

Humana Dental PPO

Summary of covered services

Preventive services

In-network

Out-of-network

- | Preventive services | In-network | Out-of-network |
|---|--------------------|--------------------|
| <ul style="list-style-type: none">• Oral examinations• Cleanings• X-rays• Topical fluoride treatment (through age 18)• Sealants (through age 18)• Periodontal exams (1 every 2 years)• Periodontal maintenance• Hemoglobin A1c diabetes screening and blood glucose testing (ages 18 and above) with diabetes diagnosis• Oral cancer screening (age 40 and above) | 100% no deductible | 100% no deductible |

Basic services

- | Basic services | In-network | Out-of-network |
|--|----------------------|----------------------|
| <ul style="list-style-type: none">• Extractions• Amalgam, composite fillings• Emergency palliative care for pain relief• Space maintainers• Oral surgery• Thumb sucking and harmful habit appliances (through age 18)• Prefabricated stainless steel crowns• Periodontics (excluding maintenance)• Endodontics (root canals) | 80% after deductible | 70% after deductible |

Major services

- | Major services | In-network | Out-of-network |
|--|----------------------|----------------------|
| <ul style="list-style-type: none">• Crowns• Inlays and onlays• Removable or fixed bridgework• Partial or complete dentures, repairs and adjustments• Denture relines and rebases• Dental implants | 60% after deductible | 40% after deductible |

Plan-year deductible

Individual	Family	Individual	Family
\$50	\$150	\$150	\$450

Extended annual maximum (excludes orthodontia services)

\$2,000

30% plan paid coinsurance for preventive, basic and major services after the annual maximum is met.

Orthodontia

Adult and child orthodontia

Plan pays 50 percent of the covered orthodontia services, up to \$2,000 lifetime orthodontia maximum

This is not a complete disclosure of the plan. The Summary Plan Description contains specific qualifications, limitations, frequency limitations and exclusions.

PPO

Pay lower out-of-pocket costs by choosing a participating dentist; or see a non-participating dentist and still receive coverage at a lower percentage for most services.

Provider verification

To verify if your dentist is a participating dentist, view the provider listing on **Humana.com**, scroll down to Find a doctor and select the Dentist tab.

Humana Dental service guarantees

- No claim forms. Simply present your ID card at each dental visit.
- No waiting periods.

Dental treatment plans

Humana Dental recommends you submit a treatment plan for non-emergency services that exceed \$300.

Questions?

Check out **Humana.com**.

Call 800-626-1690 anytime for automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

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'í béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك