



DENTAL

Healthy smiles for healthy bodies



Humana®

Alachua County Public Schools

Plan Year 2025



Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being, and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?



If you've never bought dental insurance before, **you'll be pleasantly surprised at the monthly cost.**



Preventive dental care, such as check-ups and cleanings, help stop issues before they start saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**



For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**



Plus, **caring for you is at the heart of everything we do** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.



Review the benefit information in this guide to help you choose a dental plan that's right for you.

HumanaDental Advantage Plus 1S Plan

Advantage Plus plans are network-based dental plans that emphasize prevention and cost containment. Members select any participating general dentist in HumanaDental's Advantage Plus network. Care received from an out-of-network dentist (except emergency care) is not a covered benefit. S plan copayments for listed procedures are applicable at participating General Dentist. To find a dentist, call 1-800-233-4013 or look on **Humana.com**.

Specialists services: Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist. For HumanaDental Advantage Plus S plans, copayment amounts are applicable when treatment is performed by participating specialists.

Office visit copay

\$5/\$15

Annual maximum

No annual maximum

Summary of services

Preventive		Member pays
D0120 ^o	Periodic oral examination.....	no charge
D0140 ^o	Limited oral evaluation—problem focused...	no charge
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver (limit 1 every 12 months)	no charge
D0150	Comprehensive oral evaluation—new/established patient (limit 1 every 24 months) .	no charge
D0160	Limited/comprehensive/detailed and extensive oral eval (limit 1 every 12 months) .	no charge
D0170	Re-evaluation—limited problem focused (limit 1 every 12 months)	no charge
D0180	Comprehensive periodontal eval—new/established patient (limit 1 every 24 months) .	no charge
D0210	X-ray intraoral—complete series (limit 1 every 3 years)	no charge
D0220	X-ray intraoral—periapical, first radiographic image (limit 9 every 12 months includes D0230)	no charge
D0230	X-ray intraoral—periapical, each additional radiographic image (limit 9 every 12 months includes D0220)	no charge
D0240	X-ray intraoral—occlusal radiographic image	no charge
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	no charge
D0270 ^o	Bitewing—single radiographic image	no charge
D0272 ^o	Bitewings—two radiographic images	no charge
D0273 ^o	Bitewings—three radiographic images.....	no charge
D0274 ^o	Bitewings—four radiographic images	no charge
D0277 ^o	Vertical bitewings—7 to 8 radiographic images .	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge
D0470	Diagnostic casts.....	no charge
D1110 ^o	Prophylaxis—adult (inclusive of D4910)	no charge
D1120 ^o	Prophylaxis—child (inclusive of D4910)	no charge
D1206 ^o	Topical application of fluoride varnish (for child <16)	no charge
D1208 ^o	Topical application of fluoride - excluding varnish (for child <16)	no charge
D1351	Sealant—per tooth (limit 1 per tooth every 12 months for child <14) .	no charge
Basic		Member pays
D1510	Space maintainer—fixed, unilateral (limited to child <14)	\$ 53.00
D1515	Space maintainer—fixed, bilateral (limited to child <14)	\$ 70.00
D1520	Space maintainer—removable, unilateral (limited to child <14)	\$ 66.00
D1525	Space maintainer—removable, bilateral (limited to child <14)	\$ 91.00
D1550	Re-cement or re-bond space maintainer	\$ 12.00
D2140	Amalgam—one surface primary or permanent. .	\$ 24.00
D2150	Amalgam—two surfaces primary or permanent	\$ 31.00
D2160	Amalgam—three surfaces primary or permanent	\$ 37.00
D2161	Amalgam—four/more surfaces primary/permanent	\$ 46.00
D2330	Resin based composite—one surface, anterior ..	\$ 24.00
D2331	Resin based composite—two surfaces, anterior	\$ 31.00
D2332	Resin based composite—three surfaces, anterior	\$ 38.00
D2335	Resin based composite —four or more surfaces, involving incisal angle	\$ 45.00
D2390	Resin based composite—crown anterior	\$ 49.00
D2391	Resin based composite—one surface, posterior	\$ 28.00
D2392	Resin based composite—two surfaces, posterior	\$ 37.00
D2393	Resin based composite—three surfaces, posterior	\$ 46.00
D2394	Resin based composite—four or more surfaces, posterior	\$ 56.00
D4341	Periodontal scaling and root planing—per quadrant, four or more teeth (limit 1 per quad every 12 months)	\$ 39.00
D4342	Periodontal scaling and root planing—per quadrant, 1-3 teeth (limit 1 per quad every 12 months).....	\$ 21.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis (limit 1 every 5 years).....	\$ 26.00
D4910	Periodontal maintenance (limit 1 every 6 months, inclusive of D1110 and D1120)	\$ 23.00
D7111	Extraction coronal remnants deciduous tooth.	\$ 20.00
D7140	Extraction erupted tooth or exposed root	\$ 26.00
Major		Member pays
D2510 ^b	Inlay—metallic, one surface.....	\$313.00
D2520 ^b	Inlay—metallic, two surfaces.....	\$355.00
D2530 ^b	Inlay—metallic, three or more surfaces	\$410.00
D2542 ^b	Onlay—metallic, two surfaces	\$402.00

