

Humana Dental Preventive PPO

People First Plan Code #4094
State of Florida

	If you use an in-network dentist		If you use an out-of-network dentist	
Calendar-year deductible	In-network and out-of-network deductibles Deductible applies to all services excluding preventive.			
	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	\$50	\$100	\$100	\$150
Calendar-year annual maximum	\$1,000		\$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 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) 	100% no deductible		80% no deductible	
Basic services <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 re-lines/re-bases (1 every 3 years, following 6 months of denture use) 	80% after deductible		50% after deductible	

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Major services <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 	Not Covered	Not Covered
Orthodontia services	Not Covered	Not Covered

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

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.



Questions?

Simply call **866-879-3630 (TTY: 711)**, Monday – Friday, 8 a.m. – 6 p.m., Eastern time, to speak with a friendly, knowledgeable Customer Care specialist, or visit www.compbenefits.com/custom/stateofflorida/.