

**If you use an  
IN-NETWORK dentist**

**If you use an  
OUT-OF-NETWORK dentist**

**In-network and out-of-network deductibles**

### Calendar-year deductible

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
\$50	\$100	\$100	\$150

Deductible applies to all services excluding preventive and orthodontia. Orthodontia has a separate lifetime deductible per person. Please refer to the "Orthodontia services" section for more information.

### Calendar-year annual maximum

\$1,500

### Preventive services

100% no deductible

80% no deductible

- Routine oral examinations (2 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Routine cleanings (2 per year)
- Fluoride treatment (1 per year, through age 16)
- Sealants (permanent molars, through age 16)
- Space maintainers (primary teeth, through age 15)

### Basic services

80% after deductible

50% after deductible

- Periodontal cleanings (2 per year)
- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- Composite fillings (1 per tooth every 2 years, anterior teeth)
- Oral surgery (tooth extractions including impacted teeth)
- Stainless steel crowns
- Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)
- Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)
- Denture repair
- Denture relines/rebases (1 every 3 years, following 6 months of denture use)

### Major services

50% after deductible

30% after deductible

- Harmful habit appliances for children (1 per lifetime, through age 14)
- 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 every 5 years)
- Denture adjustments (following 6 months of denture use)
- Implants (1 per tooth every 5 years)

## Orthodontia services

Adult/child orthodontia. Plan pays 50% for a participating provider and 30% for a non-participating provider (\$50 lifetime deductible per person receiving orthodontia services) up to a lifetime orthodontia maximum of \$2,000 when the Member receives services from a participating provider and \$1,500 when the Member receives services from a non-participating provider.

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 out of network fee schedule of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Yes

\*There is a one year waiting period for Type IV services. Creditable coverage will apply toward the waiting period. Waiting period waived for any member who enrolls during the 2022 Open Enrollment period for a January 1, 2023 effective date.



## Questions?

Simply call 1-866-879-3630 (TTY: 711) to speak with a friendly, knowledgeable Customer Care specialist, or visit [HumanaDental.com/custom/fl/](https://www.humana.com/custom/fl/).