D2543 ^b	Onlay—metallic, three surfaces.	\$420.00	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant.	\$354.00
D2544 ^b	Onlay—metallic, four or more surfaces.	\$437.00	D5110 ^d	Complete denture—maxillary.	\$642.00
D2610 ^b	Inlay—porcelain/ceramic, one surface.	\$368.00	D5120 ^d	Complete denture—mandibular.	\$642.00
D2620 ^b	Inlay—porcelain/ceramic, two surfaces.	\$389.00	D5130 ^d	Immediate denture—maxillary.	\$700.00
D2630 ^b	Inlay—porcelain/ceramic, three or more surfaces.	\$414.00	D5140 ^d	Immediate denture—mandibular.	\$700.00
D2642 ^b	Onlay—porcelain/ceramic, two surfaces.	\$403.00	D5211 ^d	Maxillary partial denture—resin base.	\$542.00
D2643 ^b	Onlay—porcelain/ceramic, three surfaces.	\$434.00	D5212 ^d	Mandibular partial denture—resin base.	\$629.00
D2644 ^b	Onlay—porcelain/ceramic, four or more surfaces.	\$461.00	D5213 ^d	Maxillary partial denture—cast metal—resin base.	\$709.00
D2650 ^b	Inlay—resin based composite, one surface. .	\$242.00	D5214 ^d	Mandibular partial denture—cast metal—resin base.	\$709.00
D2651 ^b	Inlay—resin based composite, two surfaces. .	\$288.00	D5410 ^c	Adjust complete denture—maxillary.	\$ 35.00
D2652 ^b	Inlay—resin based composite, three or more surfaces.	\$303.00	D5411 ^c	Adjust complete denture—mandibular.	\$ 35.00
D2662 ^b	Onlay—resin based composite, two surfaces. .	\$263.00	D5421 ^c	Adjust partial denture—maxillary.	\$ 35.00
D2663 ^b	Onlay—resin based composite, three surfaces. .	\$310.00	D5422 ^c	Adjust partial denture—mandibular.	\$ 35.00
D2664 ^b	Onlay—resin based composite, four or more surfaces.	\$332.00	D5510	Repair broken complete denture base.	\$ 70.00
D2710 ^b	Crown—resin based composite, indirect.	\$187.00	D5520	Replace missing/broken teeth—complete denture.	\$ 59.00
D2720 ^b	Crown—resin with high noble metal.	\$461.00	D5610	Repair resin denture base.	\$ 76.00
D2721 ^b	Crown—resin with predominantly base metal. .	\$432.00	D5620	Repair cast framework.	\$ 82.00
D2722 ^b	Crown—resin with noble metal.	\$441.00	D5630	Repair or replace broken clasp—per tooth. .	\$100.00
D2740 ^b	Crown—porcelain/ceramic substrate.	\$473.00	D5640	Replace broken teeth—per tooth.	\$ 64.00
D2750 ^b	Crown—porcelain fused to high noble metal. .	\$466.00	D5650	Add tooth to existing partial denture.	\$ 88.00
D2751 ^b	Crown—porcelain fused predom base metal. .	\$434.00	D5660	Add clasp to existing partial denture—per tooth.	\$105.00
D2752 ^b	Crown—porcelain fused to noble metal.	\$445.00	D5710 ^e	Rebase complete maxillary denture.	\$261.00
D2790 ^b	Crown—full cast high noble metal.	\$450.00	D5711 ^e	Rebase complete mandibular denture.	\$249.00
D2791 ^b	Crown—full cast predom base metal.	\$426.00	D5720 ^e	Rebase maxillary partial denture.	\$246.00
D2792 ^b	Crown—full cast noble metal.	\$434.00	D5721 ^e	Rebase mandibular partial denture.	\$246.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.	\$ 41.00	D5730 ^e	Reline complete maxillary denture.	\$147.00
D2920	Re-cement or re-bond crown.	\$ 42.00	D5731 ^e	Reline complete mandibular denture.	\$147.00
