

Humana Dental

Highlights of your dental plans

OPEN SEASON DATES

Nov. 9 – Dec. 14 Midnight, Eastern time









Virtual Benefit Fairs/Chat Days

Friday, November 13 Friday, November 20 Wednesday, December 2 Wednesday, December 9

Serving

Alabama, the majority of Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, the majority of Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia and West Virginia



Register for Virtual Benefit Fairs at **feds.Humana.com**

Enrolled members may call **1-877-692-2468** for Customer Care

Enroll at **BENEFEDS.com** or call **1-877-888-3337**

More choices for more smiles

Two options for your dental health

For federal members including TRICARE® retirees, Humana now offers two great plans to help you achieve better oral health.

NFW



HUMANA DENTAL HIGH PPO PI AN

If you need a more flexible plan, Humana's Dental High PPO plan might be right for you. Members can visit dentists they already know and trust.

- Our largest network
- 3 cleanings, exams, and X-rays at no additional cost
- Provides out-of-network coverage
- More benefit coverage
- 4 periodontal cleanings covered with no deductible
- Extended annual maximum
- Implant coverage
- Adult and child orthodontia coverage with no deductible
- No waiting periods—coverage starts on day one of plan year

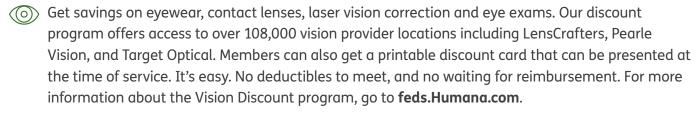


HUMANA DENTAL STANDARD ADVANTAGE EPO PLAN

If you need a simple, low-cost plan with no surprises, Humana's Dental Standard Advantage EPO plan is a one-of-a-kind, flat-fee plan with a fixed price.

- Simple, flat fees for services
- Exams, cleanings and X-rays at no additional cost
- Choose any provider in our expanded network
- Adult and child orthodontia coverage
- Implant coverage
- No orthodontic annual maximums
- No waiting periods—coverage starts on day one of plan year
- No annual maximum

Both plans include our Vision and Lifestyle Discount program*





Another feature of our dental plans is access to Humana's Lifestyle Discount program including discounts on teeth whitening, identity protection, massage therapy, chiropractor treatment, acupuncture and a weight loss program. For more information about the Lifestyle Discount program, go to **feds.Humana.com**.

Your safety is a priority

According to the American Dental Association, dentists maintain strict hygiene standards. To help prevent the spread of COVID-19, additional safety practices are in place. To learn more, go to: https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf

^{*}May not be available in all states.



Humana's Dental High PPO plan offers flexibility and expanded network dental coverage you may be looking for.

	IN-NETWORK		OUT-OF-NETWORK	
	Individual	Family	Individual	Family
Calendar-year deductible	\$50	\$100	\$50	\$150
		pplies to all se nd orthodonti	ervices excludir a services.	ng
Calendar-year annual maximum (excludes orthodontia services)	\$5,000 + ext (see section	ended annual below)	maximum	
Class A Basic 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 maintenance (4 per year) Fluoride treatment (2 per year, through age 16) Sealants (permanent molars, through age 18) Space maintainers (primary teeth, through age 15) Oral cancer screening (1 per year, ages 40 and older)	100% (no de	ductible)	90% (no dec	luctible)
 Class B Intermediate Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (tooth extractions including impacted teeth) Periodontics (scaling/root planing, 1 per quadrant every 3 years) Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) 	80% after deductible		60% after deductible	
 Class C Major Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth ever 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implant-related services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service.) Periodontics (surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after deductible		40% after de	eductible

	IN-NETWORK	OUT-OF-NETWORK
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia). See example below for how the Extended Annual Max works.	30%	30%
Class D Orthodontic	Adult/child orthodontia – Plan pays 50% (no deductible) of the covered orthodontia services, up to \$2,500 lifetime orthodontia maximum.	

Nonparticipating 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.

No waiting periods

Extended annual maximum—coverage when you need it

Someday you could go into your dentist's office for a routine cleaning and checkup and find out there's a problem. When major dental work is needed, many of us don't expect or plan for it, but putting it off might not be an option and may cause problems to worsen.

As a part of your Humana dental plan, the extended annual maximum takes over after a plan's annual maximum benefit is reached. It gives you 30% coverage, and it makes those unexpected and costly dental procedures—such as root canals and crowns—easier to afford.

How does it work?*

In the example, you have a dental plan with a \$50 deductible and you have already met your \$1,000 annual maximum. Now you need a root canal and a crown.

Dental services	Cost	Humana pays
Root canal	\$875	\$262.50
Crown	\$800	\$240

The dentist submits a claim for \$875 for the root canal and **extended annual maximum picks up 30%** of the cost, or \$262.50. When you later need a crown, extended annual maximum also pays 30% of that cost, or \$240.

^{*}Example is for illustration only. Actual savings may vary.





Humana Dental Standard Advantage EPO plan

Humana's Dental Standard Advantage EPO plan offers access to dental coverage that offers simple to understand, flat fees, for all your dental services when you choose any provider in our expanded network. Here are some of the highlights of this plan.

Know what you pay for most common services



Cleaning (D1110/D1120) and exams (D0120) - \$0 copay



Fillings (D2330) - \$29 copay



Crown (D2740) - \$430 copay



Orthodontia (D8080/D8090) - \$2,820 copay

	With the Humana Dental Standard Advantage EPO plan	With traditional dental plans
Deductible	No deductible	You pay the full amount of the deductible before the insurance kicks in
What you pay	Guaranteed flat fees (See next page)	Who knows? You may pay complicated variable costs, which could include deductibles, coinsurance, copays, individual dentist fees and specialist fees.
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	No annual maximum	Annual maximums may be as low as \$1,500
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 D0120 D0140	Member pays Periodic oral evaluation – established patient (limit 2 per calendar year)no charge Comprehensive oral evaluation – new or established patient
	(limit 1 every 12 months)no charge
D0150	Comprehensive oral evaluation – new or established patient
D0210	(limit 1 every 12 months)no charge Intraoral – complete series of radiographic images (limit 1 every 3 years)no charge
D0220	Intraoral – periapical, first radiographic imageno charge
D0230	Intraoral – periapical, each additional radiographic imageno 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

Intermet	didte 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 D7140 D7210 D7220	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Extraction of erupted tooth requiring removal of bone and/or sectioning of to and including elevation of mucoperiosteal flap if indicated	ooth, \$53
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of impacted tooth – completely bony	
Major sei	rvices	
Restorative		Member pays
D2740 D2950	Crown – porcelain/ceramic substrate (limit 1 per tooth every 5 years)	
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)	
D3330	Endodontic therapy, molar tooth (excluding final restorations)	
	(limited to 1 per tooth per lifetime)	\$508
Prosthodonti Services	ic	
D5110	Complete denture – maxillary (limited to 1 per tooth every 5 years)	
D5120 D6010*	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	
Orthodontic		
Services		Member pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime)	\$2,820
D8090	Comprehensive orthodontic treatment of adult dentition (limited	
	to 1 treatment per lifetime)	\$2,820

Finding a dentist is easy

Go to **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. 14, 2020; and 9 a.m. – 7 p.m., Eastern time after Open Season.

Notes

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, marital status, 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 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, **1-800-368-1019**, **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: **1-800-927-HELP (4357)**, to file a grievance.

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): Lique 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。

(Farsi) فارسی

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

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

(Arabic) العربية

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Humana Dental Plans 2021

How to find your biweekly and monthly rates

Look up your state and the first three digits of your ZIP code to determine your rating area.

State	ZIP code	Rating area
Alabama	356-358	3
Alabama	350–352, 362	2
Alabama	Rest of state	1
Arkansas	Entire state	2
Arizona	855, 859–860, 863, 865	3
Arizona	850-853, 856-857	5
California	932, 936–938, 953, 955, 960–961	3
California	942, 956–959	4
California	Rest of state	5
Colorado	807, 811, 813–816	3
Colorado	Rest of state	5
DC	Entire district	3
Florida	330–334, 349	5
Florida	Rest of state	2
Georgia	304, 307–310, 312–319, 398	1
Georgia	Rest of state	4
Illinois	620, 622	3
Illinois	610–611, 614–619, 623–629	1
Illinois	600–609, 613	4
Indiana	460-464, 472-473	4
Indiana	470	3
Indiana	Rest of state	2
Kansas	660–662, 666	4
Kansas	Rest of state	1
Kentucky	410, 459	3
Kentucky	Rest of state	2

State	ZIP code	Rating area
Louisiana	Entire state	2
Maryland	205–212, 214, 216–217	3
Mississippi	Entire state	2
Missouri	640-641, 644-645, 649	4
Missouri	630-631, 633	3
Missouri	Rest of state	1
North Carolina	275–277, 283	5
North Carolina	279–282	4
North Carolina	Rest of state	2
Ohio	434–436, 438-439, 444– 445, 448–449, 456–458	1
Ohio	450-452	3
Ohio	Rest of state	2
Oklahoma	Entire state	2
South Carolina	297	4
South Carolina	Rest of state	2
Tennessee	Entire state	2
Texas	733, 750–754, 760–762, 786–787	4
Texas	783–784	1
Texas	770, 772–775, 780–782	3
Texas	Rest of state	2
Utah	Entire state	1
Virginia	228–229, 239–246	1
Virginia	231, 233–237	4
Virginia	Rest of state	3
West Virginia	254	3
West Virginia	Rest of state	1

This is a summary of the features of the Federal Dental Plans. 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 HumanaDental Insurance Company, Humana Insurance Company and The Dental Concern, Inc.







NEW 🖷 Humana Dental High PPO plan

Match your rating area to your enrollment type to determine your premium.

Rating		Biweekly	iweekly Monthly		Monthly		
region	Self	Self plus one	Self and family	Self	Self plus one	Self and family	
1	\$19.13	\$38.27	\$57.40	\$41.45	\$82.92	\$124.37	
2	\$21.03	\$42.07	\$63.10	\$45.57	\$91.15	\$136.72	
3	\$22.08	\$44.16	\$66.24	\$47.84	\$95.68	\$143.52	
4	\$23.62	\$47.23	\$70.85	\$51.18	\$102.33	\$153.51	
5	\$25.96	\$51.92	\$77.87	\$56.25	\$112.49	\$168.72	

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, Rhode Island, South Dakota, Vermont, Washington, Wisconsin and Wyoming.



A Humana Dental Standard Advantage EPO plan

Match your rating area to your enrollment type to determine your premium.

Rating		Biweekly		Monthly		Monthly	
region	Self	Self plus one	Self and family	Self	Self plus one	Self and family	
1	\$10.76	\$21.52	\$32.29	\$23.31	\$46.63	\$69.96	
2	\$11.61	\$23.21	\$34.82	\$25.16	\$50.29	\$75.44	
3	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38	
4	\$13.76	\$27.51	\$41.27	\$29.81	\$59.61	\$89.42	
5	\$15.79	\$31.57	\$47.36	\$34.21	\$68.40	\$102.61	

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, Rhode Island, South Dakota, Vermont, Washington, Wisconsin and Wyoming.