

Your Humana benefits guide:

School Board of Broward County
2027 Dental Summary of Benefits
Dental member services
866-890-4464 or 954-527-4088
your.humana.com/sbbc

Humana

Established 1915
BROWARD
County Public Schools

Table of Contents

Why sign up for dental benefits? 4

Dental coverage overview 5

Frequently asked questions 6-8

Dental DHMO plan 9

How to find a dentist in the DHMO network 10

Dental PPO plan 11

How to find a dentist in the PPO network 13

Exclusive discounts for Humana members 15

Manage your Humana plan online 16



Welcome to Humana

At Humana, we want to help take care of you — with benefits that make it easy for you to get the care you need, when you need it. With plan options designed to support your overall well-being, your care is always at the core of what we do.



Our dental plans will make you smile

At Humana we want to help take care of you. Dental health is an important part of your overall well-being and Humana's dental benefits help make it easy to make your dental care a priority. When you sign up for a Humana dental plan, you're signing up for a healthier you.

Why sign up for dental benefits?

Preventive dental care, such as checkups and cleanings, help stop issues before they start, saving you time and money in the long run. And when you use an in-network dentist, **preventive care is at no additional cost to you.**

For years, doctors have recognized the link between oral health and whole-body health. **Routine teeth cleanings can help reduce your risk for heart disease, stroke and dementia.**

Plus, **caring for you is at the heart of everything we do,** so we make it easy for you to get the help you need – when you need it. Our service teams are always ready to help and answer your questions.

< Back to Table of Contents

Dental coverage overview

Under your dental coverage you may select **one of four different options:**

Choice A: Basic DHMO managed care dental plan

This plan highlights preventive care and provides for other more extensive services as well. Most preventive and diagnostic services are covered at no additional charge plus significant savings are available on other dental services. The copayments listed are the maximum fees that will be charged by the Participating General Dentist for the specified covered services. Should you need a specialist (i.e. Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may refer yourself to any Participating Specialist in the network. Upon identifying yourself as a Humana/ CompBenefits member, you will receive a 25% reduction from usual and customary fees for services performed.

Choice B: Enhanced DHMO managed care dental plan

This plan provides similar coverage to the basic plan when utilizing the services of your Participating General Dentist. The copayments listed are the maximum fees that will be charged by the Participating General Dentist or Specialist.

With either the basic or enhanced managed care dental plans you receive the following benefits:

- No deductibles
- No claim forms
- No annual maximum benefit
- No waiting periods
- No pre-existing condition limitations

Choice C: Basic PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider.

Choice D: Enhanced PPO dental plan

With this plan you have the freedom to select any dentist you wish. If you choose to see a participating PPO dentist, you will receive a higher level of reimbursement. You may decide at the time you receive services whether or not to utilize a participating provider. This option offers orthodontic coverage and a higher annual maximum for preventive basic and major services.

Preferred dental network	Out of network
Annual deductable: $25 per person (Max. 3/fam.) Waived for Class 1	**Annual deductable:** $50 per person (Max. 3/fam.) Waived for Class 1
Calendar year benefit: Basic: $1,250 Enhanced: $2,000	**Calendar year benefit:** Basic: $1,250 Enhanced: $2,000
Class I 100% of PPO Schedule - (No deductable)	**Class I** 90% of PPO Schedule - (No deductable)
Class II 80% of PPO Schedule - (After deductable)	**Class II** 70% of PPO Schedule - (After deductable)
Class III 50% of PPO Schedule - (After deductable)	**Class III** 40% of PPO Schedule - (After deductable)
Class IV Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits	**Class IV** Orthodontic benefits only available on the Enhanced PPO. For adult and children orthodontic benefits refer to the PPO schedule of benefits

< Back to Table of Contents

Most frequently asked questions

Choice A & B: Basic DHMO and Enhanced DHMO managed care dental plans

Where can I receive Humana/CompBenefits benefits?

Humana/CompBenefits dental benefits are provided by participating general dentists and participating specialists. If you have enrolled in either the Basic or Enhanced DHMO, you must select a participating primary care dentist (PCD). You may search for a participating provider online at **your.humana.com/sbbc** or by contacting Member Services after your effective date.

How do I obtain a dental appointment?

Simply call your selected participating general dentist and make an appointment. Please take a moment and confirm the effective date of your coverage, which is printed on your identification card. Please wait until your effective date to make an appointment with your assigned participating general dentist.

What should I do if I need to cancel my appointment?

If you need to cancel an appointment, please call your participating general dentist at least 24 hours before your appointment. Dentists work on an appointment basis and can charge for a broken appointment.

When I go to my selected Participating General Dentist, what treatment will I receive?

