

## Schedule of Benefits

Calendar year deductible	In-network coverage		Out-of-network coverage	
This is the amount you will pay out of pocket for services in a calendar year (excludes orthodontia services)	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>
	\$50	\$100	\$50	\$150
	Deductible applies to all services excluding preventive services.			
<b>Annual maximum</b> (excludes orthodontia services)	<b>Unlimited</b>		Waives preventive services from accumulating to the annual maximum	
Coinsurance options	In-network coverage		Out-of-network coverage	
<b>Class A Basic</b> <ul style="list-style-type: none"> <li>Routine oral examinations (3 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (3 per year)</li> <li>Periodontal maintenance (4 per year)</li> <li>Fluoride treatment (2 per year, through age 16)</li> <li>Sealants (permanent molars, through age 18)</li> <li>Space maintainers (primary teeth, through age 15)</li> <li>Oral cancer screening (1 per year, ages 40 and older)</li> </ul>	100%   no deductible		90%   no deductible	
<b>Class B Intermediate</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Periodontics (scaling/root planing, 1 per quadrant every 3 years)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> </ul>	80% after deductible		60% after deductible	
<b>Class C Major</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth every 5 years)</li> <li>Inlays/onlays (1 per tooth every 5 years)</li> <li>Bridges (1 per tooth every 5 years)</li> <li>Dentures (1 per tooth every 5 years)</li> <li>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implant-related services (crowns, bridges and dentures each limited to 1 per tooth every five years)</li> <li>Periodontics (surgery, 1 per quadrant every 3 years)</li> <li>Endodontics (root canals, 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	50% after deductible		40% after deductible	

# Humana Dental High PPO

Coinsurance options	In-network coverage	Out-of-network coverage
<b>Class D Orthodontic</b>	Adult/child orthodontia – Plan pays 50% (no deductible) of the covered orthodontia services, up to: \$2,500 lifetime orthodontia maximum.	

Non-participating 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 participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. 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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

Enrollment type	Class A	Class B	Class C	Class D
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	No	No	No

<sup>1</sup>Late applicants not allowed with open enrollment option.

<sup>2</sup>Waiting periods do not apply.

# Humana Dental High PPO

## Questions?

Simply call **877-692-2468** to speak with a friendly, knowledgeable Customer Care specialist, or visit **feds.humana.com**.

## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes and stroke.\* Your Humana Dental PPO plan focuses on prevention and early diagnosis, providing three exams and cleanings every calendar year.

\*www.perio.org

### Go to MyDentalIQ.com

Take a health risk assessment 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.

### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74% of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* Humana Dental helps you feel good about your dental health so you can smile confidently.

\*American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental PPO Network. To find a dentist in Humana Dental's PPO Network, log on to **feds.humana.com** or **877-692-2468**.

### Know what your plan covers

The other side of this page gives you a summary of Humana Dental benefits. Your plan brochure describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **feds.humana.com** or call **877-692-2468**.

### 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 card, you can print proof of coverage at **feds.humana.com**.

### Learn what your plan paid

After Humana Dental 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 **feds.humana.com** or by calling **877-692-2468**.

Humana group dental plans are offered by Humana Insurance Company, Humana Dental Insurance Company and The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. 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. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

## 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)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك