



Services	In-network dentist		Out-of-network dentist INFS	
<b>Deductible</b> (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
<b>Annual maximum</b> (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <b>Routine oral examinations</b> (2 per year) <b>Bitewing x-rays</b> (2 films under age 10, up to 4 films ages 10 and older) <b>Panoramic x-rays</b> (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) <b>Routine cleanings</b> (2 per year) <b>Fluoride treatment</b> (1 per year, through age 14) <b>Sealants</b> (permanent molars, through age 14) <b>Space maintainers</b> (primary teeth, through age 14) <b>Oral Cancer Screening</b> (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
<b>Basic services</b> <b>Emergency care for pain relief</b> <b>Amalgam fillings</b> (1 per tooth every 2 years, composite for anterior/front teeth) <b>Composite fillings</b> (1 per tooth every 2 years, molar teeth) <b>Oral surgery</b> (including extractions of impacted teeth) <b>General anesthesia</b> <sup>1</sup> <b>Stainless steel crowns</b> <b>Harmful habit appliances for children</b> (1 per lifetime, through age 14) <b>Periodontics</b> (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) <b>Endodontics</b> (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		80% after deductible	

<sup>1</sup> Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



# Humana Dental Traditional Plus 14

TX Trad+ O1K INFS 100/80/50

MEDINA VALLEY ISD

TEXAS

Services	In-network dentist	Out-of-network dentist INFS
<b>Major services</b> <b>Crowns</b> (1 per tooth every 5 years) <b>Inlays/onlays</b> (1 per tooth every 5 years) <b>Bridges</b> (1 every 5 years) <b>Dentures</b> (1 every 5 years) <b>Denture relines/rebases</b> (1 every 3 years, following 6 months of denture use) <b>Denture repair and adjustments</b> (following 6 months of denture use)	50% after deductible	50% after deductible
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; 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 periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type <sup>2</sup>	Preventive	Basic	Major <sup>3</sup>	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No

<sup>2</sup> Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.

<sup>3</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



## Questions?

Visit [Humana.com](https://www.humana.com) or call 866-427-7478  
Monday – Saturday, 8 a.m. – 11 p.m., and  
Sunday, 11 a.m. – 8 p.m., Eastern time.  
Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



## Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com) to view your coverage details, ID cards, manage claims, find a dentist and more!



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TEXAS

Missing tooth clause:  
See plan document for more details.

Insured by Humana Insurance Company.

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.

**Notice of Non-Discrimination.** Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc. provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

**California members or residents:** You may also call the California Department of Insurance toll-free hotline number, **800-927-HELP (4357)**, to file a grievance.

**Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time.** Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

**English:** Call the number above to receive free language assistance services.

**Español (Spanish):** Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

**Tiếng Việt (Vietnamese):** Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean)** 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino)** Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

**Русский (Russian):** Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

**العربية (Arabic):** اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

**French Creole (Haitian Creole):** Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

**Français (French):** Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

**Polski (Polish)** Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

**Italiano (Italian)** Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

**日本語 (Japanese):** 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**فارسی (Farsi):** برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**हिंदी (Hindi):** भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

**հայերեն (Armenian):** Հանգամարտեք վերը նշված հեռախոսահամարով անվճար լեզվական օգնության ծառայություններ ստանալու համար:

**ગુજરાતી (Gujarati):** મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

**Hmoob (Hmong)** Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.