Humana Dental

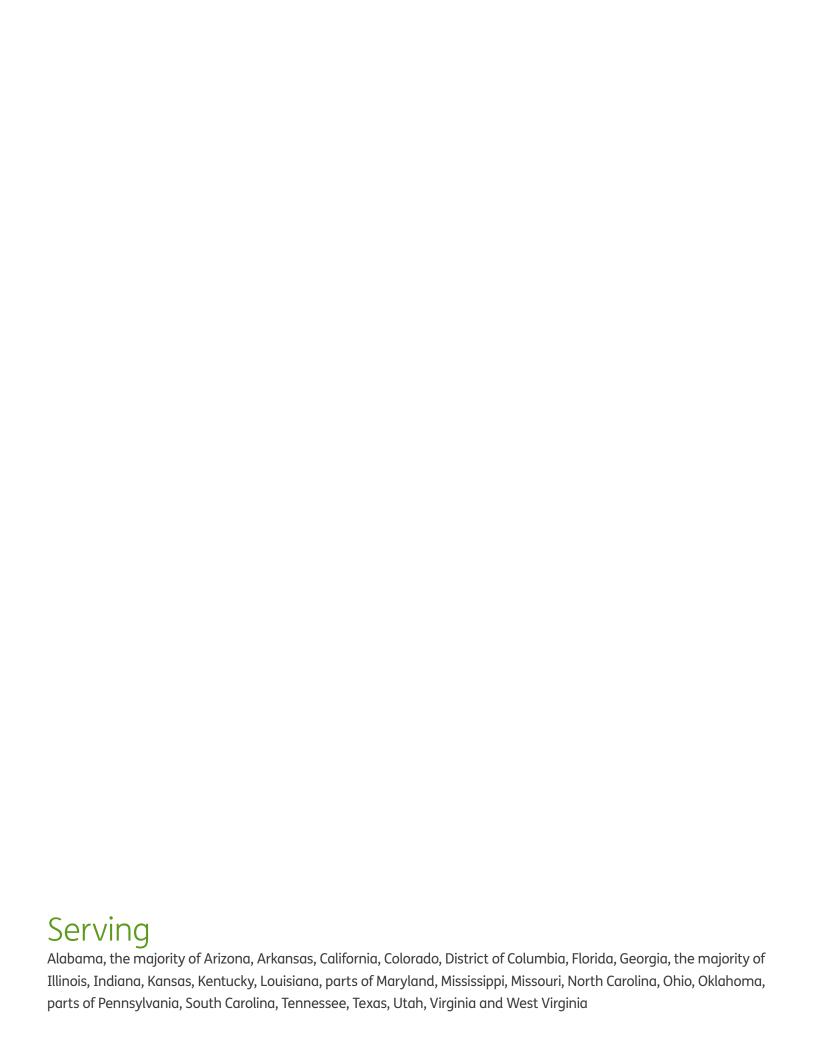
Dental plans that will make you smile













How to enroll in your benefits



To Enroll Go to www.benefeds.com or call 877-888-3337

For questions or additional information, call Humana Customer Care at 877-692-2468

Learn more about the dental benefits available to you at our Virtual Benefit Fairs/Chat Days:



Tuesday, November 21 Thursday, November 30 Thursday, December 7

Register to attend a benefit fair at your.humana.com/feds/openseason

Choices that will make you smile

Two options for your dental health

For federal members including TRICARE® retirees, Humana offers two 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.

- NEW! Limited coverage for nitrous oxide when necessary
- Coinsurance for services
- Three routine cleanings at no additional cost
- · Exams and x-rays at no additional cost
- Provides out-of-network coverage
- Our largest network with over 100,000 providers
- No annual maximum
- Implant coverage
- No waiting periods—coverage starts on day one of plan year
- Adult and child orthodontia coverage with no deductible
- Four periodontal cleanings covered with no deductible



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.

- NEW! Limited coverage for nitrous oxide when necessary
- · Simple, flat fees for services
- · Three routine cleanings at no additional cost
- Exams and x-rays at no additional cost
- In-network only coverage
- · Choose any provider in our expanded network
- No annual maximum
- Implant coverage
- No waiting periods—coverage starts on day one of plan year
- Adult and child orthodontia coverage with no deductible or annual maximum

Plan comparison chart

	Benefit	ЕРО	PPO	Industry cost (DC area example)
Class A	Cleaning (D1110/D1120) and exams (D0120)	100%	100%	\$177 - \$218
Class B	Fillings (D2330)	\$29 copay	20% after deductible	\$236
Class C	Crown (D2740)	\$430 copay	50% after deductible	\$1,857
Class D	Orthodontia (D8080/D8090)	\$2,820 copay	50% after deductible	\$6,000 - \$6,500

How to use your Humana Dental plan

How do the plans work?

Humana Dental plans are built with whole-person health in mind. These dental insurance plans feature key benefits for both healthy smiles and bodies along with convenient ways to get care. To get the most out of your plan, visit one of our in-network dentists. This will ensure you get our best pricing for dental care services.

