Carrier Name: Humana

Plan Name: AZ TRP O1.5K U&C+ 100/80/50

In-Network Single Deductible: $50

In-Network Family Deductible: $150

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: $150

In-Network Annual Maximum: $1,500

Out-of-Network Annual Maximum: $1,500

Frequencies Cleaning: 3 per year

Frequencies Exam: 3 per year

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions:

Out-of-Network Simple Extractions:

In-Network Root Canal: 80%

Out-of-Network Root Canal: 80%

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 80%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: 50

Out-of-Network Orthodontia: 50

Orthodontia Lifetime Maximum: $1,500

Orthodontia Maximum Age: Child orthodontia covers children through age 18

Out of Network Explanation: Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting Period for Major Services: No

Plan Year: 06/24

Network Type:

Network Name: Traditional Preferred

Member Website: [Humana.com](http://www.humana.com)

Customer Service Phone Number: 866-427-7478