

Humana Dental Plan Highlights

Plan Benefit	Dental High PPO	Dental Standard Advantage EPO
What you pay	Coinsurance for services	Simple, flat fees for services
Coverage	In- and out-of network benefits	In-network coverage only
Network	PPO network	Advantage EPO network
Deductible	\$50 individual / \$100 Family (in-network)	None
Routine cleaning	Three routine cleanings	Three routine cleanings
Exams & X-rays	Included at no additional cost	Included at no additional cost
Annual maximum	No annual maximum for in-network; \$5,000 for out-of-network	No annual maximum
Implant coverage	Included	Included
Waiting period	No waiting period; coverage starts day on of plan year	No waiting period; coverage starts day on of plan year
Periodontal cleanings	Four, no deductible	None
Orthodontia	Adult & child, no deductible, \$2,500 lifetime maximum	Adult & child, no lifetime maximum