

Your Dental Plans

You can choose from four different dental plans. Here's how they compare.

	SILVER PPO 1500		GOLD PPO Traditional Preferred 2000		PLATINUM PPO 5000		PrePaid HS 205 DHMO
Can I visit any dentist?	Yes, but you'll save the most if you choose a Humana In Network PPO/Traditional Preferred dentist.						No, you must visit your Humana primary care dentist to receive coverage.
Annual maximum per calendar year	\$1,500 per person		\$2,000 per person		\$5,000 per person		None
Deductible per calendar year	\$50 per person \$150 per family		\$100 per person \$300 per family		\$500 per person \$1,500 per family		None
Your coverage	At In Network Dentist	At Non Network Dentist	At In Network Dentist	At Non Network Dentist	At In Network Dentist	At Non Network Dentist	At your Humana Primary Care Dentist
Diagnostic and Preventive Care	Your plan pays 100%	Your plan pays 80%	Your plan pays 100%		Your plan pays 100%	Your plan pays 80%	Routine office visit (normal hours): No Cost Cleaning: No Cost Full-mouth x-rays: No Cost
BASIC							
Basic Services	Your plan pays 80% (after deductible is met)	Your plan pays 50% (after deductible is met)	Your plan pays 80% (after deductible is met)		Your plan pays 80% (after deductible is met)		CoPayments Apply
MAJOR							
Major Services	Your plan pays 50% (after deductible is met)		Your plan pays 50% (after deductible is met)		Your plan pays 50% (after deductible is met)		Copayments Apply
Orthodontics	Not covered		Your plan pays 50% up to \$2,000 lifetime maximum per person		Your plan pays 50% up to \$5,000 lifetime maximum per person		Copayments Apply

Contact Us:

Website: humana.com

Open Enrollment Hotline: 888-393-6765

Monday to Friday 8am-8pm EST

