Carrier Name: Humana

Plan Name: CA PPO INFS FLEX 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: $1,000

Out-of-Network Annual Maximum: $1,000

Frequencies Cleaning: 2 per year

Frequencies Exam: 3 per year

In-Network Cleanings: 100%

Out-of-Network Cleanings: 80%

In-Network Exams: 100%

Out-of-Network Exams: 80%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 80%

In-Network Sealants: 100%

Out-of-Network Sealants: 80%

In-Network Fillings: 80%

Out-of-Network Fillings: 50%

In-Network Simple Extractions: 80%

Out-of-Network Simple Extractions: 50%

In-Network Root Canal: 50%

Out-of-Network Root Canal: 50%

In-Network Periodontal Gum Disease: 50%

Out-of-Network Periodontal Gum Disease: 50%

In-Network Oral Surgery: 50%

Out-of-Network Oral Surgery: 50%

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:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. 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