



Humana Dental Traditional Plus

TX Trad+ O1K U&C+ 100/80/50

Lexington ISD

TEXAS

| Services | In-network dentist | Out-of-network dentist U&C 90 |
|--|---|-----------------------------------|
| Deductible (excludes orthodontia services) | Individual: \$50 Family: \$150 | Individual: \$50 Family: \$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 (3 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 6+) 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 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 (including extractions of impacted teeth) General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) | 80% after deductible | 80% after deductible |

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



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| <p>Major services</p> <p>Crowns (1 per tooth every 5 years)</p> <p>Inlays/onlays (1 per tooth every 5 years)</p> <p>Bridges (1 every 5 years)</p> <p>Dentures (1 every 5 years)</p> <p>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</p> <p>Denture repair and adjustments (following 6 months of denture use)</p> <p>Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)</p> <p>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</p> | 50% after deductible | 50% after deductible |
| <p>Extended Annual Max</p> <p>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)</p> | 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.

Predetermination of benefits: For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits cover the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment. **Before getting treatment, please confirm with your dentist they've received approval from Humana for your treatment plan and provided you a cost for services.**

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.



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!