

JACOBS & CLEVENGER, INC.

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
Calendar-year deductible (excludes orthodontia services)	Individual \$50	Family \$150	Individual \$50	Family \$150
Deductible applies to all services excluding preventive services.				
Calendar-year annual maximum (excludes orthodontia services)	Unlimited			
Preventive services <ul style="list-style-type: none">• 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% no deductible		100% no deductible	
Basic services <ul style="list-style-type: none">• Emergency care for pain relief ¹• Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)• Composite fillings (1 per tooth every 2 years, molar teeth)• Oral surgery (tooth extractions including impacted teeth)• Stainless steel crowns• Harmful habit appliances for children (1 per lifetime, through age 14)• Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)• Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	100% after deductible		80% after deductible	
Major services <ul style="list-style-type: none">• Crowns (1 per tooth every 5 years)• Inlays/onlays (1 per tooth every 5 years)• Bridges (1 per tooth every 5 years)• Dentures (1 per tooth ever 5 years)• Denture relines/rebases (1 every 3 years, following 6 months of denture use)• Denture repair and adjustments (following 6 months of denture use)• Implants (1 every 5 years for implant placement, crowns, bridges, and dentures)	60% after deductible		50% after deductible	
Orthodontia services	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.			

¹ Covered emergency care for pain relief provided by an out-of-network dentist will be covered at the in-network coinsurance level.

Humana Dental PPO 14

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. 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 usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Waiting periods

Enrollment type	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 ^{3,4}	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 Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

³ Late applicants not allowed with open enrollment option.

⁴ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit Humana.com.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental PPO plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Use your HumanaDental benefits

Find a dentist

With HumanaDental's PPO plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental PPO Network. To find a dentist in HumanaDental's PPO Network, log on to **Humana.com** or call 1-800-233-4013.

Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at **HumanaDental.com** or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at **Humana.com**.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at **Humana.com** or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

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