

|  | If you use an<br>IN-NETWORK dentist                               |                 | If you use an<br>OUT-OF-NETWORK dentist |                 |
|--|---|-----------------|---|-----------------|
| <b>Calendar-year deductible</b><br>(excludes orthodontia services)   | Individual<br>\$50  | Family<br>\$150 | Individual<br>\$50                      | Family<br>\$150 |
|  | Deductible applies to all services excluding preventive services. |                 |   |                 |
| <b>Calendar-year annual maximum</b><br>(excludes orthodontia services)   | \$1,500   |                 | \$1,500                                 |                 |
| <b>Preventive services</b>   | 100% no deductible  |                 | 80% no deductible                       |                 |
| <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>• Fluoride treatment (2 per year, through age 18)</li> <li>• Sealants (permanent molars, through age 16)</li> <li>• Space maintainers (primary teeth, through age 15)</li> <li>• Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>  |   |                 |   |                 |
| <b>Basic services</b>  | 80% after deductible  |                 | 50% after deductible                    |                 |
| <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>• Stainless steel crowns</li> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <li>• Denture repair and adjustments (following 6 months of denture use)</li> </ul>  |   |                 |   |                 |
| <b>Major services</b>  | 50% after deductible  |                 | 50% after deductible                    |                 |
| <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>• Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</li> <li>• Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> <li>• Periodontal cleanings (2 per year)</li> </ul> |   |                 |   |                 |

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

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

## Orthodontia services

Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.

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 maximum allowable charge 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

Employer-sponsored funding: 10+ enrolled employees

| Enrollment type                                       | Preventive | Basic     | Major     | Orthodontia   |
|---|------------|-----------|-----------|---------------|
| Initial enrollment, open enrollment and timely add-on | No         | No        | No        | Not available |
| Late applicant <sup>1,2</sup>                         | No         | 12 months | 12 months | Not available |

<sup>1</sup> Late applicants not allowed with open enrollment option.

<sup>2</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](https://www.humana.com).