /abutment supported fixed denture for partially edentulous arch – mandibular ( <i>limited to 1 every 5 years</i> ) | \$570         |
| D6194 Abutment supported retainer crown for FPD – titanium ( <i>limited to 1 every 5 years</i> )                                 | \$630         |
| D6210 Pontic – cast high noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$399         |
| D6211 Pontic – cast predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                                     | \$375         |
| D6212 Pontic – cast noble metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$391         |
| D6214 Pontic – titanium ( <i>limited to 1 per tooth every 5 years</i> )  | \$405         |
| D6240 Pontic – porcelain fused to high noble metal ( <i>limited to 1 per tooth every 5 years</i> )                               | \$407         |
| D6241 Pontic – porcelain fused to predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                       | \$373         |
| D6242 Pontic – porcelain fused to noble metal ( <i>limited to 1 per tooth every 5 years</i> )                                    | \$388         |
| D6245 Pontic – porcelain/ceramic ( <i>limited to 1 per tooth every 5 years</i> )   | \$384         |
| D6545 Retainer – cast metal for resin bonded fixed prosthesis  | \$178         |
| D6548 Retainer – porcelain/ceramic for resin bonded fixed prosthesis   | \$196         |
| D6600 Inlay – porcelain/ceramic, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                      | \$356         |
| D6601 Inlay – porcelain/ceramic, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                              | \$389         |
| D6602 Inlay – cast high noble metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                  | \$342         |
| D6603 Inlay – cast high noble metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                          | \$391         |
| D6604 Inlay – cast predominantly base metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                          | \$341         |
| D6605 Inlay – cast predominantly base metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                  | \$379         |
| D6606 Inlay – cast noble metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                       | \$343         |
| D6607 Inlay – cast noble metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                               | \$384         |
| D6608 Onlay – porcelain/ceramic, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                      | \$394         |
| D6609 Onlay – porcelain/ceramic, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                              | \$418         |
| D6610 Onlay – cast noble metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                       | \$412         |
| D6611 Onlay – cast noble metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                               | \$381         |
| D6612 Onlay – cast predominantly base metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                          | \$409         |
| D6613 Onlay – cast predominantly base metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                  | \$368         |
| D6614 Onlay – cast noble metal, 2 surfaces ( <i>limited to 1 per tooth every 5 years</i> )                                       | \$408         |
| D6615 Onlay – cast noble metal, 3 or more surfaces ( <i>limited to 1 per tooth every 5 years</i> )                               | \$368         |
| D6740 Crown – porcelain/ceramic ( <i>limited to 1 per tooth every 5 years</i> )  | \$381         |
| D6750 Crown – porcelain fused to high noble metal ( <i>limited to 1 per tooth every 5 years</i> )                                | \$435         |
| D6751 Crown – porcelain fused to predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                        | \$401         |
| D6752 Crown – porcelain fused to noble metal ( <i>limited to 1 per tooth every 5 years</i> )                                     | \$411         |
| D6780 Crown – 3/4 cast high noble metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$388         |
| D6781 Crown – 3/4 cast predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )                                  | \$394         |
| D6782 Crown – 3/4 cast noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$392         |

Prosthodontic Services - continued on next page



| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Prosthodontic Services (cont.)</b>  |               |
| D6783 Crown – 3/4 porcelain/ceramic ( <i>limited to 1 per tooth every 5 years</i> )  | \$418         |
| D6790 Crown – full cast high noble metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$415         |
| D6791 Crown – full cast predominately base metal ( <i>limited to 1 per tooth every 5 years</i> )   | \$389         |
| D6792 Crown – full cast noble metal ( <i>limited to 1 per tooth every 5 years</i> )  | \$399         |
| D6794 Crown – titanium ( <i>limited to 1 per tooth every 5 years</i> )   | \$416         |
| <b>Additional Procedures Covered as Major Services</b>   |               |
| D0160 Detailed and extensive oral evaluation – problem focused, by report ( <i>limited to 1 per patient per lifetime</i> )   | \$53          |
| D9940 Occlusal guard, by report ( <i>limited to 1 arch-maxillary or mandibular every 5 years</i> )   | \$155         |
| <b>Not covered:</b> <ul style="list-style-type: none"> <li>• Gold foil restoration</li> <li>• Restoration for cosmetic purposes only</li> <li>• Precision attachments, personalization, precious metal bases, and other specialized techniques</li> <li>• Replacement of dentures that have been lost, stolen or misplaced</li> <li>• Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date</li> </ul> |               |

## Class D Orthodontic

### Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- There is no waiting period or age limit for orthodontic services.
- There is no lifetime maximum for orthodontia.

### You Pay:

#### High Option

- **In-Network:** The co-pay amount shown in the Schedule of Benefits.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

| Benefit Description  | Co-Pay Amount |
|--|---------------|
| <b>Orthodontic Services</b>  |               |
| D8010 Limited orthodontic treatment of the primary dentition ( <i>limited to 1 treatment per lifetime</i> )                                      | \$685         |
| D8020 Limited orthodontic treatment of the transitional dentition ( <i>limited to 1 treatment per lifetime</i> )                                 | \$894         |
| D8030 Limited orthodontic treatment of the adolescent dentition ( <i>limited to 1 treatment per lifetime</i> )                                   | \$1,007       |
| D8050 Interceptive orthodontic treatment of the primary dentition ( <i>limited to 1 treatment per lifetime</i> )                                 | \$1,240       |
| D8060 Interceptive orthodontic treatment of the transitional dentition ( <i>limited to 1 treatment per lifetime</i> )                            | \$1,431       |
| D8070 Comprehensive orthodontic treatment of the transitional dentition ( <i>limited to 1 treatment per lifetime</i> )                           | \$2,829       |
| D8080 Comprehensive orthodontic treatment of the adolescent dentition ( <i>limited to 1 treatment per lifetime</i> )                             | \$2,885       |
| D8090 Comprehensive orthodontic treatment of the adult dentition ( <i>limited to 1 treatment per lifetime</i> )                                  | \$2,885       |
| D8210 Removable appliance therapy ( <i>limited to 1 treatment per lifetime</i> )   | \$583         |
| D8220 Fixed appliance therapy ( <i>limited to 1 treatment per lifetime</i> )   | \$662         |
| D8660 Pre-orthodontic treatment visit ( <i>limited to 1 treatment per lifetime</i> )   | \$35          |
| D8670 Periodic orthodontic treatment visit (as part of contract) - ( <i>limited to 1 treatment per lifetime</i> )                                | \$116         |
| D8680 Orthodontic retention (removal of appliances, construction and placement of retainer(s)) - ( <i>limited to 1 treatment per lifetime</i> )  | \$286         |
| <b>Not covered:</b>  |               |
| <ul style="list-style-type: none"> <li>• Repair of damaged orthodontic appliances</li> <li>• Replacement of lost or missing appliance</li> </ul> |               |

## General Services

### Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- The annual benefit maximum is \$15,000.

### You Pay:

#### **High Option**

- **In-Network:** The co-payment shown in the Benefit Schedule.
- **Out-of-Network: In full for all charges.** There are no out-of-network benefits available except for emergency services when the services of an in-network provider are not available.

| Benefit Description   | Co-Pay Amount |
|---|---------------|
| <b>Anesthesia Services</b>  |               |
| D9215 Local anesthesia in conjunction with operative or surgical procedures   | \$0           |
| D9220 Deep sedation/general anesthesia for complex oral surgical procedures based on clinical review – first 30 minutes           | \$141         |
| D9221 Deep sedation/general anesthesia for complex oral surgical procedures based on clinical review – each additional 15 minutes | \$56          |
| <b>Intravenous Sedation</b>   |               |
| D9241 Intravenous conscious sedation/analgesia – first 30 minutes   | \$123         |
| D9242 Intravenous conscious sedation/analgesia – each additional 15 minutes   | \$51          |
| <b>Medications</b>  |               |
| D9610 Therapeutic drug injection, single administration   | \$23          |
| D9612 Therapeutic parenteral drugs, two or more administrations, different medications  | \$38          |
| <b>Post Surgical Services</b>   |               |
| D9930 Treatment of complications (post-surgical) unusual circumstances, by report   | \$0           |
| <b>Miscellaneous Services</b>   |               |
| D9941 Fabrication of athletic mouthguard  | \$95          |
| D9974 Internal bleaching – per tooth  | \$161         |
| <b>Not covered:</b> <ul style="list-style-type: none"> <li>• Nitrous oxide</li> <li>• Oral sedation</li> </ul>                    |               |

