



Scan To View Dental Benefits

Humana Group #413752

	Bronze PPO Plan	Silver PPO Plan	Gold PPO Plan
Calendar Year Deductibles Deductibles are waived for diagnostic & preventive and orthodontics	\$50 per person \$150 per family	\$50 per person \$100 per family	\$50 per person \$100 per family
Calendar Year Maximums Diagnostic and preventive count towards the maximum	\$1,500 per person	\$2,000 per person	Unlimited per person
Extended annual maximum Additional coverage for preventive basic, and major services after the calendar-year maximum is met (excludes orthodontia)	Plan pays 30% of covered expenses	Plan pays 30% of covered expenses	N/A

Benefits and Covered Services	Humana PPO Dentist	Humana PPO Dentist	Humana PPO Dentist
Diagnostic & Preventive Exams, cleanings, x-rays, and sealants	100%	100%	100%
Basic Services Fillings, crowns, and denture adjustments	80%	80%	80%
Endodontics (root canals)	80%	80%	80%
Periodontics (gum treatment)	80%	80%	80%
Oral Surgery	80%	80%	80%
Crowns and cast restorations	80%	80%	80%
Major Services Inlays and onlays	50%	50%	50%
Prosthodontics Bridges and dentures	50%	50%	50%
Temporomandibular Joint (TMJ) Benefit	0%	50%	50%
Implant Services	0%	50%	50%
Orthodontic Benefits Adults and dependent children	0%	50%	50%
Orthodontic Lifetime Maximums	N/A	\$1,500	\$1,500
Covered Out of Network Services	Claims are paid on Humana's In-Network Fee Schedule		

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Select Coverage Type: PPO

Select Network: PPO/Traditional Preferred



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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 covered 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.

Refer to your Summary of Benefits and Coverage for complete details.