Carrier Name: Humana

Plan Name: CA PPO INFS FLEX 100/90/50

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% no deductible

Out-of-Network Cleanings: 80% no deductible

In-Network Exams: 100% no deductible

Out-of-Network Exams: 80% no deductible

In-Network X-Rays: 100% no deductible

Out-of-Network X-Rays: 80% no deductible

In-Network Sealants: 100% no deductible

Out-of-Network Sealants: 80% no deductible

In-Network Fillings: 90% after deductible

Out-of-Network Fillings: 80% after deductible

In-Network Simple Extractions: 90% after deductible

Out-of-Network Simple Extractions: 80% after deductible

In-Network Root Canal: 50% after deductible

Out-of-Network Root Canal: 50% after deductible

In-Network Periodontal Gum Disease: 50% after deductible

Out-of-Network Periodontal Gum Disease: 50% after deductible

In-Network Oral Surgery: 50% after deductible

Out-of-Network Oral Surgery: 50% after deductible

In-Network Crowns: 50% after deductible

Out-of-Network Crowns: 50% after deductible

In-Network Dentures: 50% after deductible

Out-of-Network Dentures: 50% after deductible

In-Network Bridges: 50% after deductible

Out-of-Network Bridges: 50% after deductible

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia: Members may receive a discount on non-covered services of up to 20%

Out-of-Network Orthodontia: Members may receive a discount on non-covered services of up to 20%

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: 12 months

Plan Year: 2024

Network Type: PPO

Network Name: Dental PPO

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

Customer Service Phone Number: 1-866-427-7478