---

## Section 6 International Services and Supplies

---

### **International Claims Payment**

This plan provides a benefit for emergency services when overseas. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network plan provider. We will reimburse you for emergency services up to \$100 per member per year.

### **Finding an International Provider**

This plan provides a benefit for international emergency services when services are received from a licensed dentist.

### **Filing International Claims**

The following should be provided when submitting a claim for International emergency services:

- Name of country where services were received
- American Dental Association procedure codes
- Translation of language to English
- Translation into US currency or accurate day rate
- Tooth number(s) and/or quadrants
- Date(s) of service
- Dentist name

### **Customer Service Website and Phone Numbers**

Our plan website is <http://feds.humana.com>.

You may also contact us by phone at 1-877-692-2468.

---

## Section 7 General Exclusions – Things We Do Not Cover

---

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Any dental service or treatment not specifically listed as a covered service;
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment for which the cost is later recovered in a lawsuit or in a compromise or settlement of any claim, except where prohibited by law;
- Services and treatment received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Any dental treatment started prior to your effective date for eligibility of benefits;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services which in the opinion of the in-network dentist or specialist are not necessary treatment to establish and/or maintain your oral health;
- Any service that is not consistent with the normal and/or usual services provided by the in-network dentist or specialist or which in the opinion of the in-network dentist or specialist would endanger your health;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMJD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- The cost of hospitalization, pharmaceuticals, drugs or medications;
- Any service or procedure which the in-network dentist or specialist is unable to perform because of your general health or physical limitations;
- Treatment for cysts, neoplasms and malignancies;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services are covered by other medical insurance even when provided by a general dentist or oral surgeon;
- Services and treatment of any dentist other than an in-network general dentist or specialist, except out-of-area emergency services up to co-pay amount of \$100 per member per year. Emergency services are defined as treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by an in-network provider.

---

## Section 8 Claims Filing and Disputed Claims Processes

---

### How to File a Claim for Covered Services

For in-network services, there are no claims for you to file.

This plan does not offer an out-of-network benefit. If you see an out-of-network provider for emergency services, the provider should submit a standard ADA claim form to:

Humana Dental Advantage  
PO Box 14287  
Lexington, KY 40512-4287

If you see an international dentist for emergency services, the provider or member should submit a claim form with the following information: name of the country in which the work was performed, the dentist's name, the American Dental Association code(s), the tooth number(s) and the date(s) of service. Claims must be submitted in U.S. dollars and mailed to the address shown above.

### Deadline for Filing Your Claim

For emergency and international claims, you have one year from the date of service to file your claim.

### Disputed Claims Process

Follow this disputed claims process, if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide for OPM to review disputed claims.**

#### Disputed Claim Steps

1. Ask us in writing to reconsider our initial decision. You must submit a formal written statement to our Grievance and Appeals Department at: PO Box 14729 Lexington, KY 40512-4729 within one (1) year from occurrence of the events upon which the grievance is based, and must contain a statement of the action requested, your name, address, telephone number, Member number, signature and the date.
2. We have 60 days from the date we received your request to render a decision to either pay or deny the claim and communicate such decision back to you. However, if the grievance involves collection of information from outside our service area, an additional thirty (30) days will be allowed for processing.
3. If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must request reconsideration by the Grievance Panel within sixty (60) days after receipt of the initial grievance written decision by submitting a written request to the our Grievance and Appeals Department at: PO Box 14729 Lexington, KY 40512-4729.
4. If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. The decision of the independent third party is binding and is the final review of your claim. To request a third-party review, you must submit a written request to our Grievance and Appeals Department at: PO Box 14729 Lexington, KY 40512-4729.

