

Preventive Value

Individual Dental

New York

About your plan

Good oral health means more than an attractive smile. Research shows that oral health, preventive care and regular visits to the dentist are integral to overall health.¹

The Preventive Value dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. The plan offers coverage for preventive and basic services like routine cleanings and exams, fillings, and extractions. Members can maximize benefits by choosing one of the more than 135,000 dentists and specialists* in our nationwide network. Visit [Humana.com/Find-Care](https://www.humana.com/Find-Care) to find a participating dentist.

Who can enroll in this plan – Anyone can enroll in this plan.

How your plan works

Lifetime deductible

This is the dollar amount you pay for covered services before the plan pays

Individual

\$50

Family

\$150

Annual maximum

This is the maximum amount that the plan will pay in a calendar year for covered services

Unlimited

Dental care services

In-network coverage

Out-of-network coverage[†]

Preventive services (no waiting period)

- Routine oral examinations (limit two every calendar year)
- Limited oral evaluation (limit two every calendar year)
- Comprehensive oral evaluation (limit two every calendar year)
- Bitewing X-rays (limit one set, up to four films, every calendar year)
- Panoramic film combined with full mouth (limit one every five years)
- Cleanings (limit two every calendar year)
- Topical fluoride treatment (limit one every calendar year)
- Sealants (limit of one per tooth per lifetime, age 14 and younger)

100% after lifetime deductible

80% after lifetime deductible

Dental care services (continued)	In-network coverage	Out-of-network coverage†
Basic services (no waiting period) <ul style="list-style-type: none">• Simple extractions and root removal• Fillings (limit two every calendar year, composite covered on front teeth only²)• Space maintainers (age 14 and younger, initial placement only, not covered on permanent teeth)• Palliative treatment of dental pain – per visit (two every calendar year)	50% after lifetime deductible	50% after lifetime deductible

* Based on Humana network data, last accessed October 2024.

† Out-of-network 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 dentist in our nationwide network. Waiting periods and other limitations may apply; please see your policy for coverage details.

Important to know: Dental plans, excluding Dental Savings Plus, may have a minimum one-year initial contract period. If further clarification regarding coverage and benefits is needed, please ask your dentist for a pretreatment estimate.

Footnotes

1. “Gum Diseases and Other Diseases,” American Academy of Periodontology, last accessed Oct. 11, 2024, <https://www.perio.org/for-patients/gum-disease-information/gum-disease-and-other-diseases/>
2. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.

Limitations and exclusions

In addition to any limitations and exclusions listed in “Schedule of Policy Benefits” or “Definition” sections, this policy does not provide benefits for the following:

1. **Cosmetic Service:**

We do not cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be necessary.

2. **Experimental or Investigational Treatment:**

We do not cover any health care service, procedure, treatment, or device that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for your rare disease or patient costs for your participation in a clinical trial, when our denial of services is overturned by an external appeal agent certified by the State. However, for clinical trials, we will not cover the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under this policy for non-investigational treatments. See the General Provisions, Appeal Rights section of this policy for a further explanation of your appeal rights.

3. **Felony Participation:**

We do not cover any illness, treatment or medical condition due to your participation in a felony, riot or insurrection.

4. **Government Facility:**

We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

5. **Medical Services:**

We do not cover medical services or dental services that are medical in nature, including any hospital charges or prescription drug charges.

6. **Medically Necessary:**

In general, we will not cover any dental service, procedure, treatment, test or device that we determine is not medically necessary. If an external appeal agent certified by the State overturns our denial, however, we will cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device is otherwise covered under the terms of this policy.

7. **Medicare or Other Governmental Program:**

We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

8. **Military Service:**

We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

9. **Services Not Listed:**

We do not cover services that are not listed in this policy as being covered.

10. **Services Provided by an Immediate Family Member:**

We do not cover services performed by a member of the covered person's immediate family.

11. **Services Separately Billed by Hospital Employees:**

We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.

Limitations and exclusions

12. Services with No Charge:

We do not cover services for which no charge is normally made.

13. Temporomandibular Joint Dysfunction (TMJ):

Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to headaches.

14. War:

We do not cover an illness, treatment or medical condition due to war, declared or undeclared.

15. Workers' Compensation:

We do not cover services if benefits for such services are provided under any state or federal workers' compensation, employers' liability or occupational disease law.

Insured by Humana Insurance Company of New York.

Policy number: NY-71145

Applications are subject to approval. This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health 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. Plans are not available in all states. Plan benefits may vary by state. Refer to the plan documents for complete details of coverage.