### Calendar-year deductible
(excludes orthodontia services)

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you use an IN-NETWORK dentist</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>If you use an OUT-OF-NETWORK dentist</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Calendar-year annual maximum
(excludes orthodontia services)

- $1,500

### Preventive services
- Oral examinations
- X-rays
- Cleanings
- Topical fluoride treatment (through age 14, one per calendar year)
- Sealants (through age 14)

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<tbody>
<tr>
<td>If you use an IN-NETWORK dentist</td>
<td>100% no deductible</td>
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</table>

### Basic services
- Space maintainers (through age 14)
- Emergency care for pain relief
- Basic oral surgery services - basic extractions of erupted tooth or root
- Fillings (amalgam, composite for anterior teeth)
- Appliances for children (through age 14)
- Prefabricated stainless steel crowns

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<tbody>
<tr>
<td>If you use an IN-NETWORK dentist</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>If you use an OUT-OF-NETWORK dentist</td>
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<td>80% after deductible</td>
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</tr>
</tbody>
</table>

### Major services
- Crowns
- Inlays and onlays
- Bridgework
- Dentures
- Denture relines and rebases
- Complex surgical extractions - surgical removal of erupted tooth, impacted tooth, and tooth roots
- Denture repair and adjustments
- Periodontics (gums)
- Endodontics (root canals)

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<tbody>
<tr>
<td>If you use an IN-NETWORK dentist</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>If you use an OUT-OF-NETWORK dentist</td>
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</table>

### Orthodontia services
- Adult/child orthodontia. - Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: $1,500 lifetime orthodontia maximum.

Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the average negotiated in-network fee schedule in your area.
# Waiting periods

**Voluntary funding: 10+ enrolled employees**

<table>
<thead>
<tr>
<th>Enrollment type</th>
<th>Preventive</th>
<th>Basic</th>
<th>Major</th>
<th>Orthodontia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial enrollment, open enrollment and timely add-on</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>12 months</td>
</tr>
<tr>
<td>Late applicant 2,3</td>
<td>No</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

1. Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.
2. Late applicants not allowed with open enrollment option.
3. Waiting periods do not apply to endodontic services unless a late applicant.
Feel good about choosing a Humana Dental plan

Make regular dental visits a priority
Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.* Your Humana Dental Traditional Preferred 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

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

* American Academy of Cosmetic Dentistry

Use your Humana Dental benefits

Find a dentist
With Humana Dental’s Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Humana Dental Traditional Preferred Network. To find a dentist in Humana Dental’s Traditional Preferred Network, log on to Humana.com or call 1-800-233-4013.

Know what your plan covers
The other side of this page gives you a summary of Humana Dental benefits. Your plan certificate describes your Humana Dental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at HumanaDental.com or call 1-800-233-4013.

See your dentist
Your Humana Dental 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 Humana.com.

Learn what your plan paid
After Humana Dental 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 at Humana.com or by calling 1-800-233-4013.

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