---

## Section 9 Definitions of Terms We Use in This Brochure

---

|  |  |
|--|--|
| <b>Annual Benefit Maximum</b>              | The maximum annual benefit that you can receive per person.  |
| <b>Annuitants</b>                          | Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.                                     |
| <b>BENEFEDS</b>                            | The enrollment and premium administration system for FEDVIP.   |
| <b>Benefits</b>                            | Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.   |
| <b>Class A Services</b>                    | Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.   |
| <b>Class B Services</b>                    | Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.   |
| <b>Class C Services</b>                    | Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.   |
| <b>Class D Services</b>                    | Orthodontic services.  |
| <b>Co-pay</b>                              | Co-pay or co-payment is a fixed amount of money you pay directly to the dentist when you receive covered services.   |
| <b>Emergency Services</b>                  | Treatment due to injury, accident or severe pain requiring the services of a dentist which occurs under circumstances where it is neither medically or physically possible for you to be treated by a plan provider.   |
| <b>Enrollee</b>                            | The Federal employee or annuitant enrolled in this plan.   |
| <b>FEDVIP</b>                              | Federal Employees Dental and Vision Insurance Program.   |
| <b>Generally Accepted Dental Protocols</b> | The standards set by the American Dental Association or which are customarily used for dental care. Humana Dental reserves the right to determine the level of necessary treatment.  |
| <b>Missing Tooth Clause</b>                | The exclusion of any service or supply rendered to replace a tooth lost prior to the effective date of coverage. When the procedure/appliance is to replace only the tooth lost prior to the member's effective date, the procedure/appliance is not covered. When the missing tooth is repaired in conjunction with other extractions after the effective date, the procedure/appliance is covered. |
| <b>Plan Allowance</b>                      | The amount we use to determine our payment for out-of-network services.  |
| <b>Preexisting Condition</b>               | Any disease or condition of the teeth or supporting structures which existed on the effective date of coverage.  |
| <b>We/Us</b>                               | Humana Dental Advantage.   |
| <b>You</b>                                 | Enrollee or eligible family member.  |

---

## Non-FEDVIP Benefits Available To Employees

---

The benefits on this page are not part of the FEDVIP contract or premium. These programs and materials are the responsibility of the Plan and all appeals must follow their guidelines.

### **Disability Income Insurance**

Humana's disability plan will help with day-to-day expenses, such as, housing, food, car payments, and additional medical costs - if an illness or accident disables members away from the workplace. Members will not have to worry about using their savings or incurring additional debt to cover these costs and care for their family. This plan is available to active employees in selected markets for 2015. Go to <http://feds.humana.com> for more information.

#### **Here are some of the benefits:**

- Coverage is available for on- or off-the-job injuries or sickness to those age 16-70
- Monthly benefits from \$500/month; up to a maximum of \$5,000 (not to exceed 60 percent of monthly income)
- Provides coverage for disabilities caused by an off-the-job accident or sickness (from three months up to three years, depending on plan selection)
- Coverage is portable, if you should leave your job, you can take the policy with you
- Pregnancy is treated as sickness (subject to pre-existing and policy provisions)

#### **Enroll now!**

It's not only easy to get coverage, you also have the opportunity to:

- Pay your premiums through payroll deduction
- Lock in premiums at your current age

For more information, visit <http://feds.humana.com> or call **1-866-780-5870**.



---

## Stop Health Care Fraud!

---

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

**Protect Yourself From Fraud** – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 877-692-2468 and explain the situation.
- Do not maintain as a family member on your policy:
  - Your former spouse after a divorce decree or annulment is final (even if a court order stipulates otherwise); or
  - Your child over age 22 (unless he/she is disabled and incapable of self- support).

If you have any questions about the eligibility of a dependent, please contact BENEFEDS.