D2929	Crown—prefabricated porcelain/ceramic crown - primary tooth.	\$115.00	D5740 ^e	Reline maxillary partial denture.	\$135.00
D2930	Crown—prefabricated stainless steel, primary tooth.	\$115.00	D5741 ^e	Reline mandibular partial denture.	\$135.00
D2931	Crown—prefabricated stainless steel, permanent tooth.	\$131.00	D5750 ^e	Reline complete maxillary denture.	\$196.00
D2932	Crown—prefabricated resin.	\$142.00	D5751 ^e	Reline complete mandibular denture.	\$196.00
D2940	Sedative filling.	\$ 44.00	D5760 ^e	Reline maxillary partial denture.	\$193.00
D2950	Core buildup including any pins.	\$110.00	D5761 ^e	Reline mandibular partial denture.	\$193.00
D2951	Pin retention—per tooth addition restoration. .	\$ 23.00	D5850	Tissue conditioning maxillary.	\$ 61.00
D2952	Cast post and core in addition to crown.	\$168.00	D5851	Tissue conditioning mandibular.	\$ 61.00
D2954	Prefabricated post and core in addition to crown. .	\$139.00	D6092	Re-cement implant/abutment supported crown. .	\$ 42.00
D3220	Therapeutic pulpotomy.	\$ 75.00	D6093	Re-cement or re-bond implant/abutment supported fixed partial denture.	\$ 57.00
D3310	Root canal therapy—anterior.	\$315.00	D6210 ^f	Pontic—cast high noble metal.	\$431.00
D3320	Root canal therapy—bicuspid.	\$385.00	D6211 ^f	Pontic—cast predominantly base metal.	\$404.00
D3330	Root canal therapy—molar.	\$497.00	D6212 ^f	Pontic—cast noble metal.	\$420.00
D3346	Previous root canal therapy—anterior.	\$424.00	D6240 ^f	Pontic—porcelain fused to high noble metal. .	\$426.00
D3347	Previous root canal therapy—bicuspid.	\$500.00	D6241 ^f	Pontic—porceln fused predom base metal. .	\$393.00
D3348	Previous root canal therapy—molar.	\$601.00	D6242 ^f	Pontic—porcelain fused to noble metal.	\$415.00
D3410	Apicoectomy/periradicular surgery—anterior. .	\$361.00	D6250 ^f	Pontic—resin with high noble metal.	\$420.00
D3421	Apicoectomy/periradicular surgery—bicuspid. .	\$394.00	D6251 ^f	Pontic—resin with predominantly base metal. .	\$388.00
D3425	Apicoectomy/periradicular surgery—molar. .	\$445.00	D6252 ^f	Pontic—resin with noble metal.	\$400.00
D3426	Apicoectomy/periradicular surgery—each addtl root.	\$148.00	D6600 ^f	Retainer inlay—porcelain/ceramic, two surfaces.	\$355.00
D3430	Retrograde filling—per root.	\$109.00	D6601 ^f	Retainer inlay—porcelain/ceramic, three or more surfaces.	\$373.00
D4210 ^c	Gingivectomy/gingivoplasty—four or more teeth, quad.	\$358.00	D6602 ^f	Retainer inlay—cast high noble metal, two surfaces.	\$380.00
D4211 ^c	Gingivectomy/gingivoplasty—1 to 3 teeth, quad.	\$153.00	D6603 ^f	Retainer inlay—cast high noble metal, three or more surfaces.	\$418.00
D4240 ^c	Gingival flap proc—four or more teeth, quad. .	\$421.00	D6604 ^f	Retainer inlay—cast predom base metal, two surfaces.	\$372.00
D4241 ^c	Gingival flap proc—1 to 3 teeth, quad.	\$217.00	D6605 ^f	Retainer inlay—cast predom base metal, three or more surfaces.	\$394.00
D4249	Clinical crown lengthening - hard tissue.	\$481.00	D6606 ^f	Retainer inlay—cast noble metal, two surfaces.	\$366.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant.	\$680.00			

