

About your plan

Good health starts with a healthy mouth. Regular dental exams and cleanings can lower the risk of gum disease, which is linked to heart disease, diabetes, stroke, and other serious conditions.

The HumanaOne Dental Preventive Plus plan is designed for people who believe in the importance of regular dental exams and cleanings. With no office visit copayments, the plan offers affordable coverage for preventive and basic services like routine cleanings and exams, fillings, and extractions. You can choose one of the more than 170,000 dentist locations in the HumanaOne Dental Preventive Plus network. You can find dentists in the network by visiting www.HumanaOneDental.com.

Who can enroll for this plan – Anyone can enroll for this plan.

Date the plan starts – Your start date will be the first of the month following the day you enrolled.

How your plan works

Calendar year deductible

This is the amount you will pay out-of-pocket for basic services in a calendar year.

Individual

\$50

Family

\$150

Annual maximum

This is the maximum amount that the plan will pay in a calendar year.

\$1,000 per individual on the plan

Coinsurance options

In-network coverage

Out-of-network coverage

Preventive services (no waiting period)

- Routine oral examinations (limit two per year)
- Periodontal examinations (limit two per year)
- Bitewing X-rays (limit one set per year, excludes full mouth and panoramic)
- Cleanings (limit two per year)
- Topical fluoride treatment (limit one per year, age 14 and under)
- Sealants (limit of one per tooth per lifetime, age 14 and under)

100% no deductible

70% after deductible

Basic services (six-month waiting period applies)

- Emergency care for pain relief
- Extractions and root removal
- Fillings (limit two per year, composite covered on front teeth only¹)
- Space maintainers (age 14 and under, initial placement only)
- Oral surgery
- Prefabricated stainless steel crowns

60% after deductible

60% after deductible

HumanaOne Dental Preventive Plus

Major services

- Crowns
- Bridgework
- Dentures including repair and adjustments
- Periodontics such as periodontic cleanings and gum therapies
- Endodontics (root canals)

Not covered

Not covered

Orthodontia services

- Adult and child orthodontia

Out-of-network dentists can bill you for charges above the amount covered by your HumanaOne Dental plan. To ensure you do not receive additional charges, visit a dentist in the HumanaOne Dental Preventive Plus Network. Waiting periods and other limitations may apply; please see your policy for coverage details.

1. Composite (white) fillings are only covered on anterior (front) teeth. An alternate benefit is allowed for composite fillings on posterior (back) teeth where the plan will cover the cost of an amalgam (silver) filling and the member is responsible for any cost over the covered amount.

Important to know:

This plan requires a one-time, non-refundable application fee and a one-year contract.

Dental limitations and exclusions

This is an outline of the limitations and exclusions for the plan listed above. It is designed for convenient reference. Consult the policy for a complete list of limitations and exclusions:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - A. That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - B. Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - C. Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - A. War or any act of war, whether declared or not;
 - B. Any act of international armed conflict; or
 - C. Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment with the dentist.
6. Any service we consider cosmetic dentistry unless it is necessary as a result of an accidental injury sustained while you are covered under the policy. We consider the following cosmetic dentistry procedures:
 - A. Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - B. Any service to correct congenital malformation;
 - C. Any service performed primarily to improve appearance; or
 - D. Characterizations and personalization of prosthetic devices.
7. Charges for:
 - A. Any type of implant and all related services, including crowns or the prosthetic device attached to it.
 - B. Precision or semi-precision attachments.
 - C. Overdentures and any endodontic treatment associated with overdentures.
 - D. Other customized attachments.
8. Any service related to:
 - A. Altering vertical dimension of teeth;
 - B. Restoration or maintenance of occlusion;
 - C. Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
9. Infection control, including but not limited to sterilization techniques.
10. Fees for treatment performed by someone other than a dentist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
11. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthesiologist.
12. Prescription drugs or pre-medications, whether dispensed or prescribed.
13. Any service not specifically listed in your plan benefits.
14. Any service shown as "Not Covered" in the Schedule.
15. Any service that we determine:
 - A. Is not a dental necessity;
 - B. Does not offer a favorable prognosis;
 - C. Does not have uniform professional endorsement; or
 - D. Is deemed to be experimental or investigational in nature.
16. Orthodontic services, except as provided.
17. Any expense incurred before your effective date or after the date your coverage under the policy terminates.
18. Services provided by someone who ordinarily lives in your home or who is a family member.
19. Charges exceeding the reimbursement limit for the service.
20. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
21. Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, temporary dental services, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
22. Repair and replacement of orthodontic appliances.
23. Elective removal of non-pathologic impacted teeth.

Insured by HumanaDental Insurance Company

Applications are subject to approval. Waiting periods, limitations and exclusions apply.

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.

Policy number: HUMD-IP.001 GA

