

	If you use an in-network dentist	If you use an out-of-network dentist
In-network and out-of-network deductibles		
Calendar-year deductible	Employee only \$50	Employee + spouse \$100
	Employee + child(ren) \$100	Employee + spouse + child(ren) \$150
	Deductible applies to all services excluding preventive.	
Calendar-year annual maximum	\$1,000	
Preventive services	100% no deductible	80% no deductible
<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 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) 		
Basic services	80% after deductible	50% after deductible
<ul style="list-style-type: none"> Periodontal cleanings (2 per year) 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, anterior teeth) Oral surgery (tooth extractions including impacted teeth) Stainless steel crowns Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment) Denture repair Denture relines/rebases (1 every 3 years, following 6 months of denture use) 		
Major services	Not Covered	Not Covered
<ul style="list-style-type: none"> Harmful habit appliances for children (1 per lifetime, through age 14) 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 adjustments (following 6 months of denture use) Implants 		

If you use an in-network dentist

If you use an out-of-network dentist

Orthodontia services

Not covered

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the out of network fee schedule 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

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



Questions?

Simply call **866-879-3630 (TTY: 711)** to speak with a friendly, knowledgeable Customer Care specialist, or visit www.compbenefits.com/custom/stateofflorida/.