

**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	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
\$50	\$100	\$100	\$150

Deductible applies to all services excluding preventive.

Calendar-year annual maximum

\$1,000

Preventive services

- 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)

100% no deductible

80% no deductible

Basic services

- 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)

80% after deductible

50% after deductible

Major services

- 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

Not Covered

Not Covered

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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 1-866-879-3630 (TTY: 711) to speak with a friendly, knowledgeable Customer Care specialist, or visit [HumanaDental.com/custom/fl/](https://www.humana.com/custom/fl/).