

# Humana Dental Federal Advantage Plan

A flat-fee,  
easy-to-use  
dental plan

## Open Season dates

Nov. 13–Dec. 11, 2017,  
midnight, Eastern time



### 2018 plan highlights

- **Free** preventive care, such as exams, cleanings and X-rays
- **Choose** any provider in our expanded network
- **No** orthodontic annual maximums and no wait—coverage starts on day one of plan year
- **No** deductibles



An in-network,  
copay-only  
dental plan

### Virtual Benefits Fair

Nov. 13 and Dec. 5

Register at  
**feds.Humana.com**



### Enroll at

[www.benefeds.com](http://www.benefeds.com) or **1-877-888-3337**.

Coverage details at **feds.Humana.com**.

**Humana**®

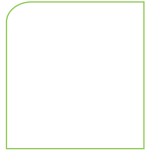
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Federal Employees  
Dental And Vision Insurance Program







# A dental plan that will make you smile



## DESIGNED TO SIMPLIFY GETTING CARE

- Copays help manage costs
- No referral needed to see any in-network dentist or specialist
- Free routine exams, X-rays and cleanings two times per year



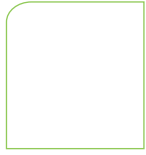
## KNOW WHAT YOU'LL PAY FOR DENTAL SERVICES

- **Flat rate** for each procedure
- Easy to use and easy on your budget



## MORE DENTISTS AND SPECIALISTS TO CHOOSE FROM

- Larger dental network
- 8,000+ new providers added over the last 12 months
- Freedom to choose any dentist or specialist in the Humana federal network



# A dental plan that will make you smile

Humana Dental Federal Advantage Plan is a one-of-a-kind, flat-fee dental plan with no surprises. You know your costs in advance—unlike traditional plans where it can be difficult to figure your share of the cost.

	With the Humana Dental Federal Advantage Plan	With traditional dental plans
<b>Deductible</b>	No deductible	Deductible must be met before benefits paid
<b>What you pay</b>	Guaranteed flat fees (see next page)	You pay <b>variable</b> costs, which could include deductible, coinsurance, individual and specialist fees
<b>When are benefits available?</b>	Day 1 for both dental and orthodontic benefits	Waiting periods of up to 12 months may apply
<b>Are referrals needed?</b>	No, any dentist or specialist in the Humana federal network may be seen without a referral	May require referrals
<b>Annual maximum for dental coverage</b>	Coverage up to \$15,000	Annual maximums may be as low as \$1,500
<b>Is there an annual maximum for orthodontic services?</b>	No	Annual maximums may be as low as \$2,000
<b>Are implants covered?</b>	Yes	May require review



# In-network benefits schedule\*

Listed below are some of the most common services used by federal employees. Please visit [feds.Humana.com](https://feds.humana.com) to view and print the entire benefits schedule.

## Basic services

### Diagnostic

	Member pays
D0120 Periodic oral evaluation – established patient (limit 2 per calendar year)	no charge
D0140 Limited oral evaluation – problem focused (limit 1 every 12 months)	no charge
D0150 Comprehensive oral evaluation – new or established patient (limit 1 every 12 months)	no charge
D0210 Intraoral – complete series of radiographic images (limit 1 every 3 years)	no charge
D0220 Intraoral – periapical, first radiographic image	no charge
D0230 Intraoral – periapical, each additional radiographic image	no charge
D0272 Bitewing – two radiographic images (limit 2 per calendar year)	no charge
D0274 Bitewing – four radiographic images (limit 2 per calendar year)	no charge
D0330 Panoramic radiographic image (limit 1 every 3 years)	no charge

### Preventive

D1110 Prophylaxis – adult (limit 2 per calendar year)	no charge
D1120 Prophylaxis – child (limit 2 per calendar year)	no charge
D1206 Topical application fluoride varnish (limit 2 per calendar year)	no charge
D1208 Topical application of fluoride (limit 2 per calendar year)	no charge
D1351 Sealant – per tooth (limit 1 per non-carious permanent molar every 3 years under age 18)	no charge

## Intermediate services

### Restorative

	Member pays
D2330 Resin-based composite – one surface, anterior (limit 1 per tooth every 24 months)	\$29
D2331 Resin-based composite – two surfaces, anterior (limit 1 per tooth every 24 months)	\$36
D2391 Resin-based composite – one surface, posterior (limit 1 per tooth every 24 months)	\$43
D2392 Resin-based composite – two surfaces, posterior (limit 1 per tooth every 24 months)	\$56
D2393 Resin-based composite – three surfaces, posterior (limit 1 per tooth every 24 months)	\$69

### Periodontal

D4341 Periodontal scaling and root planning – four or more teeth per quadrant (limit 1 per quadrant every 24 months)	\$51
D4342 Periodontal scaling and root planning – one to three teeth per quadrant (limit 1 per quadrant every 24 months)	\$33
D4381 Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limit 1 every 12 months, to maximum of 3 tooth sites per quadrant)	\$17
D4910 Periodontal maintenance (limit 4 every 12 months)	\$32

### Oral surgery

D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$32
D7210 Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$53

## Major services

### Restorative

	Member pays
D2740 Crown – porcelain/ceramic substrate (limit 1 per tooth every 5 years)	\$430
D2950 Core buildup, including any pins	\$90

### Orthodontic services

	Member pays
D8080 Comprehensive orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime)	\$2,885
D8090 Comprehensive orthodontic treatment of adult dentition (limited to 1 treatment per lifetime)	\$2,885

\*Finding a dentist is easy. Go to [feds.Humana.com](https://feds.humana.com) or call **1-877-692-2468 (TTY: 711)**, 8 a.m. – 9 p.m., Eastern time, during Open Season; 8 a.m. – midnight, Eastern time, Dec. 11, 2017; and 9 a.m. – 7 p.m., Eastern time, after Open Season.

