

## Schedule of Benefits

Calendar year deductible	In-network coverage		Out-of-network coverage	
This is the amount you will pay out of pocket for services in a calendar year (excludes orthodontia services)	Individual	Family	Individual	Family
	\$50	\$100	\$50	\$150
Deductible applies to all services excluding preventive services.				
<b>Annual maximum</b> (excludes orthodontia services)	<b>Unlimited</b> Waives preventive services from accumulating to the annual maximum			
Coinsurance options	In-network coverage		Out-of-network coverage	
<b>Class A Basic</b> <ul style="list-style-type: none"> <li>Routine oral examinations (3 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (3 per year)</li> <li>Periodontal maintenance (4 per year)</li> <li>Fluoride treatment (2 per year, through age 16)</li> <li>Sealants (permanent molars, through age 18)</li> <li>Space maintainers (primary teeth, through age 15)</li> <li>Oral cancer screening (1 per year, ages 40 and older)</li> </ul>	100%   no deductible		90%   no deductible	
<b>Class B Intermediate</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Periodontics (scaling/root planing, 1 per quadrant every 3 years)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> </ul>	80% after deductible		60% after deductible	
<b>Class C Major</b> <ul style="list-style-type: none"> <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 relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implant-related services (crowns, bridges and dentures each limited to 1 per tooth every five years)</li> <li>Periodontics (surgery, 1 per quadrant every 3 years)</li> <li>Endodontics (root canals, 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	50% after deductible		40% after deductible	

# Humana Dental High PPO

Coinsurance options	In-network coverage	Out-of-network coverage
Class D Orthodontic	Adult/child orthodontia – Plan pays 50% (no deductible) of the covered orthodontia services, up to: \$2,500 lifetime orthodontia maximum.	

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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

Enrollment type	Class A	Class B	Class C	Class D
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant <sup>1,2</sup>	No	No	No	No

<sup>1</sup>Late applicants not allowed with open enrollment option.  
<sup>2</sup>Waiting periods do not apply.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company and The Dental Concern, Inc.

This is not a complete disclosure of plan qualifications and limitations. Before making a final decision, please read the plan’s Federal Brochure. All benefits are subject to the definitions, limitations and exclusions set forth in the Federal Brochure. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

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.

# Humana Dental High PPO

## Questions?

Simply call **877-692-2468** to speak with a friendly, knowledgeable Customer Care specialist, or visit **[your.humana.com/feds](https://your.humana.com/feds)**.

## Feel good about choosing a Humana dental plan

### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes and stroke.\* Your Humana Dental PPO plan focuses on prevention and early diagnosis, providing three exams and cleanings every calendar year.

\*[www.perio.org](http://www.perio.org)

### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen or tender gums
- Visit a dentist regularly for exams and cleanings

Humana helps you feel good about your dental health so you can smile confidently.

## Use your Humana Dental benefits

### Find a dentist

With Humana Dental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental PPO Network. To find a dentist in Humana Dental's PPO Network, log on to **[your.humana.com/feds](https://your.humana.com/feds)** or **877-692-2468**.

### Know what your plan covers

This summary provides an overview of your Humana dental benefits. Your plan brochure describes your Humana dental benefits, including limitations and exclusions. You can view and download the plan brochure on MyHumana, **[your.humana.com/feds](https://your.humana.com/feds)** or by calling **877-692-2468** and requesting a copy.

### See your dentist

Your Humana identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **[your.humana.com/feds](https://your.humana.com/feds)**.

### Learn what your plan paid

After Humana processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **[your.humana.com/feds](https://your.humana.com/feds)** or by calling **877-692-2468**.

## 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, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **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](mailto: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.

This notice is available at **[www.humana.com/legal/non-discrimination-disclosure](http://www.humana.com/legal/non-discrimination-disclosure)**.

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):** Չանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնություն ծառայություններ ստանալու համար:

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

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