Humana Dental plans

Ohio

Traditional Preferred

This plan offers low-deductible options for preventive, basic, and major services along with the flexibility to see any dentist. With this plan, members receive the same level of coinsurance with all dentists. However, when members choose dentists in the Humana Dental PPO network, they can benefit from our negotiated rates for services received from in-network dentists. This plan is available to 2+ group sizes.

Deductible[1]	
Individual	$50
Family	$150
Coinsurance	
Preventive services	100%
Basic services	80%
Major services	50%

Plan maximums	
Annual maximum	$1,000
Annual maximum options	• Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded)
	• Standard annual maximum

Buy-up options (2+ group sizes)	
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves periodontic services to the Basic services coinsurance amount
Endodontics in Basic services	Moves endodontic services to the Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount
Orthodontia[2]	No orthodontia coverage for this plan
Buy-up options (5+ group sizes)	
Implant placement and services[3]	Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount

1) Deductible does not apply to preventive services.
2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.
3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.

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Ohio

PPO

This plan offers low-deductible options for preventive, basic, and major services. In-network dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services received from out-of-network dentists. This plan is available to 2+ group sizes.

Deductible[1]				
	In-Network	Out-of-Network		
Individual	$50	$50		
Family	$150	$150		
Coinsurance	**Option 1**		**Option 2**	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive services	100%	100%	100%	80%
Basic services	100%	80%	80%	50%
Major services	60%	50%	50%	50%

Plan maximums	
Annual maximum	$1,500 / $2,000
Annual maximum options	• Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded)
	• Standard annual maximum
Buy-up options (2+ group sizes)	
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves periodontic services to the Basic services coinsurance amount
Endodontics in Basic services	Moves endodontic services to the Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount
Orthodontia[2]	No orthodontia coverage for this plan
Buy-up options (5+ group sizes)	
Implant placement and services[3]	Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount

1) Deductible does not apply to preventive services.
2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.
3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.

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Ohio

Preventive Plus

This plan covers commonly used preventive and basic services, including exams, X-rays, cleaning and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery, and orthodontia. This plan is available to 2+ group sizes.

Deductible[1]	
Individual	$50
Family	$150
Coinsurance	
Preventive services	100%
Basic services	80%
Major services	Not covered

Discount Services (services not covered under the plan, but may be available at a discount through their dentist)

- Additional basic services (crowns, harmful habit appliances for children, oral surgery)
- Major services
- Orthodontia services

Plan maximums	
Annual maximum	$1,000
Annual maximum options	Standard annual maximum (extended annual maximum not available on Preventive Plus plans)
Buy-up options (2+ group sizes)	
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount

1) Deductible does not apply to preventive services.

Humana Dental plans

Ohio

Eligibility

Traditional Preferred, PPO, and Preventive Plus (2+ eligible employees)

Funding Options[1]	
Employer sponsored *(50% participation required)*	
Voluntary	
Administrative Services Only (ASO) *(Limited to 100+ size groups)*	
Enrollment Options[2]	
Open enrollment	Employees without a qualifying event can only join during the annual open enrollment period (waiting may periods apply)
Late applicants	Employees can join at any time during the plan year with or without a qualifying event. (waiting periods may apply)

Waiting Periods[3]

Traditional Preferred, PPO, and Preventive Plus (2+ eligible employees)

- Most services in your plan are reimbursed as of the effective date.
- No waiting periods for preventive services.
- No waiting periods for endodontics or periodontics except for late applicants.
- In some circumstances, benefits are available after 12 or 24 months of continual enrollment:

Enrollment type[4]	Group Size	Preventive	Basic	Major[5]	Orthodontia[5]
Initial enrollment, open enrollment, and timely add-on	Employer sponsored 2-4 enrolled	No	No	12 months	24 months
	Employer sponsored 5+ enrolled	No	No	No	No
	Voluntary 2-9 enrolled	No	No	12 months	24 months
	Voluntary 10+ enrolled	No	No	No	12 months

1) Multiple product options may be offered for groups of 10 or more.
2) If you don't choose an option, open enrollment will apply.
3) The waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the Humana dental plan. Members must have prior orthodontia coverage to reduce or waive the waiting period under orthodontia.
4) Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia (24 months for 2-9 enrolled employees).
5) Preventive Plus plans do not cover major and orthodontia services.

LIMITATIONS & EXCLUSIONS

Our benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at https://www.Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure or through your sales representative.

Dental plans insured or administered by Humana Insurance Company.

This material is provided for informational use only and should not be construed as medical, legal, financial, or other professional advice or used in place of consulting a licensed professional.

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.

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