

# Humana Dental

## Highlights of your dental plans

**Open Season dates**  
Nov. 8 - Dec. 13  
Midnight, Eastern time



**Explore your PPO and EPO plans options**

**Lower PPO rates for 2022**

See inside for details

### Virtual Benefit Fairs/Chat days

Friday, November 12  
Friday, November 19  
Wednesday, December 1  
Wednesday, December 8

### 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](https://feds.humana.com)

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

Enroll at [BENEFEDS.com](https://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.



### Humana Dental High PPO plan

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\*

 Get savings on eyewear, contact lenses, laser vision correction and eye exams. Our discount program offers access to over 108,000 vision provider locations including LensCrafters, Pearle Vision and Target Optical. Members can also get a printable discount card that can be presented at the time of service. It's easy. No deductibles to meet, and no waiting for reimbursement. For more information about the Vision Discount program, go to [feds.Humana.com](https://feds.humana.com).

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

\*May not be available in all states.

## 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](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf)



## Humana Dental High PPO plan

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 |
| <b>Calendar-year deductible</b>   | \$50  | \$100  | \$50                 | \$150  |
|   | Deductible applies to all services excluding preventive and orthodontia services. |        |                      |        |
| <b>Calendar-year annual maximum</b><br>(excludes orthodontia services)  | \$5,000 + extended annual maximum<br>(see section below)                          |        |                      |        |
| <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. Coverage limited to equivalent cost of a non-implant service.)</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 |        |

|   | In network   | Out of network |
|---|--|----------------|
| <b>Extended annual maximum</b><br>Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia).<br><b>See example below for how the Extended annual maximum works.</b> | 30%  | 30%            |
| <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. |                |

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   |
|---|---|---|
| <b>Deductible</b>                         | <input checked="" type="checkbox"/> No deductible   | You pay the full amount of the deductible before the insurance kicks in   |
| <b>What you pay</b>                       | <input checked="" type="checkbox"/> 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. |
| <b>Are referrals needed</b>               | <input checked="" type="checkbox"/> No – Any dentist or specialist in the Humana federal network may be seen without a referral | May require referrals   |
| <b>Annual maximum for dental coverage</b> | <input checked="" type="checkbox"/> No annual maximum   | Annual maximums may be as low as \$1,500  |
| <b>Are implants covered</b>               | <input checked="" type="checkbox"/> 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](https://feds.humana.com) to view and print the entire benefits schedule.

### Basic services

| <b>Diagnostic</b> |  | <b>Member pays</b> |
|-------------------|--|--------------------|
| 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          |

| <b>Preventive</b> |  | <b>Member pays</b> |
|-------------------|--|--------------------|
| 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

| <b>Restorative</b> |   | <b>Member pays</b> |
|--------------------|---|--------------------|
| 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               |

| <b>Periodontal</b> |   | <b>Member pays</b> |
|--------------------|---|--------------------|
| 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               |

| <b>Oral surgery</b> |  | <b>Member pays</b> |
|---------------------|--|--------------------|
| 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 tissues.....  | \$68               |
| D7230               | Removal of impacted tooth – partially bony .....   | \$89               |
| D7240               | Removal of impacted tooth – completely bony.....   | \$105              |

## Major services

| <b>Restorative</b> |   | <b>Member pays</b> |
|--------------------|---|--------------------|
| 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 every 5 years) .....                                   | \$510 |
| D5120  | Complete denture – mandibular (limited to 1 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**

|       |  | <b>Member pays</b> |
|-------|--|--------------------|
| 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](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. 13, 2021; and 9 a.m. – 7 p.m., Eastern time after Open Season.







## 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 jik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

#### العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

# Humana Dental plans 2022

## 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.



## Humana Dental High PPO plan

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

| Rating region | Biweekly |               |                 | Monthly |               |                 |
|---------------|----------|---------------|-----------------|---------|---------------|-----------------|
|               | Self     | Self plus one | Self and family | Self    | Self plus one | Self and family |
| 1             | \$17.30  | \$34.61       | \$51.91         | \$37.48 | \$74.99       | \$112.47        |
| 2             | \$19.01  | \$38.03       | \$57.04         | \$41.19 | \$82.40       | \$123.59        |
| 3             | \$19.96  | \$39.91       | \$59.86         | \$43.25 | \$86.47       | \$129.70        |
| 4             | \$21.33  | \$42.68       | \$64.01         | \$46.22 | \$92.47       | \$138.69        |
| 5             | \$23.45  | \$46.89       | \$70.34         | \$50.81 | \$101.60      | \$152.40        |

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.

## Humana Dental Standard Advantage EPO plan

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

| Rating region | Biweekly |               |                 | Monthly |               |                 |
|---------------|----------|---------------|-----------------|---------|---------------|-----------------|
|               | Self     | Self plus one | Self and family | Self    | Self plus one | Self and family |
| 1             | \$11.19  | \$22.38       | \$33.57         | \$24.25 | \$48.49       | \$72.74         |
| 2             | \$12.07  | \$24.13       | \$36.20         | \$26.15 | \$52.28       | \$78.43         |
| 3             | \$13.01  | \$26.03       | \$39.03         | \$28.19 | \$56.40       | \$84.57         |
| 4             | \$14.29  | \$28.58       | \$42.87         | \$30.96 | \$61.92       | \$92.89         |
| 5             | \$16.39  | \$32.78       | \$49.18         | \$35.51 | \$71.02       | \$106.56        |

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.