

Calendar year deductible	Individual	Family
	\$50	\$150
* Waive deductible option *	Deductible applies to all services with the option to waive on preventive.	
Annual maximum	\$1,000	
Coinsurance options		
Preventive services Oral examinations, X-rays, cleanings, topical fluoride treatment (through age 14, one per calendar year), sealants (through age 14)	100%	100%
Basic services Emergency care for pain relief, basic oral surgery services – basic extractions of erupted tooth or root, fillings (amalgams, composite for anterior teeth)	80%	50%
Discount services Basic services Space maintainers (through age 14), appliances for children, prefabricated stainless steel crowns Major services Crowns, inlays and onlays, bridgework, dentures, denture relines and rebases, denture repair and adjustments, complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots, periodontics (gum therapy), endodontics (root canals) Orthodontia services Adult and child orthodontia	Receive a discount on these services if you see participating dentists. These services are not covered under this plan. Out-of-pocket expenses do not apply to deductible and annual maximum.	
Additional options		
Out-of-network reimbursement	If a member sees an out-of-network dentist, the coinsurance level applies to the: <input type="checkbox"/> Maximum allowable fee <input type="checkbox"/> In-network fee schedule	
Funding	<input type="checkbox"/> Employer sponsored <input type="checkbox"/> Voluntary <input type="checkbox"/> Dual choice <input type="checkbox"/> Administrative services only (ASO)	
Enrollment for employees joining late	<input type="checkbox"/> Open enrollment – Employees without a qualifying event can only join during the annual open enrollment period. Additional late applicant waiting periods do not apply (plan waiting periods may apply). <input type="checkbox"/> Late applicants – Employees can join at any time during the plan year without a qualifying event. Late applicant waiting periods apply.	

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. Waiting periods and frequency/age limits may apply.

Feel good about choosing a HumanaDental plan

Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your HumanaDental Preventive Plus plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

* www.perio.org

Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

Tips to ensure a healthy mouth

- › Use a soft-bristled toothbrush
- › Choose toothpaste with fluoride
- › Brush for at least two minutes twice a day
- › Floss daily
- › Watch for signs of periodontal disease such as red, swollen, or tender gums
- › Visit a dentist regularly for exams and cleanings

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Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?* HumanaDental helps you feel good about your dental health so you can smile confidently.

* American Academy of Cosmetic Dentistry

Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit HumanaDental.com.

Use your HumanaDental benefits

Find a dentist

With HumanaDental's Preventive Plus plan, you can see any dentist. You save an average of 28 percent when you visit a dentist in HumanaDental's PPO Network. To find a dentist in HumanaDental's PPO Network, log on to HumanaDental.com or call 1-800-233-4013.

Know what your plan covers

The other side of this page provides a summary of HumanaDental benefits. Your plan certificate describes in detail your HumanaDental benefits. You can find it on [MyHumana](http://MyHumana.com), your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at HumanaDental.com.

Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on [MyHumana](http://MyHumana.com) at HumanaDental.com or by calling 1-800-233-4013.

HUMANA
Specialty Benefits

Insured or administered by HumanaDental Insurance Company

This is not a complete disclosure of plan qualifications and limitations. Your broker 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 on the plan selected. Premiums will vary according to the selection made.

Policy number: CO-70090-HD 3/08, CT-70090-HD 3/08, FL-70090-HD 3/08, GA-70090-HD 3/08, GN-70090-HD 3/08, IL-70090-HD 5/06, IN-70090-HD 3/08, KS-70090-HD 3/08, KY-70090-HD 3/08, LA-70090-HD 3/08, MI-70090-HD 3/08, MN-70090-HD 3/08, MO-70090-HD, NC-70090-HD 3/08, NH-70090-HD 3/08, NM-70090-HD 3/08, OH-70090-HD 3/08, OK-70090-HD 3/08, OR-70090-HD 3/08, PA-70090-HD 3/08, RI-70090-HD 3/08, TN-70090-HD 3/08, TX-70090-HD 3/08, VA-70090-HD 3/08

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