

Humana Dental Preventive Plus Low Plan

Lexington ISD

TEXAS

| | If you use an IN-NETWORK dentist | | If you use an OUT-OF-NETWORK dentist | |
|--|--|-----------------|---|-----------------|
| Calendar-year deductible (excludes orthodontia services) | Individual \$50 | Family \$150 | Individual \$50 | Family \$150 |
| Deductible applies to all services excluding preventive services. | | | | |
| Calendar-year annual maximum (excludes orthodontia services) | \$1,000 | | | |
| Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) | 100% no deductible | | 100% no deductible | |
| Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) | 80% after deductible | | 80% after deductible | |
| More Value | | | | |
| Basic services <ul style="list-style-type: none"> • Stainless steel crowns • Harmful habit appliances for children | These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services. | | | |
| Major services <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Bridges • Dentures • Denture relines/rebases • Denture repair and adjustments • Implants • Periodontics (gums) • Endodontics (root canals) | | | | |
| Orthodontia services <ul style="list-style-type: none"> • Adult and child orthodontia | | | | |

Humana Dental Traditional Plus High Plan

Lexington ISD

TEXAS

| | If you use an IN-NETWORK dentist | | If you use an OUT-OF-NETWORK dentist | |
|---|---|-----------------|---|-----------------|
| Calendar-year deductible (excludes orthodontia services) | Individual \$50 | Family \$150 | Individual \$50 | Family \$150 |
| Deductible applies to all services excluding preventive services. | | | | |
| Calendar-year annual maximum (excludes orthodontia services) | \$1,000 + extended annual maximum (see section below) | | | |
| Preventive services <ul style="list-style-type: none"> • Routine oral examinations (3 per year) • Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) • Routine cleanings (3 per year) • Periodontal cleanings (4 per year) • Fluoride treatment (1 per year, through age 16) • Sealants (permanent molars, through age 16) • Space maintainers (primary teeth, through age 15) • Oral Cancer Screening (1 per year, ages 40 and older) | 100% no deductible | | 100% no deductible | |
| Basic services <ul style="list-style-type: none"> • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14) | 80% after deductible | | 80% after deductible | |
| Major services <ul style="list-style-type: none"> • 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 ever 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) • Implant Related Services (crowns, bridges, and dentures each limited to 1 per tooth every five years. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered.) • Periodontics (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 | |