Be sure to review Section 1, Eligibility, of this brochure prior to submitting your enrollment or obtaining benefits.

**Fraud or intentional misrepresentation of material fact is prohibited under the plan. You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEDVIP benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the plan, or enroll in the plan when you are no longer eligible.**

---

## Summary of Benefits

---

- **Do not rely on this chart alone.** This page summarizes specific expenses we cover; please review the individual sections of this brochure, for more detail.
- If you want to enroll or change your enrollment in this plan, please visit [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

| Benefit   | You Pay: |
|---|----------|
| <b>High Option Benefits</b>   |          |
| Class A (Basic) Services – preventive and diagnostic  | Nothing  |
| Class B (Intermediate) Services – includes minor restorative services                         | Co-Pay   |
| Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services | Co-pay   |
| Class D Services – orthodontic  | Co-pay   |
| No Lifetime Maximum   |          |



## Rate Information

***How to find your monthly and bi-weekly rates:***

- In the first chart below, look up your state or zip code to determine your Rating Area.
- In the second chart below, match your Rating Area to your enrollment type and plan option.

| Premium Rating Areas by State/Zip Code (first three digits) |   |             |       |               |             |       |                                 |             |
|---|---|-------------|-------|---------------|-------------|-------|---------------------------------|-------------|
| State   | Zip                                     | Rating Area | State | Zip           | Rating Area | State | Zip                             | Rating Area |
| AL  | 356-358                                 | 3           | IL    | 600-608       | 2           | OH    | 430-432, 440-443                | 2           |
| AL  | Rest of state                           | 2           | IL    | Rest of state | 1           | OH    | Rest of state                   | 1           |
| AR  | Entire state                            | 3           | IN    | 460-462, 472  | 3           | OK    | Entire state                    | 3           |
| AZ  | 850-853                                 | 4           | IN    | 470           | 1           | SC    | Entire state                    | 4           |
| AZ  | Rest of state                           | 3           | IN    | Rest of state | 2           | TN    | Entire state                    | 1           |
| CA  | 900-908, 910-931, 939-952, 954, 956-958 | 5           | KS    | Entire state  | 1           | TX    | Entire state                    | 1           |
|   |   |             | KY    | Entire state  | 1           | UT    | Entire state                    | 3           |
| CA  | Rest of state                           | 4           | LA    | Entire state  | 3           | VA    | 201, 203, 220-227, 231-232, 238 | 3           |
| CO  | Entire state                            | 5           | MD    | 206-218       | 3           |       |                                 |             |
| DC  | Entire state                            | 3           | MO    | Entire state  | 2           | VA    | 228-230, 233-237, 239-246       | 4           |
| FL  | Entire state                            | 2           | MS    | Entire state  | 3           |       |                                 |             |
| GA  | Entire state                            | 2           | NC    | 275-277, 283  | 5           | WV    | 254                             | 3           |
|   |   |             | NC    | Rest of state | 4           | WV    | Rest of state                   | 2           |

| Rating Area | Bi-weekly |               |                 | Monthly  |               |                 |
|-------------|-----------|---------------|-----------------|----------|---------------|-----------------|
|             | Self      | Self Plus One | Self and Family | Self     | Self Plus One | Self and Family |
| 1           | \$ 9.74   | \$ 19.46      | \$ 29.20        | \$ 21.10 | \$ 42.16      | \$ 63.27        |
| 2           | \$ 10.31  | \$ 20.61      | \$ 30.92        | \$ 22.34 | \$ 44.66      | \$ 66.99        |
| 3           | \$ 11.16  | \$ 22.33      | \$ 33.48        | \$ 24.18 | \$ 48.38      | \$ 72.54        |
| 4           | \$ 13.54  | \$ 27.08      | \$ 40.62        | \$ 29.34 | \$ 58.67      | \$ 88.01        |
| 5           | \$ 14.49  | \$ 28.98      | \$ 43.47        | \$ 31.40 | \$ 62.79      | \$ 94.19        |