Your participating general dentist will evaluate your total dental needs. Be sure you understand the recommended treatment plan and any proposed charges. You may request a written copy of your treatment plan. If you have any questions about your treatment plan, discuss them with your participating general dentist. If you have questions regarding your Schedule of Benefits, contact Humana/CompBenefits Member Services.

What if I want a second opinion?

You may get a second opinion from one of Humana/CompBenefits' participating general dentists. Your Schedule of Benefits will show you what your cost will be. Simply call a participating general dentist and let the receptionist know that you'd like a second opinion appointment. Be sure to indicate that you are a Humana/CompBenefits member. The dentist will evaluate your situation and discuss it with you. If any services are rendered, you will be responsible for the cost.

What do I do if I need emergency treatment?

Call your participating general dentist and request an emergency appointment for the treatment of accidental, painful or urgent conditions. Your Schedule of Benefits shows the copayment for emergency appointments. This copayment is in addition to any copayment for treatment. If your participating general dentist is not available, contact Humana/CompBenefits Member Services. We will help you locate another participating general dentist who can provide emergency care. Consult your Certificate of Benefits for specific information regarding "out-of-area" emergency care.

< Back to Table of Contents

Is the care of a specialist covered?

Under the Basic plan you may see any participating specialist and receive a 25% reduction in that specialist's normal fee. Your Schedule of Benefits will apply to your specialists visit under the Enhanced plan.

Must everyone on my policy use the same General Dentist?

No, you and each of your covered family members may select a different participating general dentist.

What are my charges if a procedure is not on my Schedule of Benefits?

A few services are specifically listed as exclusions on your Schedule of Benefits. You do not have any benefits for those services. Any service that is not specifically excluded, but which is not listed with a specific copayment, is available at the participating general dentist's usual and customary fees less 25% unless otherwise noted on your Schedule of Benefits. Usual and customary fees are fees that are customarily charged for dental services by a participating general dentist. These charges are not determined by Humana/CompBenefits.

May I change from one participating general dentist to another?

Yes, you may change your participating general dentist by simply calling Humana/CompBenefits Member Services. If you request a change by the 15th of the month, it will become effective on the first of the following month (if you do not have a balance due with your current participating general dentist).

Choice C & D: Basic PPO and Enhanced PPO dental plans

What is my deductible?

Your deductible will vary depending on whether or not you choose to use a participating PPO Provider. When using the in-network PPO dentist you will have a $25 calendar year deductible (maximum $75 per family). When using an out-of-network dentist you will have a $50 calendar year deductible (maximum $150 per family).

What is my maximum benefit?

The maximum benefit payable is $1,250 per covered member per calendar year on the Basic PPO Plan and $2,000 on the Enhanced PPO Plan.

Who submits my claim–me or my dentist?

It is your responsibility to ensure that claims are filed. However, some dental offices will be happy to assist you with filing a claim.

Who gets paid–me or my dentist?

You will want to discuss this with your dentist before he or she provides services. Reimbursement will be determined by "assigning" benefits at the time your claim form is completed. Your dentist may want you to pay him or her directly, and then you would be reimbursed, or your dentist may prefer the insurance company pay your claim directly to the dentist.

< Back to Table of Contents

How are benefits coordinated if I am covered under more than one policy?

If you have coverage with two insurance companies, you may want to file a claim with both companies. One company will be considered "primary" and thus will pay benefits first. The other company will be considered "secondary" and will pay its benefits only after the "primary" company has done so. The total of the benefits paid by the two companies will not exceed your actual costs.

How do I obtain a claim form?

Some dental offices may have claim forms, some may not. If neither your dental office nor your Insurance Benefits office has claim forms, Humana/CompBenefits will be happy to supply you with one. Please call **866-890-4464** or **954-527-4088**.

How long do I have to file a claim?

All claims are to be filed within one (1) year of the date of service.

Can I go to any dentist?

Your policy allows you to visit the dentist of your choice. Remember, you will receive enhanced benefits when utilizing a PPO Participating Provider. Please refer to your Schedule of Benefits for more details.

Is there orthodontic coverage on my plan?

Orthodontia for adults and children will be covered based on the maximum reimbursements on the enhanced plan only.

How do I know how much I will be reimbursed?

Humana/CompBenefits recommends that a predetermination of benefits be submitted for any work over $300.00 in order to accurately predict your out of pocket expenses.

If you have questions about any of the four plans, please call Humana/CompBenefits Member Service Hotline at **866-890-4464** or **954-527-4088**.

< Back to Table of Contents

Dental DHMO plans

The benefits and services highlighted below provide an overview of the dental plans you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

Choice A: Basic DHMO and Choice B: Enhanced DHMO

With these plans, you pay a set amount, or copay, for each service when you see a participating primary care dentist. There are no yearly maximums, no deductibles and no waiting periods.

		What you pay	
	Plan name	**Choice A: School Board of Broward Basic (SBBC 97)**	**Choice B: School Board of Broward FGC Plus**
Preventive services	Office visit	$0	$0
	Oral exam	$0	$0
	X-ray (complete series)	$0	$0
	Prophylaxis cleaning (adult / child)	$0	$0
	Topical application of fluoride (child <16)	$0	$0
	Sealant (per tooth)	$0	$7
Basic services	Amalgam filling (one surface)	$0	$0
	Resin-based composite filling (one surface, anterior)	$0	$12
Major services	Crown	$200	$185-200
	Endodontic therapy, molar tooth	$175	$175
	Periodontal maintenance	$105	$35
	Extractions (erupted tooth or exposed root)	$0	$0
Orthodontia	Children up to 19 years of age, up to 24 months of routine orthodontic treatment	Up to 25% discount	$1,685+ retention for children
	Adults up to 24 months of routine orthodontic treatment		$2,185+ retention for adults

Benefits shown are for in-network services. This is an example and costs may vary.
If you enroll in this plan, you can view your Summary of Benefits and Coverage for details.

For a complete summary of benefits scan code, or go to **humana.info/SBBC_DHMO_A**

For a complete summary of benefits scan code, or go to **humana.info/SBBC_DHMO_B**

< Back to Table of Contents



How to find a dentist in the DHMO networks

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to **humana.com/findadentist** and log into your MyHumana account or search as a guest using your zip code.

Step 2: Enter your search information based on the plan

For the DHMO plans

- Enter your **ZIP code**
- In the popup window, choose **"DHMO"** for "Coverage Type"
- Select the network: **School Board of Broward Basic or School Board of Broward FGC Plus**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.
- Choose a dentist from the search results. Call to confirm they're accepting new patients, click on "**View details**" and scroll down and make note of their "**Primary care number.**"
- After you enroll, the dentist you selected will need to be assigned as your Primary Care Dentist (PCD) before you get dental services. To do this, contact Humana using the number on the back of your ID card and provide the **Primary care number** for your chosen PCD.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**

Dental PPO plans

The benefits and services highlighted below provide an overview of dental plans you can sign up for. The table shows how services will be paid when you visit a dentist in the Humana network.

	Choice C: Basic PPO	Choice D: Enhanced PPO
	See an in-network dentist for the lowest cost of care. You'll pay more for services if you see a dentist not in the network. Out of network services are based on maximum allowable charge.	
Deductible	The amount you pay before your dental plan starts paying for covered expenses (excluding preventive and orthodontic services):	
	Individual: $25 Family: $75	Individual: $25 Family: $75
Annual maximum	Total amount the plan pays in a plan year:	
	$1,250	$2,000
Extended annual maximum	After you reach the annual maximum amount, you will receive 30% coinsurance on preventive, basic and major services for the rest of the year (excludes orthodontia).	
Preventive services	Preventive services include routine cleanings up to 4 per year, routine x-rays, and oral cancer screenings.	
	Plan pays 100% of covered services up to annual max	Plan pays 100% of covered services up to annual max
Basic services	Basic services include fillings, simple extractions and root canals	
	Plan pays 80% of covered services after deductible	Plan pays 80% of covered services after deductible
Major services	Major services include crowns, bridges, implants and dentures	
	Plan pays 50% of covered services after deductible	Plan pays 50% of covered services after deductible
Orthodontia	Not Covered. Members may receive a discount on non-covered services of up to 20%.	Adult/child orthodontia - Plan pays 50% (no deductible) of the covered orthodontia services, up to $1,800 lifetime orthodontia maximum.

For dental care that may cost you over $300, your dentist will most likely submit a proposed dental treatment plan. Humana will use this dental treatment plan to help provide you with an estimate of benefits for the planned service. This may sometimes be referred to as a "Pre-Treatment Estimate". While recommended, this is not required before receiving treatment. The estimate is based upon benefits available at the time of processing and may change if other claims are submitted prior to completion of treatment.

For a complete summary of benefits scan code, or go to **humana.info/SBBC_PPO_C**

For a complete summary of benefits scan code, or go to **humana.info/SBBC_PPO_D**

< Back to Table of Contents



Your dental PPO plan extends your benefits to save you money

Humana's extended annual maximum gives you continued access to your dental benefits after you reach the annual maximum benefit on what the plan pays.

We want to help make it easy to prioritize your dental care as an important part of your overall health. Your dental plan's **extended annual maximum** will help you save money by giving you continued access to your dental benefits:

- **Humana will pay 30% of covered charges*** – even after you've used up the annual maximum dollar amount of your plan.
- **Extended coverage** allows you to continue to pay less with in-network discounts on covered services when you see an in-network dentist.

Example of how the extended annual maximum works:

On a recent trip to the dentist, Kevin found out he'll need a root canal and a crown, and he has already met his annual maximum benefit for the year. **With the extended annual maximum, here's how Kevin saves money:**

	Without Extended Annual Max	With Extended Annual Max
		Plan pays 30% of the cost
Root canal	$875	**$612.50** ($875 - 30%)
Crown	$800	**$560** ($800 - 30%)
MEMBER COST:	**$1,675**	**$1,172.50**
In this example, Kevin saved over $500		

This is an example only for illustrative purposes. Actual savings will depend on benefits, as well as services provided.

* Waiting period, service-specific frequency and/or age limitations may apply.

Extended Annual Maximum available with specific PPO and Traditional Preferred plans.



How to find a dentist in the PPO network

Visiting a dentist in the Humana network ensures you're getting the lowest cost for dental care. To find an in-network dentist for each plan, follow these steps:

Step 1: Scan the QR code or go to **humana.com/findadentist** and log into your MyHumana account or search as a guest using your zip code.

Step 2: Enter your search information based on the plan

For the PPO Traditional Preferred

- Enter your **ZIP code**
- In the popup window, choose **"PPO"** for "Coverage Type"
- Select the network: **PPO/Traditional Preferred**
- Click the **"Select"** button
- On the next screen, click on the "**all dental providers**" link located below the "Dentist name or specialty" entry box to get a list of all providers.

Is your dentist missing from our network?

We don't want you to have to choose between continuing to see your dentist and receiving the best possible value from your dental benefit plan.

You can help us get your dentist in our network. **Scan the QR code and fill out the online form to refer your dentist.**

< Back to Table of Contents



What else comes with your Humana plan?

As a Humana member, you'll have access to other perks like our exclusive discounts on a variety of services that support your overall health and well-being.

Exclusive discounts for Humana members

Access to a variety of discounts that support your overall health and well-being

We understand the importance of your overall health and that's why we've carefully selected companies to team up with to offer special discounts Humana members can enjoy:

- **Personalized dental products** for things like teeth whitening and dental devices with tracking and personalized feedback
- **Vision care discounts** on Lasik, exams, glasses and contacts
- **Hearing aid options** in your area and online
- **Additional discounts** for things like weight loss, massage therapy, fitness devices, and more



Once your Humana plan coverage begins, **access your exclusive discounts** by signing in to **MyHumana.com**.

Look for "Special Discounts" in the "Coverage" section of MyHumana.

< Back to Table of Contents

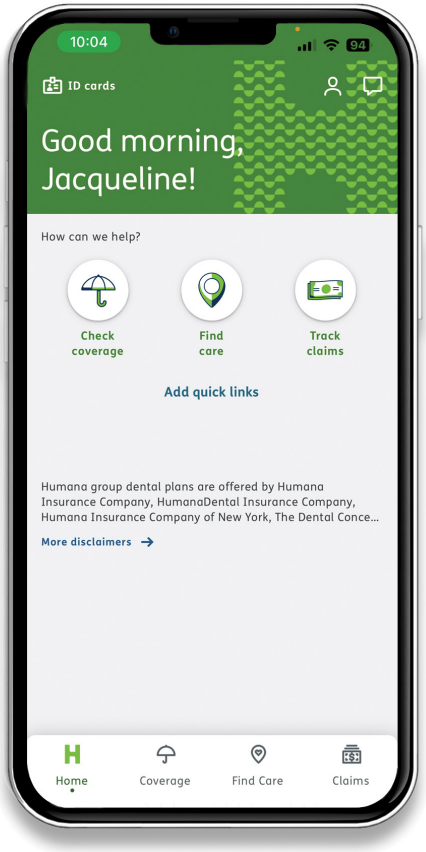
Manage your Humana plan online

MyHumana on the go

Once you become a Humana plan member, you get the most of your plan with a MyHumana account, and take your Humana essentials wherever you go with the MyHumana mobile app.

Depending on your plan, you can use the app to:

- **Explore coverage and benefit details** the moment you need them
- **Get your member ID cards** and add them to your phone's wallet
- **Find care close to you** and get directions on your phone's map app
- **Review claims status**
- **Access your exclusive member discounts**



Once your Humana plan coverage begins, go to **MyHumana.com** to activate your account **or download and register on the MyHumana app** for iOS and Android.

Download on the App Store

GET IT ON Google Play

Learn more at humana.com/member/manage-your-account

< Back to Table of Contents

Notice of Non-Discrimination. Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. **800-368-1019**, **800-537-7697 (TDD)**.

California members or residents: You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 **(Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish) Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian) Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

հայերեն (Armenian): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.

Humana

Dental member services

866-890-4464

954-527-4088

your.humana.com/sbbc

Established 1915
BROWARD
County Public Schools

Insured or administered by Humana Insurance Company, or offered by CompBenefits Company

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

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