

2014 Humana Dental Plans

Make choosing the right dental plan painless

We offer a range of plans that can be tailored to fit the needs of your employees. They have a large choice of dentists near where they live and work. Plus, our plans are affordable and provide discounts for you and your employees on covered services.

- Offer a Humana dental plan at little or no additional cost to your business
- Add other lines of coverage to a Humana medical or dental plan and save with our multiline discounts
- Our PPO network is one of the largest with more than 190,000 dentist locations, and growing daily
- Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network
- Regular dental cleanings may prevent complications with serious health conditions, such as, heart disease, diabetes, and stroke
- Our plans are easier to administer and our staff is available to quickly answer your questions



Prevention and early treatment of dental disease can help people take better care of their overall health as well as improve their oral health.

Genuine customer care:
Call 1-800-233-4013, Monday through Friday, 8 a.m. to 6 p.m.
(TDD: 1-800-325-2025)

Traditional Preferred and PPO Plans

	Traditional Preferred		PPO						
	IN-AND-OUT-OF-NETWORK		IN-NETWORK		OUT-OF-NETWORK				
Calendar-year deductible options (Deductible does not apply to preventive services)	Individual	Family	Individual	Family	Individual	Family			
Deductible option 1	\$25	\$75	\$25	\$75	\$50	\$150			
Deductible option 2	\$50	\$150	\$50	\$150	\$50	\$150			
Deductible option 3	N/A	N/A	\$50	\$150	\$100	\$300			
Calendar-year annual maximum options (Annual maximums are the same in-and-out-of-network)	\$1,000 \$1,500	\$2,000 Unlimited	\$1,000	\$1,500	\$2,000	Unlimited			
Extended annual maximum	Receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year after you reach your annual maximum (orthodontia excluded). Does not apply when the unlimited annual maximum option is selected.								
	OPTION 1	OPTION 2	OPTION 3	OPTION 1		OPTION 2		OPTION 3	
	IN-AND-OUT-OF-NETWORK			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Preventive Services Routine oral examinations (2 per year), bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older), routine cleanings (2 per year), fluoride treatment (1 per year, through age 14), sealants (permanent molars, through age 14), space maintainers (primary teeth, through age 14), oral cancer screening (1 per year, ages 40 and older)	100%	100%	100%	100%	100%	100%	100%	100%	80%
Basic Services Emergency care for pain relief ¹ , amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth), oral surgery (tooth extractions including impacted teeth), stainless steel crowns, harmful habit appliances (1 per lifetime, through age 14)	90%	80%	50%	100%	80%	90%	80%	80%	50%
Major Services Crowns, inlays and onlays, bridgework, and dentures (1 per tooth every 5 years), denture relines/rebases (1 per 3 years, following 6 months of denture use), denture repair and adjustments (following 6 months of denture use), periodontics (periodontal cleanings 4 per year, scaling/root planning and surgery 1 per quadrant every 3 years), endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	60%	50%	50%	60%	50%	60%	50%	50%	50%

¹ For policies issued in New Jersey and North Carolina covered emergency care for pain relief provided by an out-of-network dentist will be covered at the in-network coinsurance level.

Traditional Preferred and PPO Plans

PLAN OPTIONS

Waive preventive from annual maximum	Available for groups of 2+ at an additional cost, this option waives preventive services from accumulating to the annual maximum
Periodontics in basic services category	Available for groups of 2+ at an additional cost, this option moves periodontic services to basic services cost-share
Endodontics in basic services category	Available for groups of 2+ at an additional cost, this option moves endodontic services to basic services cost-share
Composite fillings for molars	Available for groups of 2+ at an additional cost, this option provides composite fillings on molar teeth at basic services cost-share
Implant placement and services If you do not choose implant placement and services, member coverage is limited to crowns, bridges, and dentures at equivalent cost of a non-implant service. Implant placement will not be covered.	Available for groups of 10+ at an additional cost, this option provides implant placement and implant crowns, bridges, and dentures at major services cost-share. Implant placement limited to 1 per tooth every 5 years including implant crowns, bridges, and dentures
Orthodontia If you do not choose orthodontia coverage, members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	Child orthodontia: Available for groups of 2+ at an additional cost, this option pays 50 percent (no deductible) of covered child orthodontia services up to a lifetime maximum of (choose one): \$1,000 \$1,500 \$2,000 Adult / Child orthodontia: Available for groups of 2+ at an additional cost, this option pays 50 percent (no deductible) of covered adult / child orthodontia services up to a lifetime maximum of (choose one): \$1,000 \$1,500 \$2,000

ADDITIONAL OPTIONS

Out-of-network reimbursement	Available for groups 2+, out-of-network reimbursement for coinsurance options may be based on (choose one): <ul style="list-style-type: none"> • Usual and customary • In-network fee schedule¹
Employer funding Multiple product options may be offered under these funding arrangements for groups of 5+	Available for groups 2+, funding options include (choose one): <ul style="list-style-type: none"> • Employer-sponsored (50% participation required) • Voluntary • Administrative services only (ASO)
Open enrollment If you do not choose an option, open enrollment will apply	Available for groups 2+, enrollment options include (choose one): <ul style="list-style-type: none"> • Open enrollment: Employees without a qualifying event can only join during the annual open enrollment period (plan waiting periods may apply) • Late applicants: Employees can join at any time during the plan year with or without a qualifying event. Late applicant waiting periods apply.

¹ Not available in Nebraska and New Jersey

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 maximum fee for a covered service which may be based off one or more providers in your geographic area. Waiting periods and frequency / age limits may apply. Please reference your policy or certificate for additional details.

Preventive Plus Plans

	Preventive Plus	
	IN-AND-OUT-OF-NETWORK	
	Individual	Family
Calendar-year deductible options (Deductible does not apply to preventive services)	\$50	\$150
Calendar-year annual maximum options	\$1,000	
	OPTION 1	OPTION 2
	IN-AND-OUT-OF-NETWORK	
Preventive Services Routine oral examinations (2 per year), bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older), routine cleanings (2 per year), fluoride treatment (1 per year, through age 14), sealants (permanent molars, through age 14), space maintainers (primary teeth, through age 14), oral cancer screening (1 per year, ages 40 and older)	100%	100%
Basic Services Emergency care for pain relief, fillings (amalgams, composite for anterior teeth), oral surgery (simple extractions only)	80%	50%
More Value		
Basic services Stainless steel crowns, harmful habit appliances for children, oral surgery (including impacted teeth)	Not covered Members may contact their participating provider to determine if any discounts are available on non-covered services.	
Major services Crowns, inlays and onlays, bridgework, dentures, denture relines/rebases, denture repair and adjustments, periodontics (periodontal cleanings, scaling/root planning and surgery), endodontics (root canals and re-treatment), implants		
Orthodontia services Adult and child orthodontia		

PLAN OPTIONS

Waive preventive from annual maximum Available for groups of 2+ at an additional cost, this option waives preventive services from accumulating to the annual maximum

Composite fillings for molars Available for groups of 2+ at an additional cost, this option provides composite fillings on molar teeth at basic services cost-share

ADDITIONAL OPTIONS

Out-of-network reimbursement Available for groups 2+, out-of-network reimbursement for coinsurance options may be based on (choose one):

- Usual and customary
- In-network fee schedule¹

Employer funding Available for groups 2+, funding options include (choose one):

- Multiple product options may be offered under these funding arrangements for groups of 5+
- Employer-sponsored (50% participation required)
- Voluntary
- Administrative services only (ASO)

Open enrollment Available for groups 2+, enrollment options include (choose one):

- **Open enrollment:** Employees without a qualifying event can only join during the annual open enrollment period (plan waiting periods may apply)
- **Late applicants:** Employees can join at any time during the plan year with or without a qualifying event. Late applicant waiting periods apply.

¹ Not available in Nebraska and New Jersey

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 maximum fee for a covered service which may be based off one or more providers in your geographic area. Waiting periods and frequency / age limits may apply. Please reference your policy or certificate for additional details.

Plan Guidelines

Eligibility:

CONTRIBUTION	PARTICIPATION
Employer-sponsored: employer pays 100 percent of premium	100 percent
Employer-sponsored: employer pays less than 100 percent of premium	50 percent or greater
Voluntary: employer pays less than 100 percent of premium	Less than 50 percent

Waiting periods:

Humana Dental reimburses most services in your plan as of your effective date. There are no waiting periods for preventive services. There are no waiting periods for endodontics nor periodontics unless you are a late applicant. In some circumstances, benefits are available after 12 or 24 months of continual enrollment. Please see the chart below:

CONTRIBUTION	GROUP SIZE	PREVENTIVE	BASIC	MAJOR ¹	ORTHODONTIA ¹
Initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months ²	24 months ²
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months ² (no waiting period for employer-sponsored)
Late applicant ³	2+ enrolled employees	No	12 months	12 months	12 months (24 months for 2-9 enrolled employees)

¹ Preventive Plus does not cover major and orthodontia services.

² The 12-month 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.

³ Late applicants not allowed with open enrollment option.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the plan selection.

Administered or insured by Humana Insurance Company, Humana Insurance Company of New York, or The Dental Concern, Inc.

Policy number(s): GN-70090-HC 1/14, CT-70090-HC 1/14, DC-70090-HC 1/14, KS-70090-HC 1/14, ME-70090-HC 1/14, MI-70090-HC LG 1/14, MI-70090-HC SG 1/14, MN-70090-HC 1/14, NC-70090-HC 1/14, NE-70090-HC 1/14, NH-70090-HC 1/14, NJ-70090-HC 1/14, NM-70090-HC 1/14, NV-70090-HC 1/14, NY-70090-HC 1/14, OH-70090-HC 1/14, OK-70090-HC 1/14, SC-70090-HC 1/14, VA-70090-HC 1/14, VT-70090-HC 1/14, WI-70090-HC 1/14