D6607 ^f	Retainer inlay—cast noble metal, three or more surfaces.....	\$406.00
D6608 ^f	Retainer onlay—porcelain/ceramic, two surfaces	\$386.00
D6609 ^f	Retainer onlay—porcelain/ceramic, three or more surfaces.....	\$403.00
D6610 ^f	Retainer onlay—cast high noble metal, two surfaces	\$409.00
D6611 ^f	Retainer onlay—cast high noble metal, three or more surfaces.....	\$448.00
D6612 ^f	Retainer onlay—cast predom base metal, two surfaces.....	\$407.00
D6613 ^f	Retainer onlay—cast predom base metal, three or more surfaces	\$426.00
D6614 ^f	Retainer onlay—cast noble metal, two surfaces	\$399.00
D6615 ^f	Retainer onlay—cast noble metal, three or more surfaces.....	\$414.00
D6720 ^f	Retainer crown—resin with high noble metal.	\$474.00
D6721 ^f	Retainer crown—resin with predom base metal.....	\$450.00
D6722 ^f	Retainer crown—resin with noble metal.....	\$458.00
D6740 ^f	Retainer crown—porcelain/ceramic.....	\$499.00
D6750 ^f	Retainer crown—porcelain fused to high noble metal.....	\$486.00
D6751 ^f	Retainer crown—porcelain fused to predom base metal.....	\$453.00
D6752 ^f	Retainer crown—porcelain fused to noble metal.....	\$464.00
D6780 ^f	Retainer crown—3/4 cast high noble metal ..	\$458.00
D6790 ^f	Retainer crown—full cast high noble metal. .	\$469.00
D6791 ^f	Retainer crown—full cast predom base metal	\$445.00
D6792 ^f	Retainer crown—full cast noble metal	\$461.00
D6930 ^f	Re-cement or re-bond fixed partial denture ..	\$ 57.00
D7210	Surgical removal—erupted tooth	\$108.00
D7220	Removal of impacted tooth—soft tissue	\$135.00
D7230	Removal of impacted tooth—partially bony .	\$179.00
D7240	Removal of impacted tooth—completely bony .	\$211.00
D7241	Remove impacted tooth—completely bony w/comp	\$265.00
D7250	Surgical removal of residual tooth roots	\$114.00
D7310	Alveoplasty in conjunction w/extractions—per quad	\$125.00
D7311	Alveoplasty in conjunction w/extractions—1-3 teeth	\$ 97.00
D7320	Alveoplasty not conjunction w/ extractions—per quad	\$181.00
D7321	Alveoplasty not conjunction w/extractions—1-3 teeth	\$153.00
D7510	Incision and drainage of abscess—intraoral .	\$120.00
D7520	Incision and drainage of abscess—extraoral .	\$570.00
D7960	Frenulectomy—separate procedure.....	\$111.00

