

Benefit Highlights Humana PPO

University Health
Effective 1/1/25

	Low PPO Plan	Mid PPO Plan	High Plan
Deductibles Deductibles are waived for diagnostic & preventive and orthodontics	\$50 per person \$150 per family each calendar year	\$50 per person \$150 per family each calendar year	\$50 per person \$150 per family each calendar year
Maximums Diagnostic and preventive count towards the maximum	\$1,500 per person each calendar year	\$2,000 per person each calendar year	Unlimited per person per calendar year

Benefits and Covered Services	Humana PPO Dentist	Non-Humana PPO Dentist	Humana PPO Dentist	Non-Humana PPO Dentist	Humana PPO Dentist	Non-Humana PPO Dentist
Diagnostic & Preventive Exams, cleanings, x-rays, and sealants	100%	100%	100%	100%	100%	100%
Basic Services Fillings, crowns, and denture adjustments	80%	80%	80%	80%	80%	80%
Endodontics (root canals) Covered under basic services	80%	80%	80%	80%	80%	80%
Periodontics (gum treatment) Covered under basic services	80%	80%	80%	80%	80%	80%
Oral Surgery Covered under basic services	80%	80%	80%	80%	80%	80%
Crowns and cast restorations. Covered under basic services	80%	80%	80%	80%	80%	80%
Major Services Inlays and onlays	50%	50%	50%	50%	50%	50%
Prosthodontics Bridges and dentures	50%	50%	50%	50%	50%	50%
Temporomandibular Joint (TMJ) Benefit	0%	0%	50%	50%	50%	50%
Implant Services	0%	0%	50%	50%	50%	50%
Orthodontic Benefits Adults and dependent children	0%	0%	50%	50%	50%	50%
Orthodontic Lifetime Maximums	N/A	N/A	\$1,500	\$1,500	\$1,500	\$1,500

Semi-monthly Rates	Low PPO Plan	Mid PPO Plan	High PPO Plan
Employee only	\$13.00	\$14.28	\$15.24
Employee + Spouse/domestic partner	\$25.89	\$28.53	\$30.43
Employee + Children	\$31.70	\$38.82	\$41.42
Family (Employee, spouse, and children)	\$42.03	\$50.52	\$53.83

Claim submission:
Humana Claims Office
PO Box 14601
Lexington, KY 40512-4601

We're here to help
CALL 1-800-979-4760 FOR CUSTOMER CARE.