Know what your plan covers

This guide gives you a summary of Humana Dental benefits. Your plan brochure describes your Humana Dental benefits, including limitations and exclusions.

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.

Find a dentist

Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Network. To find a participating dentist, visit your.humana.com/feds.

Learn what your plan paid

After Humana 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.

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 plan focuses on prevention and early diagnosis, providing routine or periodontal cleanings every calendar year.

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

Easy access to plan benefit information

To find a dentist, review your plan benefits, print or download your ID card and check the status of claims go to **Humana.com or call 877-692-2468**.

*www.perio.org



W Humana Dental High PPO plan

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

	In-network		Out-of-netw	ork
	Individual	Family	Individual	Family
Calendar year deductible	\$50	\$100	\$50	\$150
		ipplies to all se nd orthodonti	ervices excludir a services.	ng
Calendar year annual maximum (excludes orthodontia services)	Unlimited			
 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	eductible)	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 de	eductible	60% after de	eductible
 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) Periodontics (surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	50% after de	eductible	40% after de	eductible

	In-network	Out-of-network
Class D orthodontic	Adult/child orthodontia – Plan the covered orthodontia servic 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.

No waiting periods





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.	
No – Any dentist or specialist in Humana federal network may 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 **your.humana.com/feds/dental** to view and print the entire benefits schedule.

Member pays

Basic services

Diagnostic

eriodic oral evaluation – established patient (limit 3 per calendar year)
mit 1 every 12 months)
omprehensive oral evaluation – new or established patient mit 1 every 12 months)
mit 1 every 12 months)
mit 1 every 12 months)
traoral – complete series of radiographic images (limit 1 every 3 years)no charge traoral – periapical, first radiographic imageno charge traoral – periapical, each additional radiographic imageno charge tewing – two radiographic images (limit 2 per calendar year)no charge tewing – four radiographic images (limit 2 per calendar year)no charge
traoral – periapical, first radiographic imageno charge traoral – periapical, each additional radiographic imageno charge tewing – two radiographic images (limit 2 per calendar year)no charge tewing – four radiographic images (limit 2 per calendar year)no charge
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tewing – two radiographic images (limit 2 per calendar year)no charge tewing – four radiographic images (limit 2 per calendar year)no charge
tewing – four radiographic images (limit 2 per calendar year)no charge
morannic radiographic innage (limit 1 every 3 years)
Member pays
ophylaxis – adult (limit 3 per calendar year)no charge
ophylaxis – child (limit 3 per calendar year)no charge
pical application fluoride varnish (limit 2 per calendar year)no charge
pical application of fluoride (limit 2 per calendar year)no charge
ealant – per tooth (limit 1 per non-carious permanent molar every 3 years
nder age 18)no charge
ediate services
Member pays
esin-based composite – one surface, anterior (limit 1 per tooth every 24 months)\$29
esin-based composite – two surfaces, anterior (limit 1 per tooth every 24 months)\$36
esin-based composite – one surface, posterior (limit 1 per tooth every 24 months)\$43
esin-based composite – two surfaces, posterior (limit 1 per tooth every 24 months)\$56
esin-based composite – three surfaces, posterior (limit 1 per tooth every 24 months)\$69
Member navs
· · · · · · · · · · · · · · · · · · ·
eriodontal scaling and root planning – one to three teeth per quadrant
mit 1 per quadrant every 24 months)\$33
mit 1 per quadrant every 24 months)\$33 ocalized delivery of antimicrobial agents via a controlled release vehicle into diseased
mit 1 per quadrant every 24 months)\$33 ocalized delivery of antimicrobial agents via a controlled release vehicle into diseased evicular tissue, per tooth (limit 1 every 12 months to maximum of 3 tooth sites
mit 1 per quadrant every 24 months)\$33 ocalized delivery of antimicrobial agents via a controlled release vehicle into diseased
Member periodontal scaling and root planning – four or more teeth per quadrant mit 1 per quadrant every 24 months)

Oral sur	gery	Member pays
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tootl	
D7220	and including elevation of mucoperiosteal flap if indicated	
D7220	Removal of impacted tooth – soft tissues	
D7230 D7240	Removal of impacted tooth – partially bony Removal of impacted tooth – completely bony	
D7240	Removal of impacted tooth – completely bony	
Major	services	
Restora		Member pays
D2740	Crown – porcelain/ceramic substrate (limit 1 per tooth every 5 years)	
D2950	Core buildup, including any pins	\$90
Endodor		Member pays
D3310	Endodontic therapy, anterior tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	\$220
D3320	Endodontic therapy, premolar bicuspid tooth (excluding final restorations)	\$JZ0
<i>D</i> 3320	(limited to 1 per tooth per lifetime)	\$400
D3330	Endodontic therapy, molar tooth (excluding final restorations)	, , , , , , , , , , , , , , , , , , , ,
	(limited to 1 per tooth per lifetime)	\$508
Prostho	dontic	Member pays
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)	
	*Implants typically involves 3 procedures/ADA codes, each having a separate cop	oay
Orthodo	ntic	Member pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition	
Dacca	(limited to 1 treatment per lifetime)	\$2,820
D8090	Comprehensive orthodontic treatment of adult dentition	ć2.020
	(limited to 1 treatment per lifetime)	\$2,820

Finding a dentist is easy

Go to **your.humana.com/feds** or call **877-692-2468 (TTY: 711),** 8 a.m. – 9 p.m., Eastern time, during Open Season; 8 a.m. – midnight, Eastern time, November 13 - December 11, 2023; and 9 a.m. – 7 p.m., Eastern time, after Open Season.

Exclusive discounts for Humana members

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy.



To access your exclusive discounts, sign in to <u>MyHumana.com</u>, go to the "Menu" tab at the top and scroll down to "Coverage" and then scroll down to "Special Discounts."

You have access to a variety of discounts that support your overall health and well-being



Dental health

Discounts on personalized dental products for things like:

- NEW Invisible teeth straightening aligners – from your home, with Byte
- NEW Innovative dental devices with tracking & personalized feedback with Truthbrush
 - ✓ Teeth whitening



Eye health

Vision care discounts that help you see better:

- Bladeless and traditional LASIK vision correction
- Exams, glasses & contacts



Hearing

Improve your hearing experience with discount options that fit you:

- Unique online solution for hearing aids and support
- Professional care in your area with savings up to 60% on hearing aids

Plus, additional discounts for things like weight loss, acupuncture & chiropractic services, massage therapy, fitness devices, identity theft protection and more! Sign in to MyHumana to see all your discounts!















AUDICUS

TruHearing®

The discounts offered through the Special Discounts Program (the Program) are not insurance or insured benefits.

The Program is subject to change and may be discontinued, without notice and at any time. The Program is only available to eligible Humana members. For any non-vision discounts in the Program, members in New Mexico and Vermont are not eligible. Additional exclusions may apply for members of individual policies. The Program is not available to Medicare or Medicaid members. The discount vendors are third-party vendors. The vendors are solely responsible to you for the provision of these products and services. The discount vendors may impose additional eligibility requirements, including but not limited to: age, valid Social Security number, internet and email access. You should independently review the products and services and the discount vendors before purchasing. Humana's contract with the discount vendors does not eliminate a member of any obligations under the policy or change the terms of the policy. Participation in the Program is voluntary. Humana and the discount vendor, including each party's respective affiliates and subsidiaries, are independent, non-affiliated entities. Humana, its parent and affiliates, expressly disclaims all liability for any care or services rendered by these vendors and all liability if vendors refuse to honor the discounts.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will

Insured by Humana Dental Insurance Co., The Dental Concern Inc., Humana Insurance Company.

Online resources



your.humana.com/feds

Online tools include:

- Educate yourself about Humana's plan offerings during Open Season
- Ability to view benefits, rates and in-network doctors available to you from our two dental offerings
- · Link to enroll in dental plans online
- Explore Humana's Special Discount Programs!



MyHumana

Your personal MyHumana account gives you quick, convenient and secure access to your Humana dental plan information. **It's available anytime, anywhere.**

Once you receive your Humana member ID card, you can register for immediate access to MyHumana, your secure online account with Humana. Here, you can:

- · Access your dental plans
- · View, print and email ID card
- Check your claim status
- Review deductibles, coverage levels and limits
- Find a dentist near you
- Chat with a representative with questions about your plan

Use MyHumana anywhere



Download the MyHumana mobile app from your app store. Register for MyHumana today to stay connected to your dental benefits anytime you need them.

*Message and data rates may apply.

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。

(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 2024

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.



W Humana Dental High PPO plan

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

Premium level	Biweekly		Monthly			
	Self only	Self plus one	Family	Self only	Self plus one	Family
1	\$19.21	\$38.43	\$57.64	\$41.62	\$83.27	\$124.89
2	\$21.11	\$42.23	\$63.34	\$45.74	\$91.50	\$137.24
3	\$22.16	\$44.32	\$66.48	\$48.01	\$96.03	\$144.04
4	\$23.70	\$47.39	\$71.09	\$51.35	\$102.68	\$154.03
5	\$26.04	\$52.08	\$78.11	\$56.42	\$112.84	\$169.24

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.

Premium level	Biweekly		Monthly			
	Self only	Self plus one	Family	Self only	Self plus one	Family
1	\$10.85	\$21.71	\$32.56	\$23.51	\$47.04	\$70.55
2	\$11.69	\$23.37	\$35.06	\$25.33	\$50.64	\$75.96
3	\$12.61	\$25.22	\$37.83	\$27.32	\$54.64	\$81.97
4	\$13.85	\$27.70	\$41.54	\$30.01	\$60.02	\$90.00
5	\$15.89	\$31.78	\$47.66	\$34.43	\$68.86	\$103.26

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.