D7970	Excision of hyperplastic tissue—per arch	\$272.00
D9110	Palliative treatment dental pain—minor procedure	\$ 45.00
D9215	Local anesthesia	no charge
D9310	Professional consultation by non-treating dentist	\$ 96.00
D9951	Occlusal adjustment—limited	\$ 58.00
D9952	Occlusal adjustment—complete	\$326.00

Orthodontics

Member pays

D8070	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2100.00
D8080	Comprehensive Orthodontic treatment of the transitional/adolescent dentition; Children up to 19 years of age; Up to 24 months of routine orthodontic treatment for Class I and Class II cases	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2100.00
D8090	Comprehensive Orthodontic treatment of the transitional/adult dentition; Adults 19 years of age and older; Up to 24 months of routine orthodontic treatment for Class I and Class II cases.	no charge
	Consultation	no charge
	Evaluation	\$ 35.00
	Records/Treatment Planning.....	\$ 250.00
	Orthodontic treatment	\$2300.00
D8680	Retention	\$ 450.00

- a Limit of one every six months
- b Limit one per tooth every eight years
- c Limit one every 12 months
- d Limit one every five years
- e Limit of one every three years
- f Limit of one every eight year

- Your participating general dentist and participating specialist office visit co-payment amounts, if applicable, are shown on your I.D. card.
- Your office visit co-payment is applicable for all dates of service and is in addition to the co-payment amounts listed for covered dental care services.
- Not all participating dentists perform all listed procedures, including amalgams. Please consult your dentist prior to treatment for availability of services.
- Unlisted procedures may be eligible to receive up to a 20% discount. Members may contact their participating provider to determine if any discounts apply. Visit Humana.com to find a participating dentist.
- Additional exclusions and limitations are listed along with full plan information in your Certificate of Benefits.

Insured or administered by Humana Insurance Company, The Dental Concern, Inc., CompBenefits Dental, Inc., CompBenefits Company, HumanaDental Insurance Company, or CompBenefits Insurance Company.



Humana Dental PPO 14

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$750			
Preventive services <ul style="list-style-type: none"> • 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 14) • Sealants (permanent molars, through age 14) • Space maintainers (primary teeth, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		80% no deductible	
Basic services <ul style="list-style-type: none"> • 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, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) 	80% after deductible		60% after deductible	
Major services <ul style="list-style-type: none"> • 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 relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) 	0% after deductible; no benefit		0% after deductible; no benefit	
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.			

Humana Dental PPO 14

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental 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

Voluntary funding: 10+ enrolled employees

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

Humana Dental PPO 14

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

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

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental 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. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental 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. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



Humana Dental Traditional Preferred 14

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	\$1,000			
Preventive services <ul style="list-style-type: none"> • 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 14) • Sealants (permanent molars, through age 14) • Oral Cancer Screening (1 per year, ages 40 and older) 	100% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none"> • Space maintainers (primary teeth, through age 14) • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (non-surgical extractions) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) • Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) 	80% after deductible		80% after deductible	
Major services <ul style="list-style-type: none"> • 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 relines/rebases (1 every 3 years, following 6 months of denture use) • Denture repair and adjustments (following 6 months of denture use) • Oral surgery (surgical extractions) • Periodontics (surgical) • Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) • Emergency care for pain relief 	50% after deductible		50% after deductible	
Orthodontia services	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.			

Humana Dental Traditional Preferred 14

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Waiting periods

Voluntary funding: 10+ enrolled employees

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

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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

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental 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. If you don't have your card, you can print proof of coverage at Humana.com.

Learn what your plan paid

After HumanaDental 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. You can also check the status of your claim on MyHumana at Humana.com or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.





Virtual dental care 24/7

When it's urgent, you can see a dentist virtually

Humana members have access to \$0 teledentistry, also known as virtual dental care, with Teledentix, as part of their Humana Dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet.

If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room.

Note: Only available with PPO and Traditional Preferred plans. Not available in all states.



To learn more about Humana's virtual dental care, scan the QR code or download the flyer [here](#).

Get access to virtual dental care 24/7 with Teledentix

When it's urgent, you can see a dentist virtually
 Humana members have access to \$0 teledentistry, also known as virtual dental care, with Teledentix, as part of their Humana Dental plan. Teledentistry services allow you to see a dentist within minutes from your computer, smartphone or tablet. If you're in pain or cannot visit a dentist's office, virtual dental care may be an option rather than a visit to the emergency room.

