## **Dental Traditional Plus**



Good health starts with a healthy mouth. Regular cleanings can reduce the likelihood of developing gum disease which has been linked to other serious conditions such as heart disease, diabetes, and stroke. Our Traditional Plus dental plan focuses on prevention, early diagnosis, and treatment—helping you stay healthy and fit. Because Humana has one of the largest PPO dental networks, with over 125,000 participating dentists, you're sure to find a dentist you knowand trust who practices near your home or work.

## **Traditional Plus plan features:**

- > Preventive services covered at 100%
- **>** Basic services are covered at 50% (after your deductible)
- > Major services are covered at 50% (after your deductible)
- **>** Coverage at the same rate when using network or non-network providers
- > Savings up to 30% by choosing network dentists
- > Coverage for teeth whitening (not available FL)

Calendar-year de	ductible	<b>Individual</b> \$50	Family \$150	
Annual maximum		\$1,000		
		Plan pays for services f <b>NETWORK</b> providers	rom	Plan pays for services from <b>NON-NETWORK</b> providers
Preventive services	<ul> <li>oral examinations</li> <li>cleanings</li> <li>topical fluoride treatment (through age 14, one per calendar year)</li> <li>sealants (through age 14)</li> <li>bitewing x-rays</li> <li>panoramic x-rays</li> </ul>	100% no deductible		100% no deductible
Basic services • six month waiting period applies	<ul> <li>emergency care for pain relief</li> <li>nonsurgical extractions</li> <li>fillings (amalgam, composite for anterior teeth)</li> <li>space maintainers</li> <li>oral surgery</li> <li>prefabricated stainless steel crowns</li> <li>appliances for children (through age 14)</li> <li>denture repair and adjustments</li> </ul>	50% after deductible		50% after deductible
Major services • twelve month waiting period applies	<ul> <li>denture relines and rebases</li> <li>dentures</li> <li>endodontics (root canals)</li> <li>periodontics (gum therapy)</li> <li>crowns</li> <li>inlays and onlays</li> <li>bridgework</li> </ul>	50% after deductible		50% after deductible
Orthodontia	• Members can receive up to a 20 percent discount if they visit an orthodontist from the HumanaDental PPO Network and ask for the discount.			
Teeth whitening • six month waiting period applies	\$200 lifetime maximum	50% after deductible		50% after deductible

This is not a complete disclosure of plan qualifications and limitations. Waiting periods and frequency/age limits may apply. Please review the specific dental limitations and exclusions on the back before applying for coverage. Your billing and effective date for this plan will be the same as your medical plan and your dental premium will be collected along with your medical premium.

## Dental Limitations and Exclusions

This is an outline of the limitations and exclusions for the HumanaOne Dental Traditional Plus dental plan. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions.

Unless stated otherwise, no benefits are payable for expenses arising from:

- The course of any occupation or employment for compensation, profit or gain, for which benefits are provided or payable under any Workers' Compensation or Occupational Disease Act or Law; or where such coverage was available, regardless of whether the coverage was actually applied for.
- Services and supplies for which no charge is made, or for which the covered person would not be required to pay in the absence of insurance
- Services furnished by or payable under any plan or law through any Government or any political subdivision
- Services furnished by any hospital or institution owned or operated by the United States Government, unless legally required to pay.
- War or any act of war, whether declared or not, or any act of international armed conflict or any conflict involving armed forces of any international authority.
- 6. Completion of forms or failure to keep an appointment with a dentist.
- 7. Cosmetic dentistry, except as stated in the policy.
- 8. Any service related to altering vertical dimension; restoration or maintenance of occlusion; splinting

- teeth; replacing tooth structures lost as a result of abrasion, attrition or erosion; or bite registration or bite analysis.
- Bone grafts, regeneration, augmentation or preservative procedures in edentulous sites.
- Implants, including any crowns or prosthetic device attached to it; precision or semi-precision attachments; overdentures and any endodontic treatment associated with it; or other customized attachments.
- 11. Infection control.
- 12. Fees for treatment by other than a dentist, except as stated in the policy.
- 13. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
- Prescription drugs or pre-medications, whether dispensed or prescribed.
- 15. Any service not listed as a covered expense.
- 16. Any service not considered a dental necessity, does not offer a favorable prognosis, does not have uniform professional endorsement, or is experimental or investigational in nature.
- Expenses incurred prior to the effective date or after the date coverage is terminated, except for any extension of benefits.
- Services provided by a person who ordinarily resides in the covered person's home or who is a family member.

- 19. Charges in excess of the reimbursement limit for the service or supply.
- 20. Treatment as a result of an intentionally self-inflicted injury or bodily illness, while sane or insane
- 21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with impression or placement of a restoration, charged as a separate service.
- 22. Repair and replacement of orthodontic appliances.



Insured by Humana Insurance Company or HumanaDental Insurance Company or The Dental Concern, Inc.
Applications are subject to approval. Waiting periods, limitations and exclusions apply.
The HumanaOne brand of individual products are insured by subsidiaries of Humana, Inc.

This document contains a general summary of benefits, exclusions and limitations. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information given in this document, the terms and conditions of the policy will govern.