Smart Choice - 2026
Individual Dental

Wisconsin Low Plan

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 Humana Smart Choice dental plan is designed for people who are looking to maintain their oral health through regular dental exams and cleanings. Members can maximize benefits by choosing one of the more than 135,000 dentists and specialists* in our nationwide network. There's no age requirement and you'll never be turned away for pre-existing conditions. Your plan starts your first month of eligibility so you know you're getting the best value for your money. Visit **Humana.com/FindCare** to find a participating dentist.

Who can enroll in this plan – Any individual or family can apply for this plan. There are only three requirements: must live in the U.S., must be a U.S. citizen or national (or lawfully present), and cannot be currently incarcerated. (https://healthcare.gov/quick-guide/eligibility/)

Date the plan starts: Your start date will be the first of the month following the day you enrolled.

The Humana Smart Choice dental plan is a Qualified Dental Health Plan insured by Humana Insurance Company, an issuer in the Health Insurance Marketplace.

How your plan works

	Adult	Family	Pediatric
Annual deductible This is the dollar amount you pay for covered services each calendar year before the plan pays	$50	$50 per adult $85 per child	$85
Annual maximum This is the maximum amount that the plan will pay during the calendar year for covered services	$1,000	$1,000 per individual adult	No annual maximum

Maximum out-of-pocket

Out of pocket maximum per calendar year for a policy with one covered child is $450. The out-of-pocket maximum per calendar year for a policy with two or more covered children is $450 per individual child or $900 combined for all children.

Dental care services

Class I - Diagnostic and Preventive	In-network coverage	Out-of-network coverage†
• Routine oral examinations (limit two per calendar year) • Periodontal examinations (limit two per calendar year) • Bitewing X-rays (limit two sets per calendar year, excludes full mouth and panoramic) • Routine cleanings (limit two per calendar year) • Topical fluoride treatment (limit two per calendar year, age 19 and younger) (topical fluoride varnish ages 0-5, 100% no deductible when visiting an in-network provider) • Sealants (limit one per tooth every 36 months, age 19 and younger)	Adult - 100% after deductible No waiting period Children - 100% after deductible No waiting period	Adult - 70% after deductible No waiting period Children - 70% after deductible No waiting period

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Health Insurance Marketplace

Dental care services (continued)

	In-network coverage	Out-of-network coverage†
Class II - General, Restorative, and Surgical • Minor restorative services • Fillings (composite covered on front teeth only)[2] • Simple and complex oral surgery • Extractions • Excision of benign lesion (adult only, age 20 and older) • Palliative treatment of dental pain – per visit	Adult - 50% after deductible 6 month waiting period Children - 50% after deductible No waiting period	Adult - 50% after deductible 6 month waiting period Children - 50% after deductible No waiting period

Pediatric Essential Health Benefits[3]

Children age 19 and younger

	In-network coverage	Out-of-network coverage†
Class III- Major Restorative, Endodontic, Periodontic, and Prosthodontic Services • Resin onlays, inlays and crowns (limit one per permanent tooth per five years) • Crowns • Bridgework • Dentures including repair and adjustments • Periodontics such as periodontic cleanings and gum therapies • Endodontics (root canals) • Root extraction	Adult - Not covered Children - 50% after deductible No waiting period	Adult - Not covered Children - 50% after deductible No waiting period
Class IV - Medically Necessary[3] • Orthodontic treatment as a result of congenital or developmental malformation which are related to or developed as a result of cleft palate with or without cleft lip	Adult - Not covered Children - 50% after deductible No waiting period	Adult - Not covered Children - 50% after deductible No waiting period

* 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.

An individual covered family member will receive benefits for covered services once they have met their individual deductible. The rest of the covered family members will receive benefits for covered services once they have met their individual deductible. The annual maximum benefit for each adult covered family member is shown above. Children age 19 and younger covered on the policy do not have an annual maximum.

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.
3. Class III Pediatric Essential Health Benefits and Class IV Medically Necessary are covered benefits for children age 19 and younger.

Limitations and exclusions

This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

1. Any expenses incurred while a covered person qualifies for any Workers' Compensation or occupational disease act or law, whether or not the covered person applied for coverage.
2. Services:
    a. That are free or that a covered person would not be required to pay for if they did not have this insurance, unless charges are received from and reimbursable to the United States government or any of its agencies as required by law;
    b. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
    c. Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
    a. War or any act of war, whether declared or not;
    b. Any act of international armed conflict; or
    c. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Failure to keep an appointment with the provider.
6. Any service we consider cosmetic dentistry unless it is required as a result of an accidental injury sustained while the covered person is covered under the policy. We consider the following cosmetic dentistry procedures:
    a. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid;
    b. Any service performed primarily to improve appearance; or
    c. Characterizations and personalization of prosthetic devices.
7. Charges for:
    a. Precision or semi-precision attachments;
    b. Any services for 3D imaging (cone beam images);
    c. Additional charges related to materials or equipment used in the delivery of dental care;
    d. Overdentures and any endodontic treatment associated with overdentures; or
    e. Other customized attachments.
8. Any service related to:
    a. Altering vertical dimension of teeth or changing the spacing and/or shape of the teeth;
    b. Restoration or maintenance of occlusion;
    c. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
    d. Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
    e. Bite registration or bite analysis.
9. Infection control, including but not limited to sterilization techniques.
10. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
11. Prescription drugs or pre-medications, whether dispensed or prescribed.
12. Any service not specifically listed in “Adult Dental Benefit” or “Pediatric Dental Benefit” section, as applicable.
13. Any service that we determine:
    a. Is not an eligible benefit based on clinical review;
    b. Does not offer a favorable prognosis;
    c. Does not have uniform professional endorsement; or
    d. Is deemed to be experimental or investigational in nature.
14. Orthodontic services unless otherwise stated in the "Pediatric Dental Benefit” section. Mail order self-administered orthodontics, not under the direction of a provider, are not covered.
15. Any expense incurred before the covered person’s effective date or after the date the covered person’s coverage under the policy terminates.
16. Services provided by someone who ordinarily lives in the covered person’s home or who is a family member.

Limitations and exclusions (continued)

This is an outline of the limitations and exclusions for this Humana individual dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions. Unless specifically stated otherwise, no benefits will be provided for, or on account of, the following items:

17. Charges exceeding the reimbursement limit for the service.
18. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
19. Local anesthetics, irrigation, nitrous oxide/analgesia, bases, pulp caps, pulp testing, temporary dental services, study models/diagnostic casts, treatment plans, tissue preparation associated with the impression or placement of a restoration when charged as a separate service and desensitizing medicaments. These services are considered an integral part of the entire dental service.
20. Repair or replacement of orthodontic appliances.
21. Any non-emergent dental expenses incurred for services rendered outside of the United States.
22. Any services for tooth transplantation.
23. Any separate fees for pre and post-operative services.
24. 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 unless otherwise stated in the policy; or treatment of the facial muscles used in expressions and chewing functions, for symptoms including, but not limited to headaches.
25. Elective removal of non-pathologic impacted teeth.
26. Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions, and dietary planning.
27. The replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis and/or appliance.
28. Caries susceptibility testing, lab tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
29. Partial ostectomy/sequestrectomy for removal of non-vital bone.

Insured by Humana Insurance Company.

Policy number: HUMD IND 2026

Applications are subject to approval. Dental plans may have a minimum one-year initial contract period. 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.

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 as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **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**. 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.

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): Զանգահարեք վերը նշված հեռախոսահամարով՝ անվճար լեզվական օգնության ծառայություններ ստանալու համար:

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

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

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.