How you can use teledentistry
 Typically, when you have a teledentistry visit, you will speak with a dentist through the online video chat or phone call. You can get access to care from the comfort of your home for a variety of dental needs. Humana Dental Care.

- While prescriptions for antibiotics or non-steroidal pain medications when needed 24-hour care, the cost of medications are covered by your dental plan.
- Provide instructions on what to do for things like mouth, tooth or jaw pain.
- Provide instructions on what to do for mouth, tooth or jaw pain.
- Help members determine if they need urgent emergency care or home care until they see their dentist.
- Help members find a dentist if they don't have one or if urgent.

Tips to prepare for your teledentix virtual dental visit

- 1 Register on the Teledentix app, or from your computer or Humana mobile website.
- 2 Virtual any required patient forms before your appointment.
- 3 Make sure you have a stable internet connection and a quiet location to talk. If you have a phone, have the phone and address handy to send your dentist.
- 4 Check any prescriptions, over-the-counter medications or supplements you're currently taking with your provider. If you have a particular pharmacy, have the name and address handy to send your dentist. Suggest prescription medications.

To learn more about teledentistry or your Humana Dental benefits, visit [Humana.com](#).

Humana
 DENTAL CARE



How to find a dentist in the network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:



Step 1:

Scan the QR code or go to finder.humana.com and select the "Dentist" tab.

Step 2: Enter your search information based on plan

For the **Traditional Preferred / PPO / Preventive Plus plans:**

- Enter your **ZIP code**
- In "Select a lookup method" choose "**PPO**" coverage type
- Select the network: [PPO/Traditional Preferred]
- Click "**Search**" button

For the **DHMO / Prepaid plans: Advantage Plus:**

- Enter your **ZIP code**
- In "Select a lookup method" choose "**DHMO**" coverage type
- Select the network: Advantage Plus
- Click "**Search**" button

Note: For the DHMO plan, you must choose a Primary Care Dentist.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network.

Scan the QR code and fill out the online form to refer your dentist.





What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.





Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

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:

- **Personalized dental products** for things like invisible teeth straightening aligners, teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on LASIK, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more

Featured dental care programs

To give you something more to smile about, you'll have access to these dental care services:

Byte: Clear aligners you can do from the comfort of your home. **Scan the QR code to learn more.**



Truthbrush: A digital device for kids with oral care tracking technology that attaches to any toothbrush - any brand.

Visit truthbrush.com to learn more.



To learn more about our exclusive discounts available after you enroll in a Humana plan, scan the QR code or download the flyer [here](#).





Manage your plan online

MyHumana: Your dental plan at your fingertips

Once you become a Humana dental plan member, you can register for MyHumana. You'll get quick and secure access to your dental plan information anytime, anywhere:

- View, print and email your ID card
- Check your claims status
- Review deductibles and coverage details
- Chat with a representative about any of your dental plan questions
- Access your exclusive member discounts



To learn more about MyHumana and how to register once you become a member, scan the QR code or download the flyer [here](#).



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 béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jii'eh saad bee áká'ánida'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

Insured by Humana Insurance Company, The Dental Concern, Inc., Humana Insurance Company of New York, or Humana Health Benefit Plan of Louisiana, Inc. For Arizona residents: Insured by Humana Insurance Company. For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Dental ID card and requesting a copy. For New Mexico residents: Insured by Humana Insurance Company. For Texas residents: Insured by Humana Insurance Company.

Dental PPO plans are not offered in all states. This is a limited policy. This is a dental only policy.

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card/Dental ID card and requesting a copy.

For Texas: This plan provides benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists.

DISCOUNT ONLY – NOT INSURANCE. Discounts are only available at participating providers. The range of discounts will vary based upon participating provider chosen to provide services. Retail prices may vary by location. Humana does not make payment for these services. You are obligated to pay for all services received and you will receive a discount from the participating provider. A list of participating providers is available upon request.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance 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 control.