# Non-federal benefits available

## Disability plan

Designed especially for federal employees, Humana’s disability coverage can help cover everyday living expenses, pay the bills if you can’t work—due to an accident or sickness—and can help you concentrate on your recovery and return to work. You’re eligible to purchase disability coverage through Humana and have the premiums deducted through payroll.

### Plan features

- Coverage is available for on- or off-the-job injuries or sickness to those age 16–70
- Monthly benefits starting from \$500/month—up to a max of \$5,000/month
- 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)
- One rate regardless of age, gender or smoking status
- Guarantee issue amounts available

### Vision plan

Good visual health plays an important role in contributing to overall health. Humana’s vision coverage has valuable benefits and offers the protection you need to keep your eyes healthy.



Simply go to **feds.Humana.com**  
and click on “Non-federal benefits”  
to find out more

Disability plan is offered by Kanawha Insurance Company or Humana Insurance Company.

Vision plans are insured by Humana Insurance Company, The Dental Concern, Inc., Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, Inc. For Arizona residents: Insured by Humana Insurance Company. For Texas residents: Insured by Humana Insurance Company.

This summary is intended to provide a high-level overview of Humana plans and benefits. It is not intended to provide detailed information on state-specific benefits, limitations, waiting periods or exclusions. Product availability, options, benefits and riders vary by state. Products may not be approved in all states.

These benefits are neither offered nor guaranteed under contract with the FEDVIP program, but are made available to all enrollees and family members who become members of Humana.

## Discrimination is against the law

Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age disability or sex.

Humana Inc. and its subsidiaries provide: (1) free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate; and, (2) free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call **1-877-320-1235** or if you use a TTY, call **711**.

If you believe that Humana Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.

If you need help filing a grievance, call **1-877-320-1235** or if you use a TTY, call **711**.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-Language Interpreter Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.... ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.... 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY: 711)**。... CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.... 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-320-1235 (TTY: 711)**번으로 전화해 주십시오.... PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.... Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телефакс: 711)**.... ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.... ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS: 711)**.... UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.... ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.... ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**... ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.... 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711)まで、お電話にてご連絡ください。...

(TTY: 711) 1-877-320-1235. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **1-877-320-1235 (TTY: 711)**....

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711)**.



# Dental Federal Advantage Plan 2018

How to find your biweekly and monthly rates:

- In the first chart below, look up your state and the first three digits of your ZIP code to determine your rating area
- In the second chart below, match your rating area to your enrollment type to determine your premium

State	ZIP code	Rating area	State	ZIP code	Rating area
Alabama	ZIP codes 356–358	3	Louisiana	Entire state	3
Alabama	Rest of state	2	Maryland	ZIP codes 206–218	3
Arkansas	Entire state	3	Missouri	Entire state	2
Arizona	ZIP codes 850–853	4	Mississippi	Entire state	3
Arizona	Rest of state	3	North Carolina	ZIP codes 275–277, 283	5
California	ZIP codes 900–908, 910–931, 939–952, 954, 956–958	5	North Carolina	Rest of state	4
			Ohio	ZIP codes 430–432, 440–443	2
California	Rest of state	4	Ohio	Rest of state	1
Colorado	Entire state	5	Oklahoma	Entire state	3
DC	Entire district	3	South Carolina	Entire state	4
Florida	Entire state	2	Tennessee	Entire state	1
Georgia	Entire state	2	Texas	Entire state	1
Illinois	ZIP codes 600–608	2	Utah	Entire state	3
Illinois	Rest of state	1	Virginia	ZIP codes 201, 203, 220–227, 231–232, 238	3
Indiana	ZIP codes 460–462, 472	3		Virginia	ZIP codes 228–230, 233–237, 239–246
Indiana	ZIP code 470	1	West Virginia	ZIP code 254	3
Indiana	Rest of state	2	West Virginia	Rest of state	2
Kansas	Entire state	1			
Kentucky	Entire state	1			

Rating area	Biweekly			Monthly		
	Self	Self plus one	Self and family	Self	Self plus one	Self and family
1	\$9.76	\$19.50	\$29.26	\$21.15	\$42.25	\$63.40
2	\$10.33	\$20.65	\$30.98	\$22.38	\$44.74	\$67.12
3	\$11.18	\$22.37	\$33.54	\$24.22	\$48.47	\$72.67
4	\$13.56	\$27.12	\$40.68	\$29.38	\$58.76	\$88.14
5	\$14.51	\$29.02	\$43.53	\$31.44	\$62.88	\$94.32

Care received from an out-of-network dentist isn't covered, except when it's emergency care.

Not available in Alaska, Connecticut, Delaware, Hawaii, Idaho, Iowa, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, Wisconsin and Wyoming.

This is a summary of the features of the Federal Dental Advantage Plan. Before making a final decision, please read the plan's Federal Brochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal Brochure. Insured or administered by Humana Dental Insurance Company, Humana Insurance Company and The Dental Concern.

