



Dental Benefits Guide

Alachua County Public Schools
2024

Humana[®]

GCHL7TREN 0523

HumanaDental Advantage Plus 1S Plan

Use your HumanaDental benefits

The HumanaDental Advantage Plus S plan has you covered for any circumstance. Whether you simply need quality routine dental care or unexpected dental treatment, you know what to expect.

- No deductibles
- No claims to file
- No need to choose a primary care dentist

Know what your plan covers

Attached is a summary of HumanaDental Advantage Plus S plan benefits which are described in detail in your certificate. You can find your certificate at Humana.com or call 1-800-233-4013. Here's what you can expect:

- You have the freedom to select any participating dentist. To select a dental provider from our Advantage Plus network, simply visit Humana.com. Once there, you can also check your benefits, email us and get a new or temporary ID card. If you prefer, contact us at 1-800-233-4013.
- Life without claim forms! With HumanaDental Advantage Plus S plan you pay your dentist directly, when applicable.
- Your Advantage Plus network dentist will provide all of your dental care and any copayment or discounted charges will be paid at the time of service. Except for emergency care, treatment received out-of-network is not covered.
- You may receive up to a 20 percent discount by using certain participating dentists from our network. Visit HumanaDental.com to find a participating dentist.

Choose HumanaDental benefits

Be healthy

Good oral health means more than just an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist is integral to overall health. For example, the Academy of General Dentistry says there is a link between gum disease and heart problems, and the American Academy of Periodontology says severe gum disease can increase blood sugar, increasing the risk among diabetics. The HumanaDental Advantage Plus plan enables you to take better care of your teeth, and you'll pay less doing so.

Check your dental IQ anytime

Log on to MyDentalIQ.com and take the dental risk assessment that could help trim your total healthcare costs over time. Find out how you can improve your oral and overall health. The dental health risk assessment at MyDentalIQ.com takes minutes to complete, and immediately delivers a scorecard with health tips tailored to you.



Questions?

Check out HumanaDental.com

Call 1-800-233-4013 anytime for the automated information line or 8 a.m. to 6 p.m. for a Customer Care specialist.

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	
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

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 usual and customary charge. 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 Traditional Preferred 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 Traditional Preferred 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 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.



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 dental provider through an online video chat or a phone call. You can get access to care from the comfort of your home for a variety of dental needs. Teledentix dentists can:

-  **Write prescriptions for antibiotics or pain medications when needed** *(Please note, the cost of medications are not covered by your dental plan.)*
-  **Perform a visual exam for things like mouth, tooth or jaw pain**
-  **Provide instructions on caring for mouth, tooth or jaw pain**
-  **Help members determine if they need urgent/emergency care or home care until they can see their dentist**
-  **Help members find a dentist if they don't have one or if requested**

Tips to prepare for your Teledentix virtual dental visit

- 1** Register on the Teledentix app, or from your computer at [Humana.teledentix.com/c/humanaondemand](https://humana.teledentix.com/c/humanaondemand).
- 2** Fill out any required patient forms before your appointment.
- 3** Make a list of any symptoms, questions or concerns in advance, so you'll be ready to discuss them with your provider.
- 4** Share any prescriptions, over-the-counter medicines or supplements you're currently taking with your provider. If you have a preferred pharmacy, have the name and address handy in case your provider suggests prescription medication.

To learn more about teledentistry or your Humana Dental benefits, visit Humana.com.

Teledentistry is not available in all states. Limitations on telehealth services, also referred to as virtual visits or telemedicine, vary by state. These services are not a substitute for emergency care and are not intended to replace your primary care provider or other providers in your network. Any descriptions of when to use telehealth services are for informational purposes only and should not be construed as medical advice. Please refer to your evidence of coverage for additional details on what your plan may cover or other rules that may apply. Teledentistry services are available on-demand or by appointment to members of all ages, including children and adolescents. Internet access is required for video teledentistry visits. Data fees may apply.

Available on PPO and Traditional Preferred plans only.

Dental PPO plans are not offered in all states.

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 control.



You and your health



Helping control your diabetes
can start with a healthy mouth

Humana®

GN51811HD 1213

Humana®

Make regular dental visits a priority

Diabetes has been shown to be adversely affected by gum disease. In addition, diabetics are more likely to develop gum disease. Research shows that oral infections may cause blood sugar to rise and make diabetes more difficult to control.

How dental health affects diabetes

Diabetes increases your risk of gum disease, cavities, dry mouth, and tooth loss. Gum disease occurs when the tissue around your teeth becomes infected. If left untreated, gum disease can damage the gums and bone around your teeth and eventually may cause tooth loss.

What can you do?

See a dentist. Make regular dental visits a priority. And if you have diabetes, it's important to tell your dentist, including any medications that you are currently taking. A dentist may be able to recognize early oral health problems that you can't see, and provide appropriate treatment to help slow the progression of the disease.

Practice good dental care every day. Dental care is always important, but even more of a priority if you have diabetes. Healthy gums help prevent bacteria in your mouth from entering your bloodstream, keeping you healthier.

Take an oral health assessment called My Dental IQSM that immediately provides feedback regarding your oral health. You'll receive a personalized action plan with health tips. You can print a copy of your summary to discuss with your dentist at your next visit.

Tips to help 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





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 [MyHumana.com](https://www.MyHumana.com), 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:

- ✓ Invisible teeth straightening aligners – from your home
- ✓ Innovative dental devices with tracking & personalized feedback
- ✓ 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](https://www.MyHumana.com) 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 control.





MyHumana

Your dental plan at your fingertips

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



Get quick access to your dental plan

View, print and email ID cards

ID cards are mailed within 10 days of enrollment. If you need to see a provider before you receive your ID card in the mail, follow the "Registering is easy" instructions below.

Check your claim status

Review deductibles, coverage levels and limits

A dashboard that puts all your information in one spot

Chat with a representative about any of your dental plan questions

Find a dentist near you

Registering is easy

1. Go to [Humana.com/Register](https://www.humana.com/register) and "Start activation now".
2. Confirm member information. Enter your member ID number (or Social Security number), date of birth, and ZIP code.
3. Create a username, password and security prompt and choose "Next" to finish.



Use MyHumana anywhere

Download the MyHumana mobile app from your app store. You can also sign up for text message alerts at [Humana.com](https://www.humana.com).*



Humana

* 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。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiiik'eh saad bee áká'ánída'áwo'déé nika'adoowól.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك