

TRADITIONAL PREFERRED

Flexible plan with low deductibles and ability to see any dentist. However, when members see a dentist in the Humana Dental PPO network, they benefit from the negotiated rates from in-network dentists.

Calendar-year maximum	\$1,000 / \$1,500 / \$2,000 / Unlimited		
Extended annual maximum	Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded). Does not apply to unlimited annual maximum.		
Calendar-year deductible¹	Option 1	Option 2	Option 3
Individual / Family	\$25/\$75	\$50/\$150	N/A
Coinsurance	Option 1	Option 2	Option 3
Preventive services	100%	100%	100%
Basic services	90%	80%	50%
Major services	60%	50%	50%

Funding options² (available for 2+ size groups):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative Services Only (ASO)

Enrollment options³ (available for 2+ size groups):

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

Buy-up options	For 2+ size groups
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves Periodontic services to Basic services coinsurance amount
Endodontics in Basic services	Moves Endodontic services to Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at Basic services coinsurance amount
Orthodontia ⁴	Choose: Child OR Adult/Child Pays 50% (no deductible) for orthodontia services up to a lifetime maximum (choose one): \$1,000 / \$1,500 / \$2,000
Buy-up options	For 10+ size groups
Implant placement and services ⁵	Covers implant placement and implant crowns, bridges, and dentures at Major services coinsurance amount. Limited to one tooth every five years (including implant crowns, bridges, and dentures)

- (1) Deductible does not apply to Preventive services
- (2) Multiple product options may be offered for groups of 5+
- (3) If you don't choose an option, open enrollment will apply
- (4) If you don't choose orthodontia, members may get a discount on non-covered services up to 20% if available through their dentist
- (5) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures

PPO

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.

	In- and Out-of-network					
Calendar-year maximum	\$1,000 / \$1,500 / \$2,000 / Unlimited					
Extended annual maximum	Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded). Does not apply to unlimited annual maximum.					
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Calendar-year deductible¹	Option 1		Option 2		Option 3	
Individual / Family	\$25/\$75	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$100/\$300
Coinsurance	Option 1		Option 2		Option 3	
Preventive services	100%	100%	100%	100%	100%	80%
Basic services	100%	80%	90%	80%	80%	50%
Major services	60%	50%	60%	50%	50%	50%

Funding options² (available for 2+ size groups):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative Services Only (ASO)

Enrollment options³ (available for 2+ size groups):

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

Buy-up options	For 2+ size groups
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves Periodontic services to Basic services coinsurance amount
Endodontics in Basic services	Moves Endodontic services to Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at Basic services coinsurance amount
Orthodontia ⁴	<p>Choose: Child OR Adult/Child</p> <p>Pays 50% (no deductible) for orthodontia services up to a lifetime maximum (choose one):</p> <p>\$1,000 / \$1,500 / \$2,000</p>
Buy-up options	For 10+ size groups
Implant placement and services ⁵	Covers implant placement and implant crowns, bridges, and dentures at Major services coinsurance amount. Limited to one tooth every five years (including implant crowns, bridges, and dentures)

- (1) Deductible does not apply to Preventive services
- (2) Multiple product options may be offered for groups of 5+
- (3) If you don't choose an option, open enrollment will apply
- (4) If you don't choose orthodontia, members may get a discount on non-covered services up to 20% if available through their dentist
- (5) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures



PREVENTIVE PLUS

Covers commonly used preventive and basic services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery and orthodontia.

Calendar-year maximum Individual / Family	\$1,000	
Calendar-year deductible¹ Individual / Family	\$50 / \$150	
Coinsurance	Option 1	Option 2
Preventive services	100%	100%
Basic services (Emergency care, fillings, & simple extractions)	80%	50%
Discount services: Not covered, but may be available at a discount through their dentist		
<ul style="list-style-type: none"> • Additional basic services (crowns, harmful habit appliances for children, oral surgery) • Major services • Orthodontia services 		
Buy-up options	For 2+ size groups	
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 Basic services coinsurance amount	

(1) Deductible does not apply to Preventive services

(2) Multiple product options may be offered for groups of 5+

(3) If you don't choose an option, open enrollment will apply

Funding options² (available for 2+ size groups):

- Employer-sponsored (50% participation required)
- Voluntary
- Administrative Services Only (ASO)

Enrollment options³ (available for 2+ size groups):

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

DHMO

Members may see a primary care dentist as often as necessary. There are no yearly maximums, no deductibles to meet, and no waiting periods.

Member costs listed are for services provided by a chosen participating primary care dentist (PCD) only. A PCD may decide that a member needs to see a contracted dental specialist. No referral is necessary to see a network specialist.

Specialists services (applicable to HS plans): Should members need a specialist, (i.e., endodontist, oral surgeon, periodontist, pediatric dentist), they may be referred by a participating general dentist, or members can self-refer to any participating specialist.

Summary of services: Below is a sampling of the most frequently used dental service codes for these plans. For a complete listing of covered services and copays, please see individual plan summaries for each plan option.

ADA CODE	DESCRIPTION	HD205/HS205	HD210/HS210	HD215/HS215
Preventive services				
0120	Periodic oral evaluation	\$0	\$0	\$0
0210	X-Rays – complete series of radiographic images (including bitewing)	\$0	\$0	\$0
1110	Cleaning – adult / child	\$0	\$0	\$0
1206	Topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients	\$0	\$0	\$0
1351	Sealant – per tooth	\$10	\$15	\$20
Basic services				
2140	Amalgam – one surface, primary or permanent	\$5	\$20	\$30
2330	Resin-based composite – one surface, anterior	\$30	\$35	\$45
2391	Resin-based composite – one surface, posterior	\$45	\$55	\$70
Major services				
2750	Crown – porcelain fused to high noble metal	\$270	\$350	\$410
3330	Molar root canal (permanent tooth); excluding final restoration	\$250	\$310	\$390
4910	Periodontal maintenance	\$45	\$55	\$70
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0	\$40	\$55
7210	Surgical removal of erupted tooth – removal of bone and/or section of tooth	\$40	\$55	\$60
Orthodontics				
8070 / 8080	Up to 24 months of routine orthodontic treatment for Class I and Class II cases; children up to 19 years / adults 19 years and older	\$1,900 \$1,900	\$1,900 \$1,900	\$1,900 \$1,900



ELIGIBILITY

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

Contribution	Participation
Employer-sponsored: employer pays 100% of premium	100%
Employer-sponsored: employers pays <100% of premium	50% or greater
Voluntary: employer pays <100% of premium	Less than 50%

WAITING PERIODS

Traditional Preferred, PPO, and Preventive Plus

- 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 as 12 or 24 months of continual enrollment:

Contribution	Group size	Preventive	Basic	Major ¹	Orthodontia ¹
Initial enrollment, open enrollment & timely add-on	2-9 enrolled	No	No	12 months ²	24 months ²
	10 or more enrolled	No	No	No	12 months ² (no waiting period for employer sponsored)
Late applicant ³	2-9 enrolled	No	12 months	12 months	24 months

(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 applicant is not allowed with the open enrollment option