

	If you use an <b>IN-NETWORK dentist</b>		If you use an <b>OUT-OF-NETWORK dentist</b>	
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$2,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <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>• Periodontal cleanings (4 per year)</li> <li>• Fluoride treatment (1 per year, through age 16)</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>	100% no deductible		100% no deductible	
<b>Basic services</b> <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> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <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>• Denture repair and adjustments (following 6 months of denture use)</li> <li>• Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.)</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> </ul>	50% after deductible		50% after deductible	

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

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

## Extended Annual Max

Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)

30%

30%

## 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.

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.

## Waiting periods

Enrollment type	Group size	Preventive	Basic	Major <sup>1</sup>	Orthodontia <sup>1</sup>
Employer sponsored initial enrollment, open enrollment, and timely add-on -7	2-4 enrolled employees	No	No	12 months <sup>2</sup>	24 months <sup>2</sup>
Employer sponsored initial enrollment, open enrollment and timely add-on	5 or more enrolled employees	No	No	No	No
Voluntary initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months <sup>2</sup>	24 months <sup>2</sup>
Voluntary initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months <sup>2</sup>
Late applicant <sup>3,4</sup>	2+ enrolled employees	No	12 months	12 months	12 months (24 months for 2-9 enrolled employees)

<sup>1</sup> Preventive Plus does not cover major and orthodontia services.

<sup>2</sup> Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

<sup>3</sup> Late applicants not allowed with open enrollment option.

<sup>4</sup> Waiting periods do not apply to endodontic 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**.

## Feel good about choosing a Humana Dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your Humana Dental Traditional Preferred plan focuses on prevention and early diagnosis, providing three routine cleanings, or four periodontal cleanings, along with three routine periodic exams per calendar year.

\* [www.perio.org](http://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?\* Humana Dental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental'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 Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental'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 Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **Humana.com** or call 1-800-233-4013.

### See your dentist

Your Humana Dental 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 Humana Dental 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). In Arizona, group dental plans insured by Humana Insurance Company. In New Mexico, group dental plans insured by Humana Insurance Company.

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®

Plan summary created on: 6/5/23 10:31

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1-800-233-4013 | [Humana.com](http://Humana.com)

## Limitations and Exclusions

In addition to the limitations and exclusions listed in Your plan benefits section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
  - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
  - Any service to correct congenital malformation;
  - Any service performed primarily to improve appearance;
  - Characterizations and personalization of prosthetic devices; or
  - Any procedure to change the spacing and/or shape of the teeth.
7. Charges for:
  - Any type of implant and all related services;
  - Precision or semi-precision attachments;
- Overdentures and any endodontic treatment associated with overdentures;
- Other customized attachments;
- Any service for 3D imaging (cone beam images);
- Temporary and interim dental services;
- Additional charges related to material or equipment used in the delivery of dental care.
- Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer.
- The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
8. Any service related to:
  - Altering vertical dimension of teeth;
  - Restoration or maintenance of occlusion;
  - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth; Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
  - Bite registration or bite analysis. Infection control, including but not limited to sterilization techniques.
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in Your plan benefits.
14. Any service that:
  - Is not eligible for benefits based upon clinical review;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional acceptance; or
  - Is deemed to be experimental or investigational in nature.
15. Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.

16. Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
17. Charges exceeding the reimbursement limit for the service.
18. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
19. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
20. Temporary dental services.
21. Repair and replacement of orthodontic appliances.
22. Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
23. The oral surgery benefits under this plan does not include:
  - a. Any services for orthognathic surgery;
  - b. Any services for destruction of lesions by any method;
  - c. Any services for tooth transplantation;
  - d. Any services for removal of a foreign body from the oral tissue or bone;
  - e. Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
  - f. Any separate fees for pre and post-operative care.
24. General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services. General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:
  1. Pain control unless a documented allergy to local anesthetic is provided.
  2. Anxiety.
  3. Fear of pain.
  4. Pain management.
25. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
26. Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
27. Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
28. Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
29. We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate.

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## 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, marital status, or religion. 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 **1-877-320-1235** 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/ocrportal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **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: **1-800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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. 1-877-320-1235 (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 jiik'éh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

GCHJV5REN 0220

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك