



Humana Dental

Highlights for your comprehensive dental plan

Open Season dates

Nov. 11 – Dec. 9, 2019 | Midnight, Eastern time

Online Benefits Fair

Friday, November 15

Friday, November 22

Wednesday, December 4

Lower rates for 2020!



Register at

[feds.Humana.com](https://feds.humana.com)

Humana®



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
- 227,000 plus provider locations
- Freedom to choose any dentist or specialist in the Humana federal network

Federal members including TRICARE retirees

Humana offers a dental plan that will make you smile with confidence.

2020 plan highlights:

- **Lower rates**
- Increased annual maximum from \$15,000 to **unlimited**
- Free preventive care such as exams, cleaning and X-rays
- Choose any provider in our expanded network
- Adult orthodontia coverage
- No orthodontic annual maximums and no wait—coverage starts on day one of plan year

Who is eligible?

Retired service members and their families who were eligible for TRDP are eligible for FEDVIP dental coverage. For more information visit **feds.Humana.com**.

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
Deductible	No deductible	Deductible must be met before benefits paid
What you pay	Guaranteed flat fees (see next page)	You pay variable costs, which could include deductible, coinsurance, individual and specialist fees
When are benefits available?	Day 1 for both dental and orthodontic benefits	Waiting periods of up to 12 months may apply
Are referrals needed?	No, any dentist or specialist in the Humana federal network may be seen without a referral	May require referrals
Annual maximum for dental coverage	Unlimited	Annual maximums may be as low as \$1,500
Is there an annual maximum for orthodontic services?	No	Annual maximums may be as low as \$2,000
Are implants covered?	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** 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	Comprehensive oral evaluation – new or established patient (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 Member pays

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

Member pays

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

Member pays

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
D7220 Removal of impacted tooth – soft tissue	\$68
D7230 Removal of impacted tooth – partially bony	\$89
D7240 Removal of impacted tooth – completely bony	\$105

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

Endodontic Services

D3310 Endodontic therapy, anterior tooth (excluding final restoration) - (limited to 1 per tooth per lifetime)	\$328
D3320 Endodontic therapy, premolar bicuspid tooth (excluding final restorations) - (limited to 1 per tooth per lifetime)	\$400
D3330 Endodontic therapy, molar tooth (excluding final restorations) - (limited to 1 per tooth per lifetime)	\$508

Prosthodontic Services

D5110 Complete denture – maxillary (limited to 1 per tooth every 5 years)	\$510
D5120 Complete denture – mandibular (limited to 1 per tooth every 5 years)	\$510
D6010* Surgical placement of implant body: endosteal implant (limited to 1 per tooth per lifetime)	\$980

*Implants typically involves 3 Procedures / ADA codes, each having a separate copay

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. 9, 2019; and 9 a.m. – 7 p.m., Eastern time, after Open Season.

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.



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 identity, or religion. 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 **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 **<https://www.hhs.gov/ocr/office/file/index.html>**.

Auxiliary aids and services, free of charge, are available to you.

1-877-320-1235 (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.

1-877-320-1235 (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'í béésh bee hani'í bee wolta'ígíí bich'í' hódílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Dental Federal Advantage Plan 2020

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 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
Alabama	Zip codes 356–358	3
Alabama	Rest of state	2
Arkansas	Entire state	3
Arizona	Zip codes 850–853	4
Arizona	Rest of state	3
California	Zip codes 900–908, 910–931, 939–952, 954, 956–958	5
California	Rest of state	4
Colorado	Rest of state	5
DC	Entire district	3
Florida	Entire state	2
Georgia	Entire state	2
Illinois	Zip codes 600 – 608	2
Illinois	Rest of state	1
Indiana	Zip code 460 – 462, 472	3
Indiana	Zip code 470	1
Indiana	Rest of state	2
Kansas	Entire state	1
Kentucky	Entire state	1

State	ZIP code	Rating area
Louisiana	Entire state	3
Maryland	Zip codes 206–218	3
Missouri	Entire state	2
Mississippi	Entire state	3
North Carolina	Zip codes 275–277, 283	5
North Carolina	Rest of state	4
Ohio	Zip codes 430–432, 440–443	2
Ohio	Rest of state	1
Oklahoma	Entire state	3
South Carolina	Entire state	4
Tennessee	Entire state	1
Texas	Entire state	1
Utah	Entire state	3
Virginia	Zip codes 201, 203, 220 – 227, 231 – 232, 238	3
Virginia	Zip codes 228 – 230, 233 – 237, 239 – 246	4
West Virginia	Zip code 254	3
West Virginia	Rest of state	2

Rating region	Biweekly			Monthly		
	Self	Self plus one	Self and family	Self	Self plus one	Self and family
1	\$10.63	\$21.24	\$31.88	\$23.03	\$46.02	\$69.07
2	\$11.25	\$22.50	\$33.75	\$24.38	\$48.75	\$73.13
3	\$12.18	\$24.38	\$36.55	\$26.39	\$52.82	\$79.19
4	\$14.78	\$29.57	\$44.34	\$32.02	\$64.07	\$96.07
5	\$15.82	\$31.65	\$47.46	\$34.28	\$68.58	\$102.83

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.