

# Humana Dental Standard PPO

People First Plan Code #4092  
State of Florida

	If you use an in-network dentist		If you use an out-of-network dentist	
<b>Calendar-year deductible</b>	<b>In-network and out-of-network deductibles</b> Deductible applies to all services excluding preventive and orthodontia. Orthodontia has a separate lifetime deductible per person. Please refer to the “Orthodontia services” section for more information.			
	Employee only	Employee + spouse	Employee + child(ren)	Employee + spouse + child(ren)
	\$50	\$100	\$100	\$150
<b>Calendar-year annual maximum</b>	\$1,500		\$1,500	
<b>Preventive services</b> <ul style="list-style-type: none"> <li>• Routine oral examinations (2 per year)</li> <li>• Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>• Routine cleanings (2 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> </ul>	100% no deductible		80% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>• Periodontal cleanings (2 per year)</li> <li>• Emergency care for pain relief</li> <li>• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>• Composite fillings (1 per tooth every 2 years, anterior teeth)</li> <li>• Oral surgery (tooth extractions including impacted teeth)</li> <li>• Stainless steel crowns</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> <li>• Denture repair</li> <li>• Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> </ul>	80% after deductible		50% after deductible	



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	If you use an in-network dentist	If you use an out-of-network dentist
<b>Major services</b> <ul style="list-style-type: none"> <li>• Harmful habit appliances for children (1 per lifetime, through age 14)</li> <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 adjustments (following 6 months of denture use)</li> <li>• Implants (1 per tooth every 5 years)</li> </ul>	50% after deductible	30% after deductible
<b>Orthodontia services</b>	Adult/child orthodontia. Plan pays 50% for a participating provider and 30% for a non-participating provider (\$50 lifetime deductible per person receiving orthodontia services) up to a lifetime orthodontia maximum of \$2,000 when the member receives services from a participating provider and \$1,500 when the member receives services from a non-participating provider.	

	Preventive	Basic	Major	Orthodontia
<b>Waiting periods</b> Enrollment type: Initial enrollment, open enrollment and timely add-on	No	No	No	Yes

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/](http://www.compbenefits.com/custom/stateofflorida/).