

Dawson Ind School Dist *A

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
Calendar-year deductible (excludes orthodontia services)	\$50	\$50	\$50	\$50
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 (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) 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		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 (routine extractions) 	80% after deductible		80% after deductible	
More Value Basic services <ul style="list-style-type: none"> Stainless steel crowns Harmful habit appliances for children 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 	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.			

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental 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 maximum allowable charge of one or more network providers in your geographic area. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Humana Dental Preventive Plus 14

Waiting periods

Enrollment type	Group size	Preventive	Basic	Major ¹	Orthodontia ¹
Initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months ²	24 months ²
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months ² (No waiting period for employer-sponsored)
Late applicant ^{3,4}	2+ enrolled employees	No	12 months	12 months	12 months (24 months for 2-9 enrolled employees)

¹ Preventive Plus does not cover major and orthodontia services.

² Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.

³ Late applicants not allowed with open enrollment option.

⁴ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

PREMIUMS

EMPLOYEE ONLY	\$16.18
EMPLOYEE AND SPOUSE	\$36.65
EMPLOYEE AND CHILD(REN)	\$43.01
EMPLOYEE AND FAMILY	\$67.73