

# Complete Dental

## Individual Dental

### About your plan

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

The Complete Dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. The plan offers affordable coverage for preventive, basic and major services like routine cleanings and exams, fillings, dentures and extractions. You can lower your cost by choosing one of the more than 325,000 dentist locations\* in our nationwide network. Visit [Humana.com](http://Humana.com) to find a participating dentist.

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

### How your plan works

#### Calendar year deductible

This is the amount you will pay out-of-pocket for services in a calendar year

#### Individual

\$50  
(deductible waived for in-network preventive services)

#### Family

\$150  
(deductible waived for in-network preventive services)

#### Annual maximum

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

\$1,250 year one, \$1,500 year two and after, per individual on the plan

#### Dental care services

#### In-network coverage

#### Out-of-network coverage†

##### Preventive Services (no waiting period)

- Routine oral examinations (limit two every calendar year)
- Limited oral evaluation (limit one every calendar year)
- Comprehensive oral evaluation (limit one every three years)
- Bitewing X-rays (one set of films every calendar year for covered persons under age 10 and up to four films every calendar year for covered persons age 10 and older)
- Panoramic film combined with full mouth (limit one every five years, age 12 and up)
- Cleanings (limit two every calendar year)
- Topical fluoride treatment (limit two every calendar year)
- Sealants (limit of once per tooth per lifetime, age 14 and under)

100% no deductible

100% after deductible

##### Basic services (6 month waiting period applies - policyholders who provide proof of 12 months prior coverage may be exempt from this waiting period.<sup>2</sup>)

- Simple extractions and root removal
- Fillings (limit one per tooth every two years, composite covered on front teeth only<sup>3</sup>)
- Space maintainers (age 14 and under, initial placement only)
- Prefabricated stainless steel crowns
- Palliative treatment of dental pain – per visit

80% after deductible

80% after deductible

## Dental care services (continued)

**Major services** (12 month waiting period applies - policyholders who provide proof of 12 months prior coverage may be exempt from this waiting period.<sup>2</sup>)

- Endodontics - Root canals (limit one per lifetime, per tooth)
- Complete dentures (limit one every five years)
- Removable partial dentures (limit one every five years)
- Denture repair and adjustments
- Crowns (limit one per tooth every five years)
- Onlays and Inlays (limit one per tooth every five years)
- Surgical extractions
- Periodontal maintenance (limit two every calendar year) - no waiting period for this service
- Periodontal scaling and root planing (limit one per quadrant every three years) - no waiting period for this service

*Note: Replacement of congenitally missing teeth or teeth extracted prior to coverage under the policy are not covered.*

In-network coverage

Out-of-network coverage<sup>†</sup>

50% after deductible

50% after deductible

\* Based on Humana network data, last accessed Dec. 20, 2021.

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

### Notes

- If further clarification regarding coverage and benefits is needed please ask your dentist for a pretreatment estimate.

### Footnotes

1. "Gum Diseases and Other Diseases," American Academy of Periodontology, last accessed October 14, 2022, <https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-other-diseases/>.
2. Prior coverage is defined as an insurance plan that offered coverage and benefits. Discount dental plans are not considered prior coverage.
3. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) and the member is responsible for any cost over the covered amount.

**Important to know:** This plan may have a minimum one-year initial contract period.

## Dental limitations and exclusions

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

1. Any expenses incurred while a covered person qualifies for any Worker's Compensation or occupational disease act or law, whether or not the covered person applied for coverage.
2. Services:
  - a. That are free or that a covered person would not be required to pay for if they did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;
  - b. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - c. Furnished by any United States government-owned or operated hospital/institution/agency.
3. Any loss caused or contributed by:
  - a. War or any act of war, whether declared or not;
  - b. Taking part in a riot;
  - c. Commission of or an attempt to commit a criminal act;
  - d. Engaging in an illegal profession or occupation;
  - e. Any act of armed conflict; or
  - f. Any conflict involving armed forces of any authority.
4. Any expense arising from the completion of forms.
5. Failure to keep an appointment with the provider.
6. Services we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under this policy.
7. Charges for:
  - a. Any type of implant and all related services, including crowns or the prosthetic device attached to it;
  - b. Precision or semi-precision attachments;
  - c. Overdentures and any endodontic treatment associated with overdentures;
  - d. Other customized attachments;
  - e. 3D imaging;
  - f. Temporary and interim dental services;
  - g. Separate charges for materials or use of equipment, such as lasers; or
  - h. Separate charges for treatment rendered in a clinic, dental or medical facility owned, operated, sponsored or maintained by either (i) the employer or any covered person; or (ii) by an employee of any covered person.
8. Any service related to:
  - a. Altering vertical dimension of teeth;
  - b. Restoration or maintenance of occlusion;
  - c. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
  - d. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - e. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Services not specifically listed in the "Schedule of Policy Benefits" section.
14. Services shown as "Not Covered" in the "Schedule of Policy Benefits" section.

## Dental limitations and exclusions (continued)

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15. Services that we determine:
  - a. Are not eligible for benefits based upon clinical review;
  - b. Do not offer a favorable prognosis;
  - c. Do not have uniform professional acceptance; or
  - d. Are deemed to be experimental or investigational in nature.
16. Orthodontic services.
17. Any expense incurred before the covered person's effective date or after the date the covered person's coverage under this policy terminates.
18. Services provided by someone who ordinarily lives in the covered person's home or is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
21. Repair or replacement of orthodontic appliances.
22. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to headaches.
23. Elective removal of non-pathologic impacted teeth.
24. Service for orthognathic surgery.
25. Services generally considered medical or covered by a medical plan.
26. Services for destruction of lesions by any method.
27. Services for tooth transplantation.
28. Services for removal of a foreign body from the oral tissue or bone.
29. Services for reconstruction of surgical, traumatic or congenital defects of the facial bones unless dental related.
30. Any separate fees for pre and post-operative care.
31. Replacement of restorations (fillings) placed less than two years ago.
32. We will not cover the replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.

Humana Individual dental plans are insured or offered by Humana Insurance Company, HumanaDental® Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc., CompBenefits Insurance Company, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc., or Humana Health Benefit Plan of Louisiana, Inc. Discount plans offered by HumanaDental Insurance Company or Humana Insurance Company. For Arizona residents: Insured by Humana Insurance Company. For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Dental ID card and requesting a copy. For New Mexico residents: Insured by Humana Insurance Company. For Texas residents: Insured or offered by Humana Insurance Company, HumanaDental Insurance Company or DentiCare, Inc (d/b/a Compbenefits).

Policy number: GN-71145

Applications are subject to approval.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control. Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.

## Important

### At Humana, it is important you are treated fairly.

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

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

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

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

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

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك