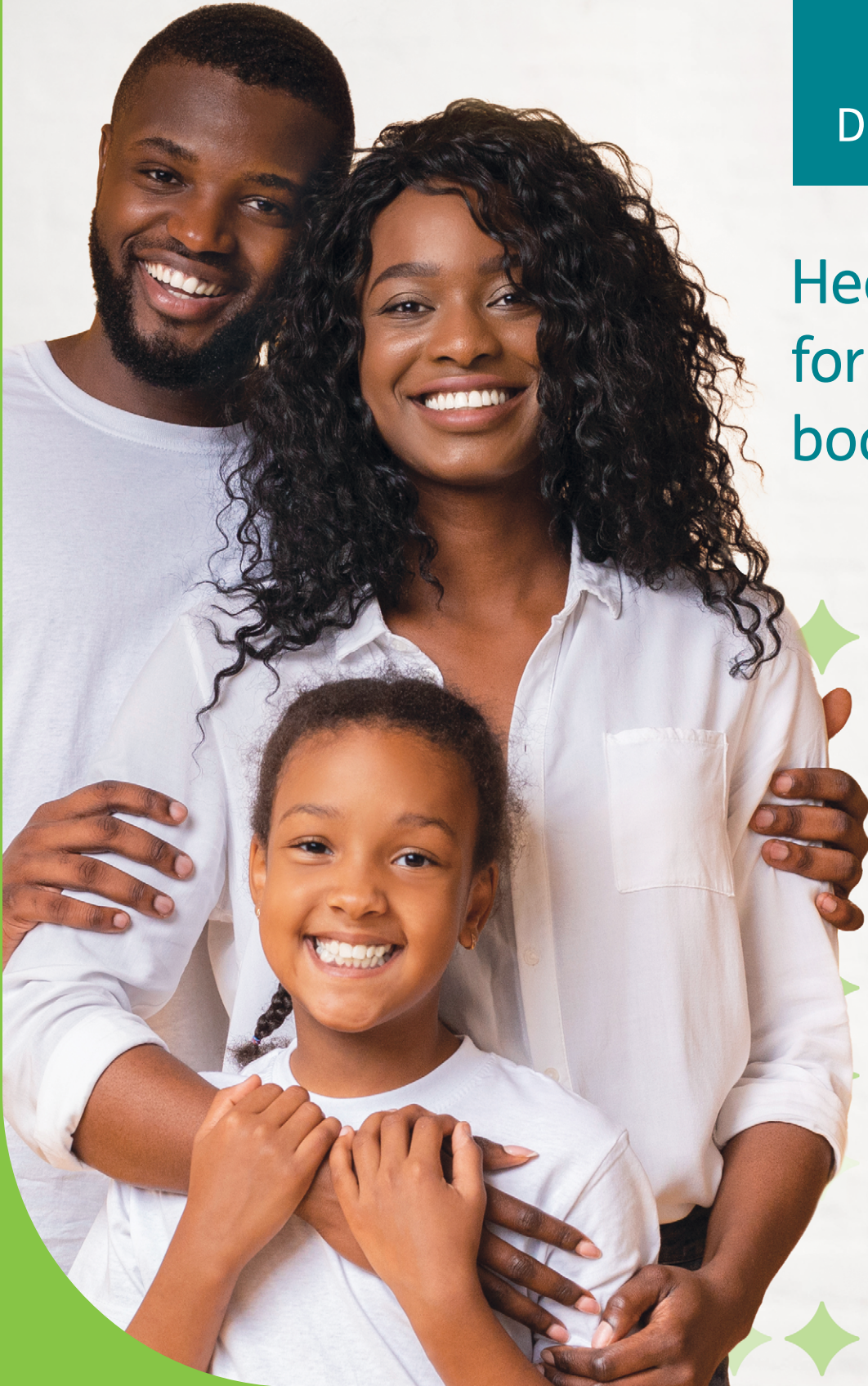




DENTAL

Healthy smiles  
for healthy  
bodies



FEDVIP Federal Employees Dental &  
Vision Insurance Program

Open Season dates: Nov. 11th - Dec. 9th

Humana®





# How to enroll in your benefits



## Open Season dates



November 11 - December 9, 2024  
Midnight, Eastern time

## To Enroll



Go to [www.benefeds.gov](http://www.benefeds.gov)  
or call **877-888-3337**

For questions or additional information, call Humana Customer Care at **877-692-2468**.

## Learn more about the dental benefits available to you at our Virtual Benefit Fairs/Chat Days:



### Virtual Benefit Fairs/Chat Days

Thursday, November 14  
Thursday, November 21  
Tuesday, November 26  
Tuesday, December 3

Register to attend a benefit fair at [your.humana.com/feds/openseason](http://your.humana.com/feds/openseason).

### Serving:

Alabama, the majority of Arizona, Arkansas, California, Colorado, District of Columbia, Florida, Georgia, the majority of Illinois, Indiana, Kansas, Kentucky, Louisiana, parts of Maryland, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, parts of Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia and West Virginia



# 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?



If you’ve never bought dental insurance before, **you’ll be pleasantly surprised at the monthly cost.**



**Preventive dental care, such as check-ups 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.



**Review the benefit information in this guide to help you choose a dental plan that’s right for you.**



# Two options for your dental health

For federal members including TRICARE® retirees, Humana offers two plans to help you achieve better oral health.

## Humana Dental High PPO plan

If you need a more flexible plan, Humana’s Dental High PPO plan might be right for you. Members can visit dentists they already know and trust.

- Coinsurance for services
- Three routine cleanings at no additional cost
- Exams and x-rays at no additional cost
- Provides out-of-network coverage
- Our largest network with over 140,000 access points
- No annual maximum
- Implant coverage
- No waiting periods—coverage starts on day one of plan year
- Adult and child orthodontia coverage with no deductible
- Four periodontal cleanings covered with no deductible
- Limited coverage for nitrous oxide when necessary

## Humana Dental Standard Advantage EPO plan

If you need a simple, low-cost plan with no surprises, Humana’s Dental Standard Advantage EPO plan is a one-of-a-kind, flat-fee plan with a fixed price.

- Simple, flat fees for services
- Three routine cleanings at no additional cost
- Exams and x-rays at no additional cost
- In-network only coverage
- Choose any provider in our expanded network
- No annual maximum
- Implant coverage
- No waiting periods—coverage starts on day one of plan year
- Adult and child orthodontia coverage with no deductible or annual maximum
- Limited coverage for nitrous oxide when necessary

## Plan comparison chart

	Benefit	EPO	PPO	Industry cost (DC area example)
<b>Class A</b>	Cleanings and exams	100%	100%	\$185 - \$230
<b>Class B</b>	Fillings (resin based)	\$29 copay	20% after deductible	\$248
<b>Class C</b>	Crown (porcelain/ceramic)	\$430 copay	50% after deductible	\$1,899
<b>Class D</b>	Orthodontia (adolescent and adult)	\$2,820 copay	50% after deductible	\$6,000 - \$6,500

# Humana Dental High PPO plan

The Humana Dental High PPO plan offers flexibility and expanded network dental coverage you may be looking for.

	In-network		Out-of-network	
<b>Calendar-year deductible</b>	Deductible applies to all services excluding preventive and orthodontia services.			
	<b>Individual:</b> \$50	<b>Family:</b> \$100	<b>Individual:</b> \$50	<b>Family:</b> \$150
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	Unlimited			
<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 plan

	In-network	Out-of-network
<b>Class D orthodontic</b>	Adult/child orthodontia – Plan pays 50% (no deductible) of the covered orthodontia services, up to \$2,500 lifetime orthodontia maximum.	
<b>No waiting periods</b>		

*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.*



# Humana Dental Standard Advantage EPO plan

Humana’s Dental Standard Advantage EPO plan offers access to dental coverage that offers simple-to-understand flat fees for all your dental services when you choose any provider in our expanded network. Here are some of the highlights of this plan.

## Know what you pay for most common services

- Cleanings and exams – **\$0 copay**
- Fillings (resin based) – **\$29 copay**
- Crown (porcelain/ceramic) – **\$430 copay**
- Orthodontia (adolescent and adult) – **\$2,820 copay**

	With the Humana Dental Standard Advantage EPO plan	With traditional dental plans
<b>Deductible</b>	No deductible	You pay the full amount of the deductible before the insurance kicks in
<b>What you pay</b>	Guaranteed flat fees (See next page)	Who knows? You may pay complicated variable costs, which could include deductibles, coinsurance, copays, individual dentist fees and specialist fees.
<b>Are referrals needed?</b>	No – Any dentist or specialist in the Humana federal network may be seen without a referral	May require referrals
<b>Annual maximum for dental coverage</b>	No annual maximum	Annual maximums may be as low as \$1,500
<b>Are implants covered?</b>	Yes	May require review

# In-network

## Benefits schedule

Listed below are some of the most common services used by federal employees. Please visit [your.humana.com/feds/dental](http://your.humana.com/feds/dental) to view and print the entire benefits schedule.

Basic services		
Diagnostic		Member pays
D0120	Periodic oral evaluation – established patient (limit 3 per calendar year)	no charge
D0140	Limited oral evaluation – problem focused (limit 1 every 12 months)	no charge
D0150	Comprehensive oral evaluation – new or established patient (limit 1 every 12 months)	no charge
D0210	Intraoral – comprehensive series of radiographic images (limit 1 every 3 years)	no charge
D0220	Intraoral – periapical first radiographic image	no charge
D0230	Intraoral – periapical each additional radiographic image	no charge
D0272	Bitewings – two radiographic images (limit 2 per calendar year)	no charge
D0274	Bitewings – four radiographic images (limit 2 per calendar year)	no charge
D0330	Panoramic radiographic image (limit 1 every 3 years)	no charge
Preventive		Member pays
D1110	Prophylaxis – adult (limit 3 per calendar year)	no charge
D1120	Prophylaxis – child (limit 3 per calendar year)	no charge
D1206	Topical application of fluoride varnish (limit 2 per calendar year)	no charge
D1208	Topical application of fluoride – excluding varnish (limit 2 per calendar year)	no charge
D1351	Sealant – per tooth (limit 1 per non-cariou permanent molar every 3 years under age 18)	no charge
Intermediate services		
Restorative		Member pays
D2330	Resin-based composite – one surface, anterior (limit 1 per tooth every 24 months)	\$29
D2331	Resin-based composite – two surfaces, anterior (limit 1 per tooth every 24 months)	\$36
D2391	Resin-based composite – one surface, posterior (limit 1 per tooth every 24 months)	\$43
D2392	Resin-based composite – two surfaces, posterior (limit 1 per tooth every 24 months)	\$56
D2393	Resin-based composite – three surfaces, posterior (limit 1 per tooth every 24 months)	\$69
Periodontal		Member pays
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (limit 1 per quadrant every 24 months)	\$51
D4342	Periodontal scaling and root planing – one to three teeth per quadrant (limit 1 per quadrant every 24 months)	\$33
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth (limit 1 every 12 months to maximum of 3 tooth sites per quadrant)	\$17
D4910	Periodontal maintenance (limit 4 every 12 months)	\$32





Oral surgery		Member pays
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$32
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$53
D7220	Removal of impacted tooth – soft tissue	\$68
D7230	Removal of impacted tooth – partially bony	\$89
D7240	Removal of impacted tooth – completely bony	\$105
Major services		
Restorative		Member pays
D2740	Crown – porcelain/ceramic	\$430
D2950	Core buildup, including any pins when required	\$90
Endodontic		Member pays
D3310	Endodontic therapy, anterior tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	\$328
D3320	Endodontic therapy, premolar tooth (excluding final restoration) (limited to one tooth per lifetime)	\$400
D3330	Endodontic therapy, molar tooth (excluding final restoration) (limited to 1 per tooth per lifetime)	\$508
Prosthodontic		Member pays
D5110	Complete denture – maxillary (limited to 1 every 5 years)	\$510
D5120	Complete denture – mandibular (limited to 1 every 5 years)	\$510
D6010*	Surgical placement of implant body: endosteal implant (limited to 1 per tooth per lifetime)	\$980
Orthodontic		Member pays
D8080	Comprehensive orthodontic treatment of the adolescent dentition (limited to 1 treatment per lifetime)	\$2,820
D8090	Comprehensive orthodontic treatment of the adult dentition (limited to 1 treatment per lifetime)	\$2,820

\*Implants typically involves 3 procedures/ADA codes, each having a separate copay

## Finding a dentist is easy

Go to [your.humana.com/feds](https://your.humana.com/feds) or call **877-692-2468 (TTY: 711)**, 8 a.m. – 9 p.m., Eastern time, during Open Season; 8 a.m. – midnight, Eastern time, November 11 - December 9, 2024; and 9 a.m. – 7 p.m., Eastern time, after Open Season.



# How to find a dentist in the 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:

Go to [your.humana.com/feds](https://your.humana.com/feds) and select the Quick links for the Dentist finder: **High PPO providers** or **Standard EPO providers**.

## Step 2: Enter your search information based on the plan offering

- Enter your **ZIP code**
- Select the type of provider and/or name
- Click "**Search**" button

### 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.**





# 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 invisible teeth straightening aligners, 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

### Featured dental care programs

To give you something more to smile about, you'll have access to these dental care services:

**Byte:** Clear aligners you can do from the comfort of your home. **Scan the QR code to learn more.**



**Truthbrush:** A digital device for kids with oral care tracking technology that attaches to any toothbrush - any brand.

Visit [truthbrush.com](http://truthbrush.com) to learn more.



To learn more about our exclusive discounts available after you enroll in a Humana plan, scan the QR code or download the flyer [here](#).





# Manage your dental plan online

## MyHumana: Your dental plan at your fingertips

Once you become a Humana dental plan member, you can register for MyHumana. You'll get quick and secure access to your dental plan information anytime, anywhere:

- View, print and email your ID card
- Check your claims status
- Review deductibles and coverage details
- Chat with a representative about any of your dental plan questions
- Access your exclusive member discounts

## [your.humana.com/feds](http://your.humana.com/feds)

Online tools include:

- Educate yourself about Humana's Dental plan offering during Open Season
- Ability to view benefits, rates and in-network doctors available to you from our two dental offerings
- Link to enroll in dental plans online
- Explore Humana's Exclusive Discount Programs!



To learn more about MyHumana and how to register once you become a member, scan the QR code or download the flyer [here](#).



# Important

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California 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)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

## Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

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

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

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

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

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé' níká'adoowó.

**العربية (Arabic)**

اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.



Insured by Humana Dental Insurance Co., The Dental Concern Inc., Humana Insurance Company.

For Colorado: The Network Access Plan, which describes an access plan specific to your network, is available by calling the customer service number found on your Humana Vision ID Card/Dental ID card and requesting a copy.

For Texas: This plan provides benefits for contracted and non-contracted dentists. Non-contracted dentists have not agreed to provide services at contracted fees. If a member sees a non-contracted dentist their out of pocket costs may be higher than that charged by contracted dentists.

For New Mexico: This is a limited policy. This is a dental or vision only policy.

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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# Humana Dental plans 2025

## How to find your biweekly and monthly rates

Look up your state and the first three digits of your ZIP code to determine your rating area.

State	ZIP code	Rating area
Alabama	356-358	3
Alabama	350-352, 362	2
Alabama	Rest of state	1
Arkansas	Entire state	2
Arizona	855, 859-860, 863, 865	3
Arizona	850-853, 856-857	5
California	932, 936-938, 953, 955, 960-961	3
California	942, 956-959	4
California	Rest of state	5
Colorado	807, 811, 813-816	3
Colorado	Rest of state	5
DC	Entire district	3
Florida	330-334, 349	5
Florida	Rest of state	2
Georgia	304, 307-310, 312-319, 398	1
Georgia	Rest of state	4
Illinois	620, 622	3
Illinois	610-611, 614-619, 623-629	1
Illinois	600-609, 613	4
Indiana	460-464, 472-473	4
Indiana	470	3
Indiana	Rest of state	2
Kansas	660-662, 666	4
Kansas	Rest of state	1
Kentucky	410, 459	3
Kentucky	Rest of state	2

State	ZIP code	Rating area
Louisiana	Entire state	2
Maryland	205-212, 214, 216-217	3
Mississippi	Entire state	2
Missouri	640-641, 644-645, 649	4
Missouri	630-631, 633	3
Missouri	Rest of state	1
North Carolina	275-277, 283	5
North Carolina	279-282	4
North Carolina	Rest of state	2
Ohio	434-436, 438-439, 444-445, 448-449, 456-458	1
Ohio	450-452	3
Ohio	Rest of state	2
Oklahoma	Entire state	2
South Carolina	297	4
South Carolina	Rest of state	2
Tennessee	Entire state	2
Texas	733, 750-754, 760-762, 786-787	4
Texas	783-784	1
Texas	770, 772-775, 780-782	3
Texas	Rest of state	2
Utah	Entire state	1
Virginia	228-229, 239-246	1
Virginia	231, 233-237	4
Virginia	Rest of state	3
West Virginia	254	3
West Virginia	Rest of state	1

*This is a summary of the features of the Federal Dental plans. 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. Insured or administered by HumanaDental Insurance Company, Humana Insurance Company and The Dental Concern, Inc.*

# Humana Dental High PPO plan

Match your rating area to your enrollment type to determine your premium.

Premium level	Biweekly			Monthly		
	Self only	Self plus one	Family	Self only	Self plus one	Family
1	\$21.11	\$42.22	\$63.34	\$45.74	\$91.48	\$137.24
2	\$23.20	\$46.40	\$69.60	\$50.27	\$100.53	\$150.80
3	\$24.34	\$48.68	\$73.03	\$52.74	\$105.47	\$158.23
4	\$26.03	\$52.05	\$78.08	\$56.40	\$112.78	\$169.17
5	\$31.30	\$62.61	\$93.91	\$67.82	\$135.66	\$203.47

Not available in Alaska, Connecticut, Delaware, Hawaii, Idaho, Iowa, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oregon, Rhode Island, South Dakota, Vermont, Washington, Wisconsin and Wyoming.

# Humana Dental Standard Advantage EPO plan

Match your rating area to your enrollment type to determine your premium.

Premium level	Biweekly			Monthly		
	Self only	Self plus one	Family	Self only	Self plus one	Family
1	\$11.19	\$22.39	\$33.58	\$24.25	\$48.51	\$72.76
2	\$12.06	\$24.11	\$36.17	\$26.13	\$52.24	\$78.37
3	\$13.01	\$26.02	\$39.02	\$28.19	\$56.38	\$84.54
4	\$14.28	\$28.56	\$42.85	\$30.94	\$61.88	\$92.84
5	\$16.38	\$32.76	\$49.13	\$35.49	\$70.98	\$106.45

Not available in Alaska, Connecticut, Delaware, Hawaii, Idaho, Iowa, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oregon, Rhode Island, South Dakota, Vermont, Washington, Wisconsin and Wyoming.

