

Humana Dental Traditional Preferred

	IN-NETWORK		OUT-OF-NETWORK	
Calendar-year deductible options (Deductible does not apply to preventive services)	Individual \$25 \$50	Family \$75 \$150	Individual \$25 \$50	Family \$75 \$150
Calendar year annual maximum options	\$1,000	\$1,500	\$2,000	Unlimited
Extended annual maximum	Receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year after you reach your annual maximum (orthodontia excluded). Does not apply when the unlimited annual maximum option is selected.			

COINSURANCE OPTIONS			
	IN-AND-OUT-OF-NETWORK	IN-AND-OUT-OF-NETWORK	IN-AND-OUT-OF-NETWORK
Preventive services Routine oral examinations (3 per year), bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older), routine cleanings (3 per year), periodontal cleanings (4 per year), fluoride treatment (1 per year, through age 16), sealants (permanent molars, through age 16), space maintainers (primary teeth, through age 15), oral cancer screening (1 per year, ages 40 and older)	100%	100%	100%
Basic services Emergency care for pain relief ¹ , amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth), oral surgery (tooth extractions including impacted teeth), stainless steel crowns, harmful habit appliances (1 per lifetime, through age 14)	90%	80%	50%
Major services Crowns, inlays and onlays, bridgework, and dentures (1 per tooth every 5 years), denture relines/rebases (1 per 3 years, following 6 months of denture use), denture repair and adjustments (following 6 months of denture use), periodontics (scaling/root planing and surgery 1 per quadrant every 3 years), endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	60%	50%	50%

¹For policies issued in Illinois, Massachusetts, North Carolina, and New Jersey covered emergency care for pain relief provided by an out-of-network dentist will be covered at the in-network coinsurance level.

PLAN OPTIONS

Waive preventive from annual maximum

Available for groups of 2+ at an additional cost, this option waives preventive services from accumulating to the annual maximum

Periodontics in basic services category

Available for groups of 2+ at an additional cost, this option moves periodontic services to basic services cost-share

Endodontics in basic services category

Available for groups of 2+ at an additional cost, this option moves endodontic services to basic services cost-share

Composite fillings for molars

Available for groups of 2+ at an additional cost, this option provides composite fillings on molar teeth at basic services cost-share

Implant placement and services

If you do not choose implant placement and services, member coverage is limited to crowns, bridges, and dentures at equivalent cost of a non-implant service. Implant placement will not be covered.

Available for groups of 10+ at an additional cost, this option provides implant placement and implant crowns, bridges, and dentures at major services cost-share. Implant placement limited to 1 per tooth every 5 years including implant crowns, bridges, and dentures

Orthodontia

If you do not choose orthodontia coverage, members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.

Child orthodontia: Available for groups of 2+ at an additional cost, this option pays 50 percent (no deductible) of covered child orthodontia services up to a lifetime maximum of (choose one):

\$1,000 \$1,500 \$2,000

Adult / Child orthodontia: Available for groups of 2+ at an additional cost, this option pays 50 percent (no deductible) of covered adult / child orthodontia services up to a lifetime maximum of (choose one):

\$1,000 \$1,500 \$2,000

ADDITIONAL OPTIONS

Out-of-network reimbursement

Available for groups 2+, out-of-network reimbursement for coinsurance options may be based on (choose one):

- Usual and customary
- In-network fee schedule¹

Employer funding

Multiple product options may be offered under these funding arrangements for groups of 5+

Available for groups 2+, funding options include (choose one):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative services only (ASO)

Open enrollment

If you do not choose an option, open enrollment will apply

Available for groups 2+, enrollment options include (choose one):

- **Open enrollment:** Employees without a qualifying event can only join during the annual open enrollment period (plan waiting periods may apply)
- **Late applicants:** Employees can join at any time during the plan year with or without a qualifying event. Late applicant waiting periods apply.

¹Not available in Alaska, Arkansas, Iowa, Massachusetts, Missouri, Nebraska, New Jersey, North Dakota, and South Dakota
If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the maximum fee for a covered service which may be based off one or more providers in your geographic area. Waiting periods and frequency / age limits may apply. Please reference your policy or certificate for additional details.

Feel good about choosing a Humana dental plan

Good oral health is essential for well-being

A healthy smile starts with good oral hygiene. Brushing, flossing and seeing the dentist regularly helps teeth and gums look and feel better. But that's just the start. Medical researchers discover more connections between good oral health and good general health every year. Poor oral health has been linked to a variety of general health problems, such as heart disease and strokes*.

* www.perio.org

My Dental IQ at MyHumana.com

Take a quick dental health quiz that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Use your Humana dental benefits

Find a dentist

With Humana Dental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. To find a dentist in the Humana Dental PPO Network, log on to **HumanaDental.com** or call 1-800-233-4013.

Know what your plan covers

This document provides a summary of the Humana dental benefits. Your plan certificate describes in detail your Humana dental benefits, including limitations and exclusions, and can be found on MyHumana, your personal page at **Humana.com**, or call 1-800-233-4013 to request a paper copy.

See your dentist

Your Humana Dental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your identification card, go to **Humana.com** and access MyHumana, or you can view your card on your mobile device through the MyHumana app.

Learn what your plan paid

After Humana processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit **Humana.com**.

This is not a complete disclosure of plan qualifications and limitations. Your agent will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

For Colorado members, the Network Access Plan, which describes an access plan specific to your network, is available at www.humana.com or by calling our customer service department and requesting a copy.

Administered or insured by Humana Insurance Company, Humana Insurance Company of New York, The Dental Concern, Inc. or Humana Health Benefit Plan of Louisiana.

Policy number(s): GN-70090-HC 1/14, AK-70090-HC 1/14, AR-70090-HC 1/14, CA-70090-HC 1/14, CO-70090-HC 1/14, CT-70090-HC 1/14, DC-70090-HC 1/14, FL-70090-HC L 1/14, FL-70090-HC SB 1/14, IA-70090-HC 1/14, ID-70090-HC 1/14, IL-70090-HC S 1/14, IL-70090-HC 1/14, IN-70090-HC 1/14, KS-70090-HC 1/14, KY-70090-HC 1/14, LA-70090-HC 1/14, MA-70090-HC 1/14, MD-70090-HC 1/14, ME-70090-HC 1/14, MI-70090-HC LG 1/14, MI-70090-HC SG 1/14, MN-70090-HC 1/14, MO-70090-HC 1/14, NC-70090-HC 1/14, NE-70090-HC 1/14, NH-70090-HC 1/14, NJ-70090-HC 1/14, NM-70090-HC 1/14, NV-70090-HC 1/14, NY-70090-HC 1/14, OH-70090-HC 1/14, OK-70090-HC 1/14, SC-70090-HC 1/14, SD-70090-HC 1/14, TN-70090-HC 1/14, VA-70090-HC 1/14, VT-70090-HC 1/14, WI-70090-HC 1/14, WV-70090-HC 1/14

