

If you use an
IN-NETWORK dentist

If you use an
OUT-OF-NETWORK dentist
U&C 90

Deductible

(excludes orthodontia services)

Individual	Family	Individual	Family
\$50	\$150	\$50	\$150

Deductible applies to all services excluding preventive services.

Annual maximum

(excludes orthodontia services)

\$1,000 + extended annual maximum (see section below)

Preventive services

- Routine oral examinations (2 per year)
- Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)
- Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 12+)
- 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, does not apply against annual maximum

100% no deductible, does not apply against annual maximum

Basic services

- Emergency care for pain relief
- Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)
- General anesthesia¹
- Stainless steel crowns
- Harmful habit appliances for children (1 per lifetime, through age 14)

80% after deductible

80% after deductible

Major services

- Oral Surgery (tooth extractions including impacted teeth)
- 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 every 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 (crowns, bridges, and dentures each limited to 1 per tooth every five years)
- 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)

50% after deductible

50% after deductible

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.

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Extended Annual Max

Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)

30%

30%

Orthodontia services

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.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental 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

Employer-sponsored funding: 5+ enrolled employees

Enrollment type	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No
Late applicant ^{1,2}	No	12 months	12 months	12 months (24 months for 5-9 enrolled employees)

¹ Late applicants not allowed with open enrollment option.

² 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**.