



# Humana's individual dental plans that cover **major services**, in addition to preventive and basic

## Humana's individual dental plans are easy to sell



### All Humana dental plans

- Can sell year-round to individuals of any age.
- 12-month minimum enrollment may apply; limitations and frequencies apply.
- Missing tooth clause applies; implants not covered. Bridges not covered (with exception of Complete Dental).
- Dentures (partial or full) benefit available every 5 years (that includes a look back based on tooth history).



### PPO\* network with over 290K dentists nationwide

- No referrals required
- Nationwide network (great for those who travel)
- Network strong in rural and urban
- See any dentist you would like. Plans provide in network or out-of-network benefits. (In the case of OON, member needs to pay up front and submit OON claim; provider may balance bill. Members save more when staying in network.)
- Available with an effective date as soon as 5 days from enrollment date.



### DHMO network

Look for HumanaOne H1215 or C550 (product offered varies by state).



### For DHMO plans—Primary care dentist (PCD) required

As part of the application, consumers must choose a PCD (who must be an in-network general dentist in their state). Only the PCD can provide the benefits using the plan's copay schedule. If a member sees a specialist, those copays do not apply. In-network specialists may provide discounts.



### Find providers at [Humana.com/finder/dental](https://www.humana.com/finder/dental)

Search for the name of the plan in the provider directory. First choose "Dentist." Then go to "Look up by" and click "Select" to locate in-network providers.



<b>In-network benefits</b>	<b>Complete Dental</b>	<b>Loyalty Plus</b>	<b>Dental Value H1215 or Dental Value C550</b>
<b>Plan type</b>	PPO**	PPO**	DHMO
<b>Enrollment fees</b>	None	Varies by state	Enrollment fees apply
<b>Waiting period for basic services</b>	6 months***	None	None
<b>Waiting period for major services</b>	12 months***	None	None
<b>Coinsurance or copays</b>	Coinsurance is the same in and out of network†	Coinsurance increases in year 2 and year 3, same in and out of network†	Copays vary by service (copays apply to services provided by the primary care dentist, who must be a general dentist)
<b>Individual deductible</b>	\$50	\$150 (lifetime)	None
<b>Annual maximum</b>	Increases from \$1,250 to \$1,500 after 12 months	Increases from \$1,000 in year 1, to \$1,250 in year 2, to \$1,500 in year 3	None
<b>Covers bridges</b>	Yes (the only Humana plan that does)	No	No
<b>Covers implants</b>	No	No	No
<b>Missing tooth clause</b>	Applies	Applies	Applies
<b>Great for urban areas</b>	Yes	Yes	Yes
<b>Great for rural areas</b>	Yes	Yes	No (network may be too small)

Varies by state and product. Premium may include a \$1 administrative fee. Association membership and fees may be required in some states and on some plans. A \$35 one-time, non-refundable enrollment fee may apply (the fee is non-refundable as allowed by state requirements).

Benefits as well as limitations and exclusions vary by state. Association fees and Enrollment fees may apply; varies by state and by product.

\*In Texas, the plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist, their out-of-pocket costs may be higher than that charged by contracted dentists. You may sometime see this referenced with the terms of in and out of network.

\*\*Dental PPO plans not offered in all states.

\*\*\*Application provides 5 questions for applicant to document creditable prior coverage, so waiting periods can be waived. Creditable coverage = 12 months of continuous prior elective dental coverage with no more than a 63 day gap in coverage (calculated from the drop of the prior coverage and the effective date of the new Complete Dental plan). Creditable prior coverage includes: Group dental plans; Individual dental insurance plans that had Preventive + Basic coverage, or Preventive + Basic + Major coverage; Medicare Advantage Optional Supplemental Benefit dental plans (insurance plan with a dental premium that offered coverage and benefits). Creditable coverage does not include embedded dental in a Medicare Advantage plan (since there was no dental premium), and discount plans. Member should view the certificate of coverage (in [humanaonemembers.com](http://humanaonemembers.com)) to verify if waiting were waived.

†OON providers may balance bill, and the member usually needs to pay up front and then send in OON claim.



# Humana's individual dental plans that cover major preventive and basic services

## PPO\*



**PPO\* network with over 290K dentists nationwide**

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- Missing tooth clause applies; implants not covered. Bridges not covered (with exception of Complete Dental).
- Dentures (partial or full) benefit available every 5 years (that includes a look back based on tooth history).
- No referrals required
- Nationwide network (great for those who travel)
- Network strong in rural and urban
- See any dentist you would like. Plans provide in network or out-of-network benefits. (In the case of OON, member needs to pay up front and submit OON claim; provider may balance bill. Members save more when staying in network.)
- Available with an effective date as soon as 5 days from enrollment date.



**Find providers at [Humana.com/finder/dental](https://www.humana.com/finder/dental)**

Search for the name of the plan in the provider directory. First choose "Dentist." Then go to "Look up by" and click "Select" to locate in-network providers.

Select a lookup method

Enter your member ID or sign in for more accurate results.

Coverage Type Member ID Sign in

\* Required

Coverage type\*

All Dental Networks

DINO

PPO

Network \*

Complete Dental

Select →

**Humana**®

<b>In-network benefits</b>	<b>Bright Plus</b>	<b>Preventive Plus</b>	<b>Preventive Value</b>
<b>Plan type</b>	PPO**	PPO**	PPO**
<b>Annual allowance (\$100) for in-office teeth whitening</b>	\$100	None	None
<b>Enrollment fee</b>	None	Varies by state	None
<b>Coverage for preventive and basic services</b>	Yes	Yes	Yes
<b>Individual deductible</b>	\$50	\$50	\$50 (lifetime)
<b>Annual maximum</b>	\$1,250	\$1,000	None
<b>Waiting period for preventive services</b>	None	None	None
<b>Covered preventive services (routine exam, routine cleaning)†</b>	Covered at 100% when in network	Covered at 100% when in network	Covered at 100% when in network after the member has paid the lifetime deductible
<b>Basic services (fillings, extractions)</b>	Covered at 60% after deductible and after waiting period (90 days)	Covered at 50% after deductible and after waiting period (6 months)	Covered at 50% after deductible (in network)
<b>Covers major services</b>	No	No	No

Benefits as well as limitations and exclusions vary by state. Association fees and Enrollment fees may apply; varies by state and by product.

\*In Texas, the plans provide benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist, their out-of-pocket costs may be higher than that charged by contracted dentists. You may sometime see this referenced with the terms of in and out of network.

\*\*Dental PPO plans not offered in all states.

†Preventive includes one set of 2 or 4 bitewing X-rays per calendar year, and your full mouth panoramic X-rays once every five calendar years are covered at 100% when you